

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**204760Orig1s000**

**PROPRIETARY NAME REVIEW(S)**

**Department of Health and Human Services  
Public Health Service  
Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Surveillance and Epidemiology  
Office of Medication Error Prevention and Risk Management**

**Proprietary Name Review**

Date: October 31, 2013

Reviewer: Lisa Vo Khosla, PharmD, M.H.A.  
Division of Medication Error Prevention and Analysis

Team Leader: Lubna Merchant, PharmD, M.S.  
Division of Medication Error Prevention and Analysis

Drug Name(s) and Strength(s): Movantik (Naloxegol) Tablets  
12.5 mg and 25 mg

Application Type/Number: NDA 204760

Applicant/Sponsor: AstraZeneca

OSE RCM #: 2013-2226

\*\*\* This document contains proprietary and confidential information that should not be released to the public.\*\*\*

\*\*This document contains proprietary drug use data obtained by FDA under contract. The drug use data/information cannot be released to the public/non-FDA personnel without contractor approval obtained through the FDA/CDER Office of Surveillance and Epidemiology.\*\*

## CONTENTS

1	INTRODUCTION.....	1
1.1	Regulatory History .....	1
1.2	Product Information.....	1
2	RESULTS.....	1
2.2	Safety Assessment.....	1
3	CONCLUSIONS.....	3
3.1	Comments to the Applicant.....	3
4	REFERENCES .....	4
	APPENDICES.....	7

## 1 INTRODUCTION

This review evaluates the proposed proprietary name, Movantik, from a safety and promotional perspective. The sources and methods used to evaluate the proposed name are outlined in the reference section and Appendix A respectively.

### 1.1 REGULATORY HISTORY

DMEPA previously reviewed three proposed proprietary names, (b) (4) and (b) (4) under IND 078781, and (b) (4) under NDA 204760. (b) (4) and (b) (4) were found unacceptable (OSE Review # 2012-1410 dated December 4, 2012 and OSE review # 2013-300 dated February 27, 2013). Also, (b) (4) was found unacceptable (OSE Review # 2013-686 dated September 6, 2013). Therefore, the alternative proposed name, Movantik, was submitted for our evaluation.

### 1.2 PRODUCT INFORMATION

The following product information is provided in the September 27, 2013 proprietary name submission.

- Active Ingredient: Naloxegol
- Indication of Use: Opioid-induced constipation
- Route of Administration: Oral
- Dosage Form: Tablets
- Strength: 12.5 mg and 25 mg
- Dose and Frequency: One tablet once daily
- How Supplied: Bottles of 30 tablets and 90 tablets; unit dose blister carton of 100 tablets for HUD only.
- Storage: 77°F (25°C) excursions permitted to 59°F to 86°F (15°C to 30°C) [see USP Controlled Room Temperature]

## 2 RESULTS

The following sections provide the information obtained and considered in the overall evaluation of the proposed proprietary name.

### 2.1 PROMOTIONAL ASSESSMENT

The Office of Prescription Drug Promotion OPDP determined the proposed name is acceptable from a promotional perspective. DMEPA and the Division of Gastroenterology and Inborn Error Products (DGIEP) concurred with the findings of OPDP's promotional assessment of the proposed name.

### 2.2 SAFETY ASSESSMENT

The following aspects were considered in the safety evaluation of the name.

### ***2.2.1 United States Adopted Names (USAN) SEARCH***

The October 28, 2013 search of the United States Adopted Name (USAN) stems did not identify that a USAN stem is present in the proposed proprietary name.

### ***2.2.2 Components of the Proposed Proprietary Name***

The Applicant indicated in their submission that the proposed name, Movantik, has no intended meaning. This proprietary name is comprised of a single word that does not contain any components (i.e. a modifier, route of administration, dosage form, etc.) that are misleading or can contribute to medication error.

### ***2.2.4 FDA Name Simulation Studies***

Sixty-three practitioners participated in DMEPA's prescription studies. The interpretations did not overlap with any currently marketed products nor did the misinterpretations sound or look similar to any currently marketed products or any products in the pipeline. Twenty-one participants from the outpatient prescription studies, one participant from the inpatient prescription studies, and two from the voice prescription studies interpreted the name correctly as Movantik. The remaining thirty-nine participants interpreted the name incorrectly with eight misinterpretations occurring in the inpatient prescription studies, in which the participants misinterpreted the letter "n" as the letter "r", and fourteen misinterpretations occurring in the voice prescription studies, in which the participants misinterpreted the letter "k" as the letter "c". We have considered these variations in our look-alike and sound-alike searches and analysis (See Appendix B). Appendix C contains the results from the verbal and written prescription studies.

### ***2.2.5 Comments from Other Review Disciplines at Initial Review***

In response to the OSE, October 11, 2013 e-mail, the Division of Gastroenterology and Inborn Error Products (DGIEP) did not forward any comments or concerns relating to the proposed name at the initial phase of the proprietary name review.

### ***2.2.6 Failure Mode and Effects Analysis of Similar Names***

Appendix B lists possible orthographic and phonetic misinterpretations of the letters appearing in the proposed proprietary name, Movantik. Table 1 lists the names with orthographic, phonetic, or spelling similarity to the proposed proprietary name, Movantik identified by the primary reviewer, the Expert Panel Discussion (EPD), other review disciplines.

<b>Table 1: Collective List of Potentially Similar Names (DMEPA, EPD, and Other Disciplines)</b>					
<b>Look Similar</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Milantex	FDA	Maraviroc	FDA	Monistat	FDA
Menactra	FDA	Menostar	FDA	Mevinolin	FDA
Micardis	FDA	Monoket	FDA	Monodox	FDA
Movana	FDA	Marnatal-F	FDA	Monolet	FDA
Novarel	FDA	(b) (4)	FDA	(b) (4)	FDA
Moxatag	FDA	Vantin	FDA	Maxitrol	FDA
Macrobid	FDA	Novolog	FDA		
<b>Look and Sound Similar</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
(b) (4)	FDA	Movantik***	FDA	Movantig***	FDA
Mavik	FDA				

Our analysis of the 24 names contained in Table 1 determined none of the names will pose a risk for confusion as described in Appendices D through E.

### **2.2.7 Communication of DMEPA’s Analysis at Midpoint of Review**

DMEPA communicated our findings to the Division of Gastroenterology and Inborn Error Products (DGIEP) via e-mail on October 23, 2013. At that time we also requested additional information or concerns that could inform our review. The Division of Gastroenterology and Inborn Error Products (DGIEP) concurred with our assessment of the proposed proprietary name, Movantik.

## **3 CONCLUSIONS**

The proposed proprietary name is acceptable from both a promotional and safety perspective.

If you have further questions or need clarifications, please contact Phong Do, OSE project manager, at 301-796-4795.

### **3.1 COMMENTS TO THE APPLICANT**

We have completed our review of the proposed proprietary name, Movantik, and have concluded that this name is acceptable.

If any of the proposed product characteristics as stated in your September 27, 2013 submission are altered, the name must be resubmitted for review.

## 4 REFERENCES

1. ***Micromedex Integrated Index*** (<http://csi.micromedex.com>)

Micromedex contains a variety of databases covering pharmacology, therapeutics, toxicology and diagnostics.

2. ***Phonetic and Orthographic Computer Analysis (POCA)***

POCA is a database which was created for the Division of Medication Error Prevention and Analysis, FDA. As part of the name similarity assessment, proposed names are evaluated via a phonetic/orthographic algorithm. The proposed proprietary name is converted into its phonemic representation before it runs through the phonetic algorithm. Likewise, an orthographic algorithm exists which operates in a similar fashion.

3. ***Drug Facts and Comparisons, online version, St. Louis, MO***  
(<http://factsandcomparisons.com>)

Drug Facts and Comparisons is a compendium organized by therapeutic course; it contains monographs on prescription and OTC drugs, with charts comparing similar products. This database also lists the orphan drugs.

4. ***FDA Document Archiving, Reporting & Regulatory Tracking System [DARRTS]***

DARRTS is a government database used to organize Applicant and Sponsor submissions as well as to store and organize assignments, reviews, and communications from the review divisions.

5. ***Division of Medication Errors Prevention and Analysis proprietary name consultation requests***

This is a list of proposed and pending names that is generated by the Division of Medication Error Prevention and Analysis from the Access database/tracking system.

6. ***Drugs@FDA*** (<http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>)

Drugs@FDA contains most of the drug products approved since 1939. The majority of labels, approval letters, reviews, and other information are available for drug products approved from 1998 to the present. Drugs@FDA contains official information about FDA approved brand name, generic drugs, therapeutic biological products, prescription and over-the-counter human drugs and discontinued drugs and “Chemical Type 6” approvals.

7. ***U.S. Patent and Trademark Office*** (<http://www.uspto.gov>)

USPTO provides information regarding patent and trademarks.

8. ***Clinical Pharmacology Online*** ([www.clinicalpharmacology-ip.com](http://www.clinicalpharmacology-ip.com))

Clinical Pharmacology contains full monographs for the most common drugs in clinical use, plus mini monographs covering investigational, less common, combination, nutraceutical and nutritional products. It also provides a keyword search engine.

9. ***Data provided by Thomson & Thomson's SAEGIS™ Online Service, available at ([www.thomson-thomson.com](http://www.thomson-thomson.com))***

The Pharma In-Use Search database contains over 400,000 unique pharmaceutical trademarks and trade names that are used in about 50 countries worldwide. The data is provided under license by IMS HEALTH.

10. ***Natural Medicines Comprehensive Databases ([www.naturaldatabase.com](http://www.naturaldatabase.com))***

Natural Medicines contains up-to-date clinical data on the natural medicines, herbal medicines, and dietary supplements used in the western world.

11. ***Access Medicine ([www.accessmedicine.com](http://www.accessmedicine.com))***

Access Medicine® from McGraw-Hill contains full-text information from approximately 60 titles; it includes tables and references. Among the titles are: Harrison's Principles of Internal Medicine, Basic & Clinical Pharmacology, and Goodman and Gilman's The Pharmacologic Basis of Therapeutics.

12. ***USAN Stems (<http://www.ama-assn.org/ama/pub/about-ama/our-people/coalitions-consortiums/united-states-adopted-names-council/naming-guidelines/approved-stems.shtml>)***

USAN Stems List contains all the recognized USAN stems.

13. ***Red Book ([www.thomsonhc.com/home/dispatch](http://www.thomsonhc.com/home/dispatch))***

Red Book contains prices and product information for prescription, over-the-counter drugs, medical devices, and accessories.

14. ***Lexi-Comp ([www.lexi.com](http://www.lexi.com))***

Lexi-Comp is a web-based searchable version of the Drug Information Handbook.

15. ***Medical Abbreviations ([www.medilexicon.com](http://www.medilexicon.com))***

Medical Abbreviations dictionary contains commonly used medical abbreviations and their definitions.

16. ***CVS/Pharmacy ([www.CVS.com](http://www.CVS.com))***

This database contains commonly used over the counter products not usually identified in other databases.

17. ***Walgreens ([www.walgreens.com](http://www.walgreens.com))***

This database contains commonly used over the counter products not usually identified in other databases.

18. ***Rx List ([www.rxlist.com](http://www.rxlist.com))***

RxList is an online medical resource dedicated to offering detailed and current pharmaceutical information on brand and generic drugs.

**19. Dogpile ([www.dogpile.com](http://www.dogpile.com))**

Dogpile is a [Metasearch](#) engine that searches multiple search engines including Google, Yahoo! and Bing, and returns the most relevant results to the search.

**20. Natural Standard (<http://www.naturalstandard.com>)**

Natural Standard is a resource that aggregates and synthesizes data on complementary and alternative medicine.

## APPENDICES

### Appendix A

FDA's Proprietary Name Risk Assessment considers the promotional and safety aspects of a proposed proprietary name. The promotional review of the proposed name is conducted by OPDP. OPDP evaluates proposed proprietary names to determine if they are overly fanciful, so as to misleadingly imply unique effectiveness or composition, as well as to assess whether they contribute to overstatement of product efficacy, minimization of risk, broadening of product indications, or making of unsubstantiated superiority claims. OPDP provides their opinion to DMEPA for consideration in the overall acceptability of the proposed proprietary name.

The safety assessment is conducted by DMEPA. DMEPA staff search a standard set of databases and information sources to identify names that are similar in pronunciation, spelling, and orthographically similar when scripted to the proposed proprietary name. Additionally, we consider inclusion of USAN stems or other characteristics that when incorporated into a proprietary name may cause or contribute to medication errors (i.e., dosing interval, dosage form/route of administration, medical or product name abbreviations, names that include or suggest the composition of the drug product, etc.). DMEPA defines a medication error as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.<sup>1</sup>

Following the preliminary screening of the proposed proprietary name, DMEPA gathers to discuss their professional opinions on the safety of the proposed proprietary name. This meeting is commonly referred to the Center for Drug Evaluation and Research (CDER) Expert Panel discussion. DMEPA also considers other aspects of the name that may be misleading from a safety perspective. DMEPA staff conducts a prescription simulation studies using FDA health care professionals. When provided, DMEPA considers external proprietary name studies conducted by or for the Applicant/Sponsor and incorporates the findings of these studies into the overall risk assessment.

The DMEPA primary reviewer assigned to evaluate the proposed proprietary name is responsible for considering the collective findings, and provides an overall risk assessment of the proposed proprietary name. DMEPA bases the overall risk assessment on the findings of a Failure Mode and Effects Analysis (FMEA) of the proprietary name and misleading nature of the proposed proprietary name with a focus on the avoidance of medication errors.

DMEPA uses the clinical expertise of its staff to anticipate the conditions of the clinical setting where the product is likely to be used based on the characteristics of the proposed product. DMEPA considers the product characteristics associated with the proposed product throughout the risk assessment because the product characteristics of the

---

<sup>1</sup> National Coordinating Council for Medication Error Reporting and Prevention.  
<http://www.nccmerp.org/about/MedErrors.html>. Last accessed 10/11/2007.

proposed may provide a context for communication of the drug name and ultimately determine the use of the product in the *usual* clinical practice setting.

Typical product characteristics considered when identifying drug names that could potentially be confused with the proposed proprietary name include, but are not limited to; established name of the proposed product, proposed indication of use, dosage form, route of administration, strength, unit of measure, dosage units, recommended dose, typical quantity or volume, frequency of administration, product packaging, storage conditions, patient population, and prescriber population. DMEPA considers how these product characteristics may or may not be present in communicating a product name throughout the medication use system. Because drug name confusion can occur at any point in the medication use process, DMEPA considers the potential for confusion throughout the entire U.S. medication use process, including drug procurement, prescribing and ordering, dispensing, administration, and monitoring the impact of the medication.<sup>2</sup>

The DMEPA considers the spelling of the name, pronunciation of the name when spoken, and appearance of the name when scripted. DMEPA compares the proposed proprietary name with the proprietary and established name of existing and proposed drug products and names currently under review at the FDA. DMEPA compares the pronunciation of the proposed proprietary name with the pronunciation of other drug names because verbal communication of medication names is common in clinical settings. DMEPA examines the phonetic similarity using patterns of speech. If provided, DMEPA will consider the Sponsor's intended pronunciation of the proprietary name. However, DMEPA also considers a variety of pronunciations that could occur in the English language because the Sponsor has little control over how the name will be spoken in clinical practice. The orthographic appearance of the proposed name is evaluated using a number of different handwriting samples. DMEPA applies expertise gained from root-cause analysis of postmarketing medication errors to identify sources of ambiguity within the name that could be introduced when scripting (e.g., "T" may look like "F," lower case 'a' looks like a lower case 'u,' etc). Additionally, other orthographic attributes that determine the overall appearance of the drug name when scripted (see Table 1 below for details).

---

<sup>2</sup> Institute of Medicine. Preventing Medication Errors. The National Academies Press: Washington DC. 2006.

**Table 1.** Criteria Used to Identify Drug Names that Look- or Sound-Similar to a Proposed Proprietary Name.

<b>Type of Similarity</b>	<b>Considerations when Searching the Databases</b>		
	<i>Potential Causes of Drug Name Similarity</i>	<i>Attributes Examined to Identify Similar Drug Names</i>	<i>Potential Effects</i>
Look-alike	Similar spelling	Identical prefix Identical infix Identical suffix Length of the name Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may appear similar in print or electronic media and lead to drug name confusion in printed or electronic communication</li> <li>Names may look similar when scripted and lead to drug name confusion in written communication</li> </ul>
	Orthographic similarity	Similar spelling Length of the name/Similar shape Upstrokes Down strokes Cross-strokes Dotted letters Ambiguity introduced by scripting letters Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may look similar when scripted, and lead to drug name confusion in written communication</li> </ul>
Sound-alike	Phonetic similarity	Identical prefix Identical infix Identical suffix Number of syllables Stresses Placement of vowel sounds Placement of consonant sounds Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may sound similar when pronounced and lead to drug name confusion in verbal communication</li> </ul>

Lastly, DMEPA considers the potential for the proposed proprietary name to inadvertently function as a source of error for reasons other than name confusion. Post-marketing experience has demonstrated that proprietary names (or components of the proprietary name) can be a source of error in a variety of ways. Consequently, DMEPA considers and evaluates these broader safety implications of the name throughout this assessment and the medication error staff provides additional comments related to the

safety of the proposed proprietary name or product based on professional experience with medication errors.

### **1. Database and Information Sources**

DMEPA searches the internet, several standard published drug product reference texts, and FDA databases to identify existing and proposed drug names that may sound-alike or look-alike to the proposed proprietary name. A standard description of the databases used in the searches is provided in the reference section of this review. To complement the process, the DMEPA uses a computerized method of identifying phonetic and orthographic similarity between medication names. The program, Phonetic and Orthographic Computer Analysis (POCA), uses complex algorithms to select a list of names from a database that have some similarity (phonetic, orthographic, or both) to the trademark being evaluated. Lastly, DMEPA reviews the USAN stem list to determine if any USAN stems are present within the proprietary name. The individual findings of multiple safety evaluators are pooled and presented to the CDER Expert Panel. DMEPA also evaluates if there are characteristics included in the composition that may render the name unacceptable from a safety perspective (abbreviation, dosing interval, etc.).

### **2. Expert Panel Discussion**

DMEPA gathers CDER professional opinions on the safety of the proposed product and discussed the proposed proprietary name (Expert Panel Discussion). The Expert Panel is composed of Division of Medication Errors Prevention (DMEPA) staff and representatives from the Office of Prescription Drug Promotion (OPDP). We also consider input from other review disciplines (OND, ONDQA/OBP). The Expert Panel also discusses potential concerns regarding drug marketing and promotion related to the proposed names.

The primary Safety Evaluator presents the pooled results of the database and information searches to the Expert Panel for consideration. Based on the clinical and professional experiences of the Expert Panel members, the Panel may recommend additional names, additional searches by the primary Safety Evaluator to supplement the pooled results, or general advice to consider when reviewing the proposed proprietary name.

### **3. FDA Prescription Simulation Studies**

Three separate studies are conducted within the Centers of the FDA for the proposed proprietary name to determine the degree of confusion of the proposed proprietary name with marketed U.S. drug names (proprietary and established) due to similarity in visual appearance with handwritten prescriptions or verbal pronunciation of the drug name. The studies employ healthcare professionals (pharmacists, physicians, and nurses), and attempts to simulate the prescription ordering process. The primary Safety Evaluator uses the results to identify orthographic or phonetic vulnerability of the proposed name to be misinterpreted by healthcare practitioners.

In order to evaluate the potential for misinterpretation of the proposed proprietary name in handwriting and verbal communication of the name, inpatient medication orders and/or outpatient prescriptions are written, each consisting of a combination of marketed and unapproved drug products, including the proposed name. These orders are optically

scanned and one prescription is delivered to a random sample of participating health professionals via e-mail. In addition, a verbal prescription is recorded on voice mail. The voice mail messages are then sent to a random sample of the participating health professionals for their interpretations and review. After receiving either the written or verbal prescription orders, the participants record their interpretations of the orders which are recorded electronically.

#### **4. Comments from Other Review Disciplines**

DMEPA requests the Office of New Drugs (OND) and/or Office of Generic Drugs (OGD), ONDQA or OBP for their comments or concerns with the proposed proprietary name, ask for any clinical issues that may impact the DMEPA review during the initial phase of the name review. Additionally, when applicable, at the same time DMEPA requests concurrence/non-concurrence with OPDP's decision on the name. The primary Safety Evaluator addresses any comments or concerns in the safety evaluator's assessment.

The OND/OGD Regulatory Division is contacted a second time following our analysis of the proposed proprietary name. At this point, DMEPA conveys their decision to accept or reject the name. The OND or OGD Regulatory Division is requested to provide any further information that might inform DMEPA's final decision on the proposed name.

Additionally, other review disciplines opinions such as ONDQA or OBP may be considered depending on the proposed proprietary name.

#### **5. Safety Evaluator Risk Assessment of the Proposed Proprietary Name**

The primary Safety Evaluator applies his/her individual expertise gained from evaluating medication errors reported to FDA, considers all aspects of the name that may be misleading or confusing, conducts a Failure Mode and Effects Analysis, and provides an overall decision on acceptability dependent on their risk assessment of name confusion. Failure Mode and Effects Analysis (FMEA) is a systematic tool for evaluating a process and identifying where and how it might fail.<sup>3</sup> When applying FMEA to assess the risk of a proposed proprietary name, DMEPA seeks to evaluate the potential for a proposed proprietary name to be confused with another drug name because of name confusion and, thereby, cause errors to occur in the medication use system. FMEA capitalizes on the predictable and preventable nature of medication errors associated with drug name confusion. FMEA allows the Agency to identify the potential for medication errors due to orthographically or phonetically similar drug names prior to approval, where actions to overcome these issues are easier and more effective than remedies available in the post-approval phase.

In order to perform an FMEA of the proposed name, the primary Safety Evaluator must analyze the use of the product at all points in the medication use system. Because the proposed product is has not been marketed, the primary Safety Evaluator anticipates the use of the product in the usual practice settings by considering the clinical and product

---

<sup>3</sup> Institute for Healthcare Improvement (IHI). Failure Mode and Effects Analysis. Boston. IHI:2004.

characteristics listed in Section 1.2 of this review. The Safety Evaluator then analyzes the proposed proprietary name in the context of the usual practice setting and works to identify potential failure modes and the effects associated with the failure modes.

In the initial stage of the Risk Assessment, the Safety Evaluator compares the proposed proprietary name to all of the names gathered from the above searches, Expert Panel Discussion, and prescription studies, external studies, and identifies potential failure modes by asking:

***“Is the proposed proprietary name convincingly similar to another drug name, which may cause practitioners to become confused at any point in the usual practice setting? And are there any components of the name that may function as a source of error beyond sound/look-alike?”***

An affirmative answer indicates a failure mode and represents a potential for the proposed proprietary name to be confused with another proprietary or established drug name because of look- or sound-alike similarity or because of some other component of the name. If the answer to the question is no, the Safety Evaluator is not convinced that the names possess similarity that would cause confusion at any point in the medication use system, thus the name is eliminated from further review.

In the second stage of the Risk Assessment, the primary Safety Evaluator evaluates all potential failure modes to determine the likely *effect* of the drug name confusion, by asking:

***“Could the confusion of the drug names conceivably result in medication errors in the usual practice setting?”***

The answer to this question is a central component of the Safety Evaluator’s overall risk assessment of the proprietary name. If the Safety Evaluator determines through FMEA that the name similarity would not ultimately be a source of medication errors in the usual practice setting, the primary Safety Evaluator eliminates the name from further analysis. However, if the Safety Evaluator determines through FMEA that the name similarity could ultimately cause medication errors in the usual practice setting, the Safety Evaluator will then recommend the use of an alternate proprietary name.

Moreover, DMEPA will object to the use of proposed proprietary name when the primary Safety Evaluator identifies one or more of the following conditions in the Overall Risk Assessment:

- a. OPDP finds the proposed proprietary name misleading from a promotional perspective, and the Review Division concurs with OPDP’s findings. The Federal Food, Drug, and Cosmetic Act provides that labeling or advertising can misbrand a product if misleading representations are made or suggested by statement, word, design, device, or any combination thereof, whether through a PROPRIETARY name or otherwise [21 U.S.C 321(n); See also 21 U.S.C. 352(a) & (n)].
- b. DMEPA identifies that the proposed proprietary name is misleading because of similarity in spelling or pronunciation to another proprietary or established name of a different drug or ingredient [CFR 201.10.(C)(5)].

- c. FMEA identifies the potential for confusion between the proposed proprietary name and other proprietary or established drug name(s), and demonstrates that medication errors are likely to result from the drug name confusion under the conditions of usual clinical practice.
- d. The proposed proprietary name contains an USAN (United States Adopted Names) stem.
- e. DMEPA identifies a potential source of medication error within the proposed proprietary name. For example, the proprietary name may be misleading or, inadvertently, introduce ambiguity and confusion that leads to errors. Such errors may not necessarily involve confusion between the proposed drug and another drug product but involve a naming characteristic that when incorporated into a proprietary name, may be confusing, misleading, cause or contribute to medication errors.

If DMEPA objects to a proposed proprietary name on the basis that drug name confusion could lead to medication errors, the primary Safety Evaluator uses the FMEA process to identify strategies to reduce the risk of medication errors. DMEPA generally recommends that the Sponsor select an alternative proprietary name and submit the alternate name to the Agency for review. However, in rare instances FMEA may identify plausible strategies that could reduce the risk of medication error of the currently proposed name. In that instance, DMEPA may be able to provide the Sponsor with recommendations that reduce or eliminate the potential for error and, thereby, would render the proposed name acceptable.

In the event that DMEPA objects to the use of the proposed proprietary name, based upon the potential for confusion with another proposed (but not yet approved) proprietary name, DMEPA will provide a contingency objection based on the date of approval. Whichever product, the Agency approves first has the right to use the proprietary name, while DMEPA will recommend that the second product to reach approval seek an alternative name.

The threshold set for objection to the proposed proprietary name may seem low to the Applicant/Sponsor. However, the safety concerns set forth in criteria a through e above are supported either by FDA regulation or by external healthcare authorities, including the Institute of Medicine (IOM), World Health Organization (WHO), the Joint Commission, and the Institute for Safe Medication Practices (ISMP). These organizations have examined medication errors resulting from look- or sound-alike drug names, confusing, or misleading names and called for regulatory authorities to address the issue prior to approval. Additionally, DMEPA contends that the threshold set for the Proprietary Name Risk Assessment is reasonable because proprietary drug name confusion is a predictable and preventable source of medication error that, in many instances, the Agency and/or Sponsor can identify and rectify prior to approval to avoid patient harm.

Furthermore, post-marketing experience has demonstrated that medication errors resulting from drug name confusion are notoriously difficult to rectify post-approval. Educational and other post-approval efforts are low-leverage strategies that have had limited effectiveness at alleviating medication errors involving drug name confusion. Sponsors have undertaken higher-leverage strategies, such as drug name changes, in the

past but at great financial cost to the Sponsor and at the expense of the public welfare, not to mention the Agency's credibility as the authority responsible for approving the error-prone proprietary name. Moreover, even after Sponsors' have changed a product's proprietary name in the post-approval phase, it is difficult to eradicate the original proprietary name from practitioners' vocabulary, and as a result, the Agency has continued to receive reports of drug name confusion long after a name change in some instances. Therefore, DMEPA believes that post-approval efforts at reducing name confusion errors should be reserved for those cases in which the potential for name confusion could not be predicted prior to approval.

**Appendix B:** Letters and Letter Strings with Possible Orthographic or Phonetic Misinterpretation

Letters in Name, Movantik	Scripted May Appear as	Spoken May Be Interpreted as
Capital 'M'	B, N, V, W	N
lowercase 'm'	m, nm, n, v, w, ni, ru, vi	n
lowercase 'o'	a, e, u, c	oh, oe
lowercase 'v'	u, r, n	b, vv, f, ph
lowercase 'a'	e, o, u, c, d, cl, ci	e, i
lowercase 'n'	u, v, m, r, w	m
lowercase 't'	l, d, i, f	d
lowercase 'i'	e, r, l	y, ee
lowercase 'k'	x, h, la, t, l	c, g
Letter strings		
Mov	Niov, Wir, War, Wor,	Moev, Mof, Moph
mo	nic, nio, nia, nur, uro, ura, urc, uru, wri, wre	moe, moeh, moh
van	uar, uor, ucr	vand, vam, fan, fand, phan, phand
ti	h	

**Appendix C: Prescription Simulation Samples and Results**

**Figure 1. Movantik Study (Conducted on October 4, 2013)**

Handwritten Requisition Medication Order	Verbal Prescription
<p data-bbox="219 478 438 510"><u>Medication Order:</u></p> <p data-bbox="230 531 893 651">Movantik 25 mg po qAM</p> <hr/>	<p data-bbox="1039 630 1258 661">Movantik 12.5 mg</p> <p data-bbox="966 682 1339 714">One orally once every morning.</p> <p data-bbox="1071 724 1234 756">Dispense #30</p>
<p data-bbox="219 688 503 720"><u>Outpatient Prescription:</u></p> <p data-bbox="230 745 771 1029">Movantik 12.5mg ÷ po qAM #30</p> <hr/>	

**FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)**

192 People Received Study

63 People Responded

Study Name: Movantik

<b>Total</b>	<b>23</b>	<b>20</b>	<b>20</b>	
<b>INTERPRETATION</b>	<b>OUTPATIENT</b>	<b>VOICE</b>	<b>INPATIENT</b>	<b>TOTAL</b>
MOBANTICH	0	1	0	1
MORANTIK	0	0	6	6
MORARTIK	0	0	2	2
MORASTIK	0	0	1	1
MOVANTIC	0	14	0	14
MOVANTICK	1	1	0	2
MOVANTIK	21	2	1	24
MOVANTIK 12.5 MG	1	0	0	1
MOVARTIC	0	0	1	1
MOVARTIK	0	0	8	8
MOVASTIK	0	0	1	1
MOVTANTAGE	0	1	0	1
NOVANTIC	0	1	0	1

**Appendix D:** Proprietary names not likely to be confused or not used in usual practice settings for the reasons described.

No.	Proprietary Name	Active Ingredient	Similarity to Movantik	Failure preventions
1.	Mevinolin	N/A	Orthographic	This is a metabolite that inhibits cholesterol synthesis, and is used to reference Lovastatin. The term is not used as a proprietary or trademarked name.
2.	(b) (4)	(b) (4)	Orthographic	(b) (4)
3.	(b) (4)	Naloxegol	Orthographic & Phonetic	(b) (4)
4.	(b) (4)	Naloxegol	Orthographic & Phonetic	(b) (4)
5.	Movantik***	Naloxegol	Orthographic & Phonetic	This name is the subject of this review.
6.	(b) (4)	(b) (4)	Orthographic	(b) (4)
7.	Maraviroc	Maraviroc	Orthographic	The pair has sufficient orthographic differences.
8.	Vantin	Cefpodoxime	Orthographic	The pair has sufficient orthographic differences.
9.	Monolet	N/A	Orthographic	This name was identified in the Redbook database and is a name used for lancets, which is not a drug.

**Appendix E:** Risk of medication errors due to product confusion minimized by dissimilarity of the names and/ or use in clinical practice for the reasons described.

<b>No.</b>	<b>Proposed name: Movantik Dosage Form(s): Tablet Strength(s): 12.5 mg and 25 mg Usual Dose: One tablet once daily</b>	<b>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)</b>	<b>Prevention of Failure Mode  In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
1.	<p>Moxatag (Amoxicillin) <u>Tablet:</u> 775 mg <u>Usual Dose:</u> One tablet once daily taken within 1 hour of finishing a meal for 10 days.</p>	<p><u>Orthographic:</u> The letter string ‘Mox’ may appear similar to the letter string ‘Mov’ in Movantik when scripted. <u>Route of Administration:</u> Oral <u>Frequency of Administration:</u> Once daily <u>Dose:</u> One tablet</p>	<p><u>Orthographic:</u> The name Movantik yields a different shape since there is an upstroke ‘k’ at the end of the name vs. Moxatag has a downstroke ‘g’ in that position. <u>Strength:</u> There is no overlap in strength or numerical similarity.</p>
2.	<p>Menactra (Meningococcal polysaccharide vaccine, Diphtheria conjugate) <u>Suspension for Injection:</u> 16 mcg/0.5 mL <u>Usual Dose:</u> Prophylaxis: 0.5 mL intramuscularly.</p>	<p><u>Orthographic:</u> The letter string ‘Men’ may appear similar to the letter string ‘Mov’ in the proposed name when scripted.</p>	<p><u>Orthographic:</u> The name Movantik yields a different shape since there is an additional upstroke ‘k’ at the end of the name that is absent in Menactra. <u>Dose:</u> 0.5 mL vs. One tablet or 12.5 mg or 25 mg <u>Frequency of Administration:</u> Once vs. Once daily <u>Strength:</u> There is no overlap in strength or numerical similarity.</p>

No.	<b>Proposed name: Movantik</b> <b>Dosage Form(s): Tablet</b> <b>Strength(s): 12.5 mg and 25 mg</b> <b>Usual Dose: One tablet once daily</b>	<b>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</b> <b>Causes (could be multiple)</b>	<b>Prevention of Failure Mode</b> <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
3.	Monistat (Miconazole) <u>Cream:</u> 2% <u>Suppository:</u> 100 mg, 200 mg <u>Usual Dose:</u> Cream: 1 applicatorful intravaginally at bedtime for 3 days or 7 days. Suppository: 1 vaginal suppository at bedtime for 1 day (1,200 mg), 3 consecutive days (200 mg), or 7 consecutive days (100 mg).	<u>Orthographic:</u> The letter strings 'Mon' and 'tat' may appear similar to the letter strings 'Mov' and 'tik' in the proposed name when scripted.	<u>Dose:</u> 1 applicator or 1 vaginal suppository vs. One tablet or 12.5 mg or 25 mg <u>Strength:</u> There is no overlap in strength or numerical similarity. <u>Dosage form:</u> Cream or suppository which needs to be specified on the order vs. tablets.
4.	Menostar (Estradiol) <u>Transdermal patch:</u> 1 mg <u>Usual Dose:</u> Apply patch once weekly.	<u>Orthographic:</u> The letter string 'Men' may appear similar to the letter string 'Mov' in the proposed name when scripted.	<u>Orthographic:</u> The name Menostar produces a different shape since there is no upstroke at the end of the name vs. the upstroke 'k' at the end of Movantik. <u>Dose:</u> One patch vs. One tablet or 12.5 mg or 25 mg <u>Frequency of Administration:</u> Once weekly vs. Once daily <u>Strength:</u> There is no overlap in strength or numerical similarity.

No.	<b>Proposed name: Movantik</b> <b>Dosage Form(s): Tablet</b> <b>Strength(s): 12.5 mg and 25 mg</b> <b>Usual Dose: One tablet once daily</b>	<b>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</b> <b>Causes (could be multiple)</b>	<b>Prevention of Failure Mode</b> <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
5.	<p>Novarel (chorionic gonadotrophin)</p> <p><u>Solution for Injection:</u> 10,000 USP units</p> <p><u>Usual Dose:</u> Intramuscular injections for the following: <i>Prepubertal cryptorchidism not due to anatomical obstruction:</i></p> <p>(1) 4,000 USP Units three times weekly for three weeks. (2) 5,000 USP Units every second day for four injections. (3) 15 injections of 500 to 1,000 USP Units over a period of six weeks. (4) 500 USP Units three times weekly for four to six weeks.</p> <p><i>Selected cases of hypogonadotropic hypogonadism in males:</i></p> <p>(1) 500 to 1,000 USP Units three times a week for three weeks, followed by the same dose twice a week for three weeks. (2) 4,000 USP Units three times weekly for six to nine months, following which the dosage may be reduced to 2,000 USP Units three times weekly for an additional three months.</p>	<p><u>Orthographic:</u> The letter string ‘Nov’ may appear similar to the letter string ██████████<sup>(b) (4)</sup> when scripted.</p>	<p><u>Orthographic:</u> The name Movantik produces a different shape because of an additional upstroke ‘t’ in the suffix which is absent in the name Novarel.</p> <p><u>Dose:</u> xx USP units vs. One tablet or 12.5 mg or 25 mg</p> <p><u>Frequency of Administration:</u> 3 times weekly for 3 weeks or every second day or 3 times weekly for 4-6 weeks or 3 times weekly for 6-9 months vs. Once daily</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>

No.	<b>Proposed name: Movantik</b> <b>Dosage Form(s): Tablet</b> <b>Strength(s): 12.5 mg and 25 mg</b> <b>Usual Dose: One tablet once daily</b>	<b>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</b> <b>Causes (could be multiple)</b>	<b>Prevention of Failure Mode</b> <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
6.	Movana (St. John's Wort [Hypericum perforatum]) <u>Capsule:</u> 300 mg <u>Usual Dose:</u> One capsule three times per day.	<u>Orthographic:</u> The prefix contains the same letter string 'Mov' as the proposed name. <u>Route of Administration:</u> Oral <u>Dose:</u> One tablet vs. One capsule	<u>Orthographic:</u> The name Movantik produces a different shape since there is an upstroke 't' and an upstroke 'k' which are absent in Movana. Additionally, the name Movantik (8 letters) appears longer scripted as compared to the name Movana (6 letters). <u>Strength:</u> There is no overlap in strength or numerical similarity.
7.	Micardis (Telmisartan) <u>Tablets:</u> 20 mg, 40 mg, 80 mg <u>Usual Dose:</u> 20 to 80 mg once daily	<u>Orthographic:</u> The letter string 'Mic' may appear similar to the letter string 'Mov' in the proposed name when scripted. <u>Route of Administration:</u> Oral <u>Dose:</u> One tablet <u>Frequency of Administration:</u> Once daily	<u>Orthographic:</u> The name Movantik yields a different shape because of the additional upstroke 'k' at the end of the name that is absent from the name Micardis <u>Strength:</u> There is no overlap in strength or numerical similarity.
8.	Monoket (Isosorbide mononitrate) <u>Tablets:</u> 10 mg, 20 mg <u>Usual Dose:</u> 20 mg twice daily	<u>Orthographic:</u> The letter strings 'Mon' and 'ket' may appear similar to the letter strings 'Mov' and 'tik' in the proposed name when scripted. <u>Route of Administration:</u> Oral	<u>Orthographic:</u> The name Movantik may appear longer when scripted because of the additional letter 'n' before the upstroke 't' that is absent from the name Monoket. <u>Strength:</u> There is no overlap in strength or numerical similarity.

No.	<b>Proposed name: Movantik</b> <b>Dosage Form(s): Tablet</b> <b>Strength(s): 12.5 mg and 25 mg</b> <b>Usual Dose: One tablet once daily</b>	<b>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</b> <b>Causes (could be multiple)</b>	<b>Prevention of Failure Mode</b> <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
9.	Monodox (Doxycycline) <u>Capsules:</u> 50 mg, 75 mg, 100 mg <u>Usual Dose:</u> 200 mg on the first day of treatment (administered 100 mg every 12 hours or 50 mg every 6 hours) followed by a maintenance dose of 100 mg/day.	<u>Orthographic:</u> The letter string 'Mon' may appear similar to the letter string 'Mov' in the proposed name when scripted. <u>Route of Administration:</u> Oral <u>Dose:</u> One capsule or one tablet	<u>Orthographic:</u> The name Movantik yields a different shape since there is an additional upstroke 'k' at the end of the name that is absent in the name Monodox. <u>Strength:</u> There is no overlap in strength or numerical similarity.
10.	Marnatal-F (Prenatal vitamins: Calcium, folic acid, iron, vitamin A, vitamin B1, vitamin B2, vitamin B3, vitamin B6, vitamin B12, vitamin C, vitamin D, vitamin E) <u>Tablet:</u> 250 mg/1 mg/60 mg/4000 IU/3 mg/3.4 mg/20 mg/5 mg/12 mcg/100 mg/400 IU/30 IU <u>Usual Dose:</u> One tablet once daily	<u>Orthographic:</u> The letter strings 'Mar' and 'tal' may appear similar to the letter strings 'Mov' and 'tik' in the proposed name when scripted. <u>Dose:</u> One tablet <u>Frequency of administration:</u> Once daily <u>Route of administration:</u> Oral	<u>Strength:</u> There is no overlap in strength or numerical similarity.

No.	<b>Proposed name: Movantik</b> <b>Dosage Form(s): Tablet</b> <b>Strength(s): 12.5 mg and 25 mg</b> <b>Usual Dose: One tablet once daily</b>	<b>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</b> <b>Causes (could be multiple)</b>	<b>Prevention of Failure Mode</b> <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
11.	<p>Maxitrol (Neomycin, polymyxin B sulfate, and dexamethasone)</p> <p><u>Ointment:</u> 3.5 mg/10,000 units/0.1% per g</p> <p><u>Ophthalmic suspension:</u> 3.5 mg/10,000 units/ 0.1% per mL</p> <p><u>Usual Dose:</u> Ointment: Place ~1/2” ribbon in the conjunctival sac of the affected eye(s) 3-4 times/day or apply at bedtime as an adjunct with suspension. Suspension: Instill 1-2 drops into the conjunctival sac of the affected eye(s) 4-6 times/day.</p>	<p><u>Orthographic:</u> The letter strings ‘Max’ and ‘trol’ may appear similar to the letter strings ‘Mov’ and ‘tik’ in the proposed name when scripted.</p>	<p><u>Dose:</u> UAD or ~1/2” ribbon or 1-2 drops vs. one tablet</p> <p><u>Frequency of administration:</u> 3-4 times daily or 4-6 times daily vs. once daily</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p> <p><u>Dosage form:</u> Ointment or drops which needs to be specified on the order vs. tablets</p>
12.	<p>Macrobid (Nitrofurantoin)</p> <p><u>Capsule:</u> 100 mg</p> <p><u>Usual Dose:</u> 100 mg orally every 12 hours for 5 days or 7 days.</p>	<p><u>Orthographic:</u> The letter strings ‘Mac’ and ‘bid’ may appear similar to the letter strings ‘Mov’ and ‘tik’ in the proposed name when scripted.</p> <p><u>Route of Administration:</u> Oral</p> <p><u>Dose:</u> One capsule vs. one tablet; both could be written on a prescription as take ‘one’.</p>	<p><u>Orthographic:</u> The infix letter string ‘cro’ in the name Macrobid and infix letter string ‘van’ in the name Movantik appear different when scripted.</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>

No.	<b>Proposed name: Movantik</b> <b>Dosage Form(s): Tablet</b> <b>Strength(s): 12.5 mg and 25 mg</b> <b>Usual Dose: One tablet once daily</b>	<b>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</b> <b>Causes (could be multiple)</b>	<b>Prevention of Failure Mode</b> <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
13.	<p>Milantex (Aluminium hydroxide, magnesium hydroxide, simethicone)</p> <p><u>Oral Solution:</u> 200 mg-200 mg-20 mg/5 mL</p> <p><u>Usual Dose:</u> 10 – 20 mL (2 – 4 teaspoonfuls) between meals, at bedtime, or as directed by a physician.</p>	<p><u>Orthographic:</u> The letter string ‘tex’ may appear similar to the letter string ‘tik’ in the proposed name when scripted.</p> <p><u>Route of Administration:</u> Oral</p>	<p><u>Orthographic:</u> The name Milantex yields a different shape since the upstroke ‘l’ occurs at the beginning of the name vs. the upstroke ‘k’ at the end of the name in Movantik.</p> <p><u>Dose:</u> 10 to 20 mL or 2 to 4 teaspoons vs. One tablet</p> <p><u>Frequency of Administration:</u> Between meals or Bedtime or UAD vs. Once daily</p>
14.	<p>Mavik (Trandolapril)</p> <p><u>Tablets:</u> 1 mg, 2 mg, 4 mg</p> <p><u>Usual Dose:</u> 1 mg once daily; titrate (as tolerated) toward target dosage of 4 mg once daily.</p>	<p><u>Orthographic:</u> The letter string ‘Mav’ may appear similar to the letter string ‘Mov’ in the proposed name when scripted.</p> <p><u>Phonetic:</u> The first syllable (‘Mav’ vs. ‘Mov’) and last syllable (‘ik’ vs. ‘tik’) in the two names may sound similar when spoken.</p> <p><u>Route of Administration:</u> Oral</p> <p><u>Dose:</u> One tablet</p>	<p><u>Orthographic:</u> The name Movantik yields a different shape since there is an additional upstroke ‘t’ that is absent in the name Mavik. Additionally, the name Movantik (8 letters) appears longer scripted as compared to the name Mavik (5 letters).</p> <p><u>Phonetic:</u> The name Movantik has an extra syllable ‘an’ that is absent from Mavik which makes the names sound different and can help differentiate the two names when spoken.</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>

<b>No.</b>	<b>Proposed name: Movantik Dosage Form(s): Tablet Strength(s): 12.5 mg and 25 mg Usual Dose: One tablet once daily</b>	<b>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion  Causes (could be multiple)</b>	<b>Prevention of Failure Mode  In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
15.	<p>Novolog (Insulin Asparte) <u>Solution for Injection:</u> 100 units/mL <u>Usual Dose:</u> Individualized, but daily requirement is 0.5 – 1 unit/kg/day.</p>	<p><u>Orthographic:</u> The letter string ‘Nov’ may appear similar to the letter string ‘Mov’ in the proposed name when scripted. <u>Dose:</u> 25 units vs. 25 mg <u>Frequency of Administration:</u> Once daily</p>	<p><u>Orthographic:</u> The name Movantik yields a different shape since there is an upstroke ‘k’ at the end of the name vs. Novolog has a downstroke ‘g’ in that position.</p>

-----  
**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
-----

/s/  
-----

LISA V KHOSLA  
10/31/2013

LUBNA A MERCHANT  
10/31/2013