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RESEARCH**

APPLICATION NUMBER:

205382Orig1s000

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: November 19, 2013

Reviewer: Lissa C. Owens, PharmD
Division of Medication Error Prevention and Analysis

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

Drug Name and Strength(s): Incruse Ellipta (Umeclidium) Powder for Oral Inhalation
62.5 mcg

Application Type/Number: NDA 205382

Applicant/Sponsor: GlaxoSmithKline

OSE RCM #: 2013-2067

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

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Incruse Ellipta, 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 PRODUCT INFORMATION

The following product information is provided in the September 6, 2013 proprietary name submission.

- Active Ingredient: Umeclidinium
- Indication of Use: maintenance bronchodilator treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema.
- Route of Administration: Oral inhalation
- Dosage Form: Inhalation Powder
- Strength: 62.5 mcg
- Dose and Frequency: One inhalation daily
- How Supplied: Disposable grey and light green plastic inhaler containing a foil blister strip with 30 blisters. The inhaler is packaged within a moisture-protective foil tray with a desiccant and a peelable lid.
- Storage: Store at room temperature, 20°C to 25°C (68° to 77°F), in a dry place away from direct heat or sunlight

2 RESULTS

The following sections provide 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 concurred with OPDP, however, the Division of Pulmonary, Allergy, and Rheumatology Products stated that *“that Incruse might also be somewhat misleading due to its similarity to the word 'increase' - as in the idea that the drug might 'increase' one's lung capacity ”*. This response was sent to OPDP and OPDP maintained their position that the name is not promotional. After a follow-up email on November 15, 2013 the Division of Pulmonary, Allergy, and Rheumatology Products (DPARP), aligned with DMEPA and OPDP.

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 September 23, 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, ‘Incruse’, has no intended meaning or message and is not derived from any other words. They stated that ‘Ellipta’ is meant to speak to the design and shape of the dry powdered inhaler.

The proposed name Incruse Ellipta is comprised of the root name, Incruse, and the modifier, Ellipta. Incruse is not currently marketed. The proposed modifier, Ellipta, refers to the name of the delivery device in which the medication is fully integrated. We do note that the modifier ‘Ellipta’ is used with the currently marketed product, Breo Ellipta (Fluticasone Furoate Vilanterol inhalation powder). However, we do not anticipate any confusion between Breo Ellipta and Incruse Ellipta given the root names are quite different. The Applicant did not provide data to support the proposed modifier is understood by health care practitioners and patients; however, the naming convention to use a modifier to represent a specific device has been used before (e.g Advair Diskus and Flovent Diskus). The device Ellipta is not available on its own and we do not anticipate that the modifier ‘Ellipta’ will be written on its own without the root name.

We note that modifiers may sometimes be omitted. If the modifier, Ellipta, is omitted there is no other Incruse product currently marketed and therefore there will be no product confusion at this time. Additionally, we did not identify any names that can be confused with ‘Ellipta’ during our sound alike and look alike searches. Therefore, we do not find the modifier, Ellipta, misleading or vulnerable to confusion and find it acceptable for this product.

2.2.3 Medication Error Data Selection of Cases

DMEPA searched FAERS database for medication errors involving Ellipta which would be relevant for this review.

The September 23, 2013 search of the FDA Adverse Event Reporting System (FAERS) database used the following search terms: Product Quality Issues (HLT), Product Packaging Issues (HLT), Product Label Issues (HLT), and Medication Errors (HLGT).

This search strategy yielded no medication error reports.

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-four (outpatient study; n=19, inpatient study; n=5) participants interpreted the name correctly as Incruse Ellipta, five (inpatient study; n=5) participants interpreted the name as Ellipta, four (voice study; n=4) participants interpreted the name as Encruz Ellipta, three (voice study; n=3) participants interpreted the name as Encruse Elipta, and three (inpatient study) participants interpreted the name

as Incrise Ellipta. We have considered these variations in our look-alike and sound-alike searches and analysis (see Appendix B). See Appendix C for the complete listing of interpretations from the verbal and written prescription studies.

2.2.5 Comments from Other Review Disciplines at Initial Review

The Division of Pulmonary, Allergy, and Rheumatology Products (DPARP) at the initial phase of the review stated that *“that Incrise might also be somewhat misleading due to its similarity to the word 'increase' - as in the idea that the drug might 'increase' one's lung capacity”*. This response was sent to OPDP and OPDP maintained their position that the name is not promotional. After a follow-up email on November 15, 2013 the Division of Pulmonary, Allergy, and Rheumatology Products (DPARP), aligned with DMEPA and OPDP.

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, Incrise Ellipta. Table 1 lists the names with orthographic, phonetic, or spelling similarity to the proposed proprietary name, Incrise Ellipta identified by the primary reviewer, the Expert Panel Discussion (EPD), and other review disciplines. Table 1 also includes the names identified from Interbrand Health, not identified by DMEPA and require further evaluation.

Table 1: Collective List of Potentially Similar Names (DMEPA, EPD, Other Disciplines, and External Name Study)					
Look Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Invirase	Both	Invocana	FDA	(b) (4)	FDA
Encron 10	FDA	Incremin	FDA	Imuran	FDA
Encora	FDA	Increlex	FDA	Enulose	FDA
Look and Sound Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Incruse Ellipta	FDA	Breo Ellipta	FDA	Incruse	FDA
Incruze	FDA	Ellipta	FDA	(b) (4)	FDA
(b) (4)	FDA	(b) (4)	FDA	Anoro Ellipta***	FDA

Our analysis of the 18 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 Pulmonary, Allergy, and Rheumatology Products via e-mail. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Pulmonary, Allergy, and Rheumatology Products on November 18, 2013, they stated no additional concerns with the proposed proprietary name, Incruse Ellipta.

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 Nichelle Rashid, OSE project manager, at 301-796-3904.

3.1 COMMENTS TO THE APPLICANT

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

If any of the proposed product characteristics as stated in your September 6, 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)

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. *Natural Medicines Comprehensive Databases* (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.

10. *Access Medicine* (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.

11. *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.

12. *Red Book* (www.thomsonhc.com/home/dispatch)

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

13. *Lexi-Comp* (www.lexi.com)

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

14. *Medical Abbreviations* (www.medilexicon.com)

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

15. *CVS/Pharmacy* (www.CVS.com)

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

16. *Walgreens* (www.walgreens.com)

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

17. *Rx List* (www.rxlist.com)

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

18. Dogpile (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.

19. 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.¹

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

¹ 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.²

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).

² 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.

Type of Similarity	Considerations when Searching the Databases		
	<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"> Names may appear similar in print or electronic media and lead to drug name confusion in printed or electronic communication Names may look similar when scripted and lead to drug name confusion in written communication
	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"> Names may look similar when scripted, and lead to drug name confusion in written communication
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"> Names may sound similar when pronounced and lead to drug name confusion in verbal communication

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.³ 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

³ 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

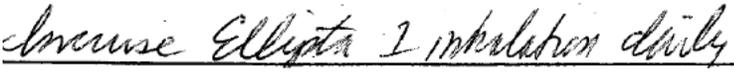
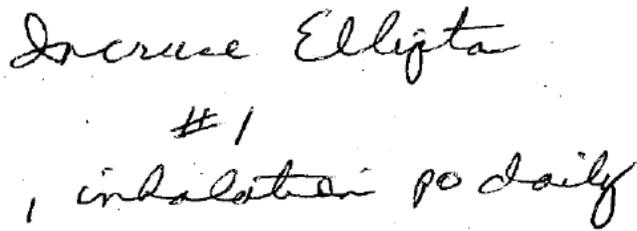
past but at great financial cost to the Sponsor and at the expense of the public welfare, not to mention the Agency's credibility as the authority responsible for approving the error-prone proprietary name. Moreover, even after Sponsors' have changed a product's proprietary name in the post-approval 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 Misinterpretations

Letters in Name, Incruse Ellipta	Scripted May Appear as	Spoken May Be Interpreted as
Upper case 'I'	L	
lower case 'i'	e, l, j	y
lower case 'n'	l, x, r, m, u, h, s	dn, gn, kn, mn, pn, m
lower case 'c'	a, e, i, l	z, k,
lower case 'r'	s, n, e, v	
lower case 'u'	n, y, v, w, Any Vowel	Any vowel
lower case 's'	G, 5, g, n, r	x
lower case 'e'	a, i, l, o, u, p	any vowel
Upper case 'E'	C, f	'eee' or eh' sound
lower case 'l'	b, e, s, A, P, i	'elle' sound
lower case 't'	r, f, x, A, b	'd' sound
lower case 'p'	yn, ys, q, g, j	'b' sound
lower case 'a'	c, ce, ci, cl, d, e, el er, o, u	E, i, y, o
Letter Strings		
Letter string 'el'	a, d, il	al, il
Letter string 'ell'	eu	
Letter string 'cr'	a	

Appendix C: Prescription Simulation Samples and Results

Figure 1. Incruse Ellipta Study (Conducted on September 20, 2013)

Handwritten Requisition Medication Order	Verbal Prescription
<p><u>Medication Order:</u></p>  <p><u>Outpatient Prescription:</u></p> 	<p>Incruse Ellipta #1 1 inhalation by mouth daily</p>

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

INTERPRETATION	OUTPATIENT	VOICE	INPATIENT	TOTAL
ELLIPTA	0	0	5	5
ENCRUISE ELIPITA	0	1	0	1
ENCRUISE ELLIPTA	0	1	0	1
ENCRUSE ELIPTA	0	3	0	3
ENCRUZ ELLIPTA	0	4	0	4
ENCRUZE ELIPTA	0	1	0	1
ENCRUZE ELLIPTA	0	1	0	1
IMERASE ELIPTAE	0	0	1	1
INCRASE ELLIPTA	2	0	0	2
INCRUISE ELLIPTA	0	0	1	1
INCRUCE ELLIPTA	1	0	0	1
INCRUISE ELIPTA	0	2	0	2
INCRUISE ELLIPTA	0	0	1	1
INCRUSE ELIPTA	0	1	0	1
INCRUSE ELLIPTA	18	0	5	23
INCRUSE ELLIPTA ?	1	0	0	1
INCRUZ ELIPTA	0	4	0	4
INCRUZ ELLIPTA	0	2	0	2
INCRUZUPLIPTA	0	1	0	1
INCUASE ELLIPTA	0	0	1	1
INCUISE ELLIPTA	0	0	3	3
INGRULIPTA	0	1	0	1
INUISE ELLIPTA	0	0	1	1
INVERUSE ELLIPTA	0	0	1	1

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

N o.	Proprietary Name	Active Ingredient	Similarity to Incruse Ellipta	Failure preventions
1.	Incruse Ellipta***	Umeclidinium	Look and Sound	This name is the subject of this review.
2.	Incruse	Umeclidinium	Look and sound	Name found on USPTO. No other information found in common drug references.
3.	Incruse	Unknown	Look and Sound	Name found on USPTO. No other information found in common drug references.
4.	(b) (4)			
5.				
6.				
7.				
8.	Tarceva	Erlotinib Hydrochloride	Look	The pair have sufficient orthographic differences
9.	Encron 10	Pancreatin	Look	Product discontinued in 1994 with other brand names available but no generics.

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.

No.	<p>Proposed name: Incruse Ellipta (Umeclidinium)</p> <p>Dosage Form(s): Powder for Inhalation</p> <p>Strength: 62.5 mg per actuation</p> <p>Usual Dose: One inhalation once daily</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</p>
1.	<p>Invirase (Saquinavir Mesylate) Capsules: 200 mg, Tablets: 500 mg</p> <p><u>Usual Dose:</u> 1000 mg after a meal twice a day with Ritonavir 100 mg</p>	<p><u>Orthographic:</u> When compared to the root name, the pair have the same beginning letter strings, ‘In’ and similar ending letter strings, ‘use’ and ‘ase’</p>	<p><u>Dose:</u> One inhalation vs. XX tablets</p> <p><u>Frequency:</u> Once daily vs. Twice daily</p> <p><u>Strength:</u> Single strength vs. Multiple strengths that would need to be indicated on the medication order or prescriptions. There are no overlaps or numerical similarity.</p>
2.	<p>Invokana (Canagliflozin) Tablets, 100 mg and 300 mg</p> <p><u>Usual Dose:</u> 100 mg to 300 mg once a day before the 1st meal</p>	<p><u>Orthographic:</u> When compared to the root name, the pair have the same beginning letter strings, ‘In’</p> <p><u>Frequency:</u> Both are daily</p>	<p><u>Orthographic:</u> When compared to the root name, the infixes, ‘cru’ vs. ‘vok’ appears different when scripted due to the upstroke letter ‘k’ present in Invokana that is not present in Incruse giving the pair different shapes.</p> <p><u>Dose:</u> One inhalation vs. XX tablets</p> <p><u>Strength:</u> Single strength vs. Multiple strengths that would need to be indicated on the medication order or prescriptions. There are no overlaps or numerical similarity.</p>
3.	<p>Anoro Ellipta*** (Umeclidinium and Vilanterol) Inhalation Powder, 62.5 mcg/25 mcg</p> <p><u>Usual Dose:</u> One inhalation once daily</p>	<p><u>Orthographic:</u> When compared to the root name, the pair have the same modifier, ‘Ellipta’</p> <p><u>Dose:</u> Both are ‘One inhalation’</p> <p><u>Frequency:</u> Both are daily</p> <p><u>Strength:</u> Both are single strength products, also there is overlap in strength 62.5</p>	<p><u>Orthographic:</u> The root names, Incruse vs. Anoro appear different when scripted. Incruse (7 letters) when scripted appears longer than Anoro (5 letters)</p> <p>POCA Scores: Ortho is 70%, Phonetic is 65% and Combined is 68%</p>

No.	Proposed name: Incruse Ellipta (Umeclidinium) Dosage Form(s): Powder for Inhalation Strength: 62.5 mg per actuation Usual Dose: One inhalation once daily	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	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
4.	Breo Ellipta (Fluticasone Furoate and Vilanterol Trifenatate) Inhalation Powder, 100 mcg/25 mcg <u>Usual Dose:</u> One inhalation daily	<u>Orthographic:</u> When compared to the root name, the pair have the same modifier, 'Ellipta' <u>Dose:</u> Both are 'One inhalation' <u>Frequency:</u> Both are daily <u>Strength:</u> Both are single strength products	<u>Orthographic:</u> The root names, Incruse vs. Breo appear different when scripted. Incruse (7 letters) when scripted appears longer than Breo (4 letters).
5.	Incremin (Multimineral/Multivitamin) Oral Liquid <u>Usual Dose:</u> 2.5 mL to 5 mL daily	<u>Orthographic:</u> When compared to the root name, the pair have the same beginning letter strings, 'Incr' <u>Frequency:</u> Both are daily <u>Strength:</u> Both are single strength products	<u>Orthographic:</u> The ending letter strings, 'se' vs. 'min' appear different when scripted. Incremin appears longer when scripted due to the presence of the broader letter 'm' and 'n'. <u>Dose:</u> One inhalation vs. xx mL
6.	Imuran (Azothioprine) Tablets, 50 mg Usual Dose: 1 mg/kg to (b) (4)	<u>Orthographic:</u> When compared to the root name, the pair have similar beginning letter strings, 'In' and 'Im' <u>Frequency:</u> Both are daily <u>Strength:</u> Both are single strength products	<u>Orthographic:</u> The ending letter strings, 'use' vs. 'ran' appear different when scripted.

No.	Proposed name: Incruse Ellipta (Umeclidinium) Dosage Form(s): Powder for Inhalation Strength: 62.5 mg per actuation Usual Dose: One inhalation once daily	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	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
7.	Encora (Multivitamin) Capsule <u>Usual Dose:</u> One tablet daily	<u>Orthographic:</u> When compared to the root name, the pair have similar beginning letter strings, 'In' and 'En' <u>Frequency:</u> Both are daily <u>Strength:</u> Both are single strength products	<u>Dose:</u> One inhalation vs. One tablet
8.	Increlex (Mecasermin) Injection, 40 mg/vial <u>Usual Dose:</u> 0.04 mg/kg to 0.12 mg/kg twice subcutaneously twice daily	<u>Orthographic:</u> When compared to the root name, the pair have the same beginning letter strings, 'Incr' <u>Strength:</u> Both are single strength products	<u>Orthographic:</u> When compared to the root name, the ending letter strings, 'use' vs. 'lex' appear different when scripted due to the upstroke letter 'l' present in Increlex that is not present in Incruse giving the pair different shapes. <u>Dose:</u> One inhalation vs. XX mg
9.	Enulose (Lactulose) Liquid, 10 g/15 mL <u>Usual Dose: Oral:</u> 2.5 mL to 45 mL three to four times daily. <u>Rectal:</u> 300 mL mixed with 700 mL of water or saline in a rectal balloon catheter retained for 30 to 60 minutes.	<u>Orthographic:</u> When compared to the root name, the pair have similar beginning letter strings, 'In' and 'En' <u>Strength:</u> Both are single strength products	<u>Orthographic:</u> When compared to the root name, the infixes, 'cru' vs. 'ulo' appear different when scripted due to the upstroke letter 'l' present in Enulose that is not present in Incruse giving the pair different shapes. <u>Dose:</u> One inhalation vs. XX mL <u>Unit of measure:</u> Inhalation vs. mL or teaspoonful <u>Route:</u> Must be indicated in Enulose (oral vs. Rectal)

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/s/

LISSA C OWENS
11/19/2013

LUBNA A MERCHANT
11/19/2013

**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
Division of Medication Error Prevention and Analysis**

Proprietary Name Review

Date: June 10, 2013

Reviewer(s): Lissa C. Owens, PharmD
Division of Medication Error Prevention and Analysis

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

Drug Name(s) and Strength(s): (b) (4) Ellipta (Umeclidinium)
Powder for Inhalation, 62.5 mcg

Application Type/Number: NDA 205382

Applicant/Sponsor: GlaxoSmithKline

OSE RCM #: 2013-1062

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

1 INTRODUCTION

This review evaluates the proposed proprietary name (b) (4) Ellipta for NDA 205382. The proposed proprietary name was submitted by GlaxoSmithKline for evaluation on May 1, 2013.

1.1 PRODUCT INFORMATION

- Active Ingredient: Umeclidinium
- Indication of Use: maintenance bronchodilator treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including bronchitis and emphysema
- Route of Administration: Oral inhalation
- Dosage Form: Powder for oral inhalation
- Strength: 62.5 mcg
- Dose and Frequency: One inhalation once daily
- How Supplied: Disposable grey and light green plastic inhaler containing a foil blister strip with 30 blisters
- Storage: Room temperature
- Container and Closure systems: The inhaler is packaged within a moisture-protective foil tray with a desiccant and a peelable lid.

2 DISCUSSION

During the initial steps of the proprietary name review process, the Office of Prescription Drug Promotion (OPDP) did not recommend the use of the proposed proprietary name (b) (4) Ellipta because it overstates the efficacy of the product. OPDP provided the following statement:

OPDP objects to the proposed trade name '(b) (4) Ellipta' because it overstates the efficacy of the product. '(b) (4) easily evokes the word, (b) (4)

(b) (4) Patients with COPD have difficulty effectively exchanging oxygen and CO₂, and often engage in a forced expiratory process to facilitate air movement through the lungs. Given that this product is indicated as maintenance bronchodilator treatment of airflow obstruction in patients with COPD, including chronic bronchitis and emphysema, the proposed trade name implies this product will always (b) (4) or (b) (4) all of the patient's airways to improve airflow obstruction in the lung and allow patients with COPD to breathe easily throughout the day. Without substantial evidence to support such a treatment response, the proposed trade name is misleading.

This concern was shared with the Division of Pulmonary Allergy and Rheumatology Products (DPARP). In email correspondence dated June 5, 2013, DPARP concurred with

OPDP's assessment. DMEPA also concurs with this finding and will not perform a safety assessment of the proposed proprietary name.

3 CONCLUSIONS AND RECOMMENDATIONS

The proposed proprietary name, (b) (4) Ellipta, is unacceptable from a promotional perspective. The Applicant will be notified of FDA's decision to object to the name based on promotional concerns via letter.

3.1 COMMENTS TO THE APPLICANT

We have completed our review of the proposed proprietary name, (b) (4) Ellipta, and have concluded that this name is unacceptable for the following reason:

OPDP objects to the proposed trade name '(b) (4) Ellipta' because it overstates the efficacy of the product. '(b) (4) easily evokes the word, (b) (4)

(b) (4) Patients with COPD have difficulty effectively exchanging oxygen and CO₂, and often engage in a forced expiratory process to facilitate air movement through the lungs. Given that this product is indicated as maintenance bronchodilator treatment of airflow obstruction in patients with COPD, including chronic bronchitis and emphysema, the proposed trade name implies this product will always (b) (4) or (b) (4) all of the patient's airways to improve airflow obstruction in the lung and allow patients with COPD to breathe easily throughout the day. Without substantial evidence to support such a treatment response, the proposed trade name is misleading

Please note that the Federal Food Drug and Cosmetic Act provides that labeling or advertising can misbrand a product if misleading representations are made, whether through a proposed trade name or otherwise; this includes suggestions that a drug is better, more effective, useful in a broader range of conditions or patients, safer, has fewer, or lower incidence of, or less serious side effects or contraindications than has been demonstrated by substantial evidence or substantial clinical experience. [21 U.S.C. 321(n); see also 21 U.S.C. 352(a) & (n); 21 CFR 202.1(e)(5)(i);(e)(6)(i)].

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/s/

LISSA C OWENS
06/10/2013

CAROL A HOLQUIST on behalf of LUBNA A MERCHANT
06/11/2013
Signing on behalf of Lubna Merchant