

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**208289Orig1s000**

**PROPRIETARY NAME REVIEW(S)**

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**PROPRIETARY NAME REVIEW**

Division of Medication Error Prevention and Analysis (DMEPA)  
Office of Medication Error Prevention and Risk Management (OMEPRM)  
Office of Surveillance and Epidemiology (OSE)  
Center for Drug Evaluation and Research (CDER)

**\*\*\* This document contains proprietary information that cannot be released to the public\*\*\***

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<b>Date of This Review:</b>	August 28, 2016
<b>Application Type and Number:</b>	NDA 208289
<b>Product Name and Strength:</b>	Akovaz (Ephedrine Sulfate) Injection 50 mg/mL
<b>Product Type:</b>	Single Ingredient
<b>Rx or OTC:</b>	Rx
<b>Applicant/Sponsor Name:</b>	Éclat
<b>Panorama #:</b>	2015-887601
<b>DMEPA Primary Reviewer:</b>	James Schlick, RPh, MBA
<b>DMEPA Team Leader:</b>	Vicky Borders-Hemphill, PharmD

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## 1 INTRODUCTION

This review evaluates the proposed proprietary name, Akovaz, from a safety and misbranding perspective. The sources and methods used to evaluate the proposed name are outlined in the reference section and Appendix A respectively. The Applicant submitted an external name study, conducted by [REDACTED]<sup>(b) (4)</sup> for this product.

### 1.1 PRODUCT INFORMATION

The following product information is provided in the July 1, 2015 proprietary name submission.

- Intended Pronunciation: ACK-oh-vaz
- Active Ingredient: Ephedrine Sulfate
- Indication of Use: treatment of clinically important hypotension in the setting of anesthesia
- Route of Administration: Intravenous
- Dosage Form: Injection
- Strength: 50 mg/mL
- Dose and Frequency: 5 to 10 mg bolus injections, repeated as needed. The frequency of administration is individualized for each patient; thus the dosing interval is based on effect. The maximum daily dose is 50 mg/ml.
- How Supplied/ Container and Closure Systems: Clear glass vial packaged in carton that contains 25 vials per carton.
- Storage: Room temperature

## 2 RESULTS

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

### 2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that the proposed name would not misbrand the proposed product. DMEPA and the Division of Analgesia, Anesthesia, and Addiction Products (DAAAP) concurred with the findings of OPDP's 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*

There is no USAN stem present in the proprietary name<sup>1</sup>.

### 2.2.2 Components of the Proposed Proprietary Name

The Applicant did not provide a derivation or intended meaning for the proposed name, Akovaz in their submission. 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.

### 2.2.3 FDA Name Simulation Studies

Seventy-three practitioners participated in DMEPA's prescription studies. One participant responded with the name, Septocaine. However, we did not include this name in our results since the response was intended for another name in the Rx Study. Thus, our results include seventy-two practitioner responses. Twenty-three participants in the inpatient prescription study responded with the name, Akovar, which sounds and looks similar to the currently marketed weight loss product, Akavar 20/50. We evaluate this name in Appendix C. One participant in the voice study responded with the name, Acovas, which is similar to an argatroban product which previously used the proprietary name, Acova. We evaluate this name in Appendix C as well. Appendix B contains the results from the verbal and written prescription studies.

### 2.2.4 Comments from Other Review Disciplines at Initial Review

In response to the OSE, July 14, 2015 e-mail, the Division of Analgesia, Anesthesia, and Addiction Products (DAAAP) did not forward any comments or concerns relating to the proposed proprietary name at the initial phase of the review.

### 2.2.5 Phonetic and Orthographic Computer Analysis (POCA) Search Results

Table 1 lists the number of names with the combined orthographic and phonetic score of  $\geq 50\%$  retrieved from our POCA search<sup>2</sup> organized as highly similar, moderately similar or low similarity for further evaluation. Table 1 also includes names identified from the FDA Prescription Simulation and by (b) (4)

<b>Table 1. POCA Search Results</b>	<b>Number of Names</b>
Highly similar name pair: combined match percentage score $\geq 70\%$	2
Moderately similar name pair: combined match percentage score $\geq 50\%$ to $\leq 69\%$	53
Low similarity name pair: combined match percentage score $\leq 49\%$	3

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<sup>1</sup>USAN stem search conducted on July 15, 2015.

<sup>2</sup> POCA search conducted on July 10, 2015.

### ***2.2.6 Safety Analysis of Names with Potential Orthographic, Spelling, and Phonetic Similarities***

Our analysis of the 58 names contained in Table 1 determined 58 names will not pose a risk for confusion as described in Appendices C through H.

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

DMEPA communicated our findings to the Division of Analgesia, Anesthesia, and Addiction Products (DAAAP) via e-mail on August 21, 2015. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from DAAAP on August 24, 2015, they stated no additional concerns with the proposed proprietary name, Akovaz.

## **3 CONCLUSIONS**

The proposed proprietary name is acceptable.

If you have any questions or need clarifications, please contact Lisa Skarupa, OSE project manager, at 301-796-2219.

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

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

If any of the proposed product characteristics as stated in your July 1, 2015 submission are altered prior to approval of the marketing application, the name must be resubmitted for review.

## 4 REFERENCES

1. *USAN Stems* (<http://www.ama-assn.org/ama/pub/physician-resources/medical-science/united-states-adopted-names-council/naming-guidelines/approved-stems.page>)

USAN Stems List contains all the recognized USAN stems.

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

POCA is a system that FDA designed. As part of the name similarity assessment, POCA is used to evaluate proposed names via a phonetic and orthographic algorithm. The proposed proprietary name is converted into its phonemic representation before it runs through the phonetic algorithm. Likewise, an orthographic algorithm exists that operates in a similar fashion. POCA is publicly accessible.

### *Drugs@FDA*

Drugs@FDA is an FDA Web site that contains most of the drug products approved in the United States 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* and *generic drugs*; *therapeutic biological products*, *prescription* and *over-the-counter* human drugs; and *discontinued drugs* (see Drugs @ FDA Glossary of Terms, available at [http://www.fda.gov/Drugs/InformationOnDrugs/ucm079436.htm#ther\\_biological](http://www.fda.gov/Drugs/InformationOnDrugs/ucm079436.htm#ther_biological)).

### *RxNorm*

RxNorm contains the names of prescription and many OTC drugs available in the United States. RxNorm includes generic and branded:

- Clinical drugs – pharmaceutical products given to (or taken by) a patient with therapeutic or diagnostic intent
- Drug packs – packs that contain multiple drugs, or drugs designed to be administered in a specified sequence

Radiopharmaceuticals, contrast media, food, dietary supplements, and medical devices, such as bandages and crutches, are all out of scope for RxNorm (<http://www.nlm.nih.gov/research/umls/rxnorm/overview.html#>).

### *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.

## APPENDICES

### Appendix A

FDA's Proprietary Name Risk Assessment evaluates proposed proprietary names for misbranding and safety concerns.

1. **Misbranding Assessment:** For prescription drug products, OPDP assesses the name for misbranding concerns. . For over-the-counter (OTC) drug products, the misbranding assessment of the proposed name is conducted by DNDP. OPDP or DNDP evaluates proposed proprietary names to determine if the name is false or misleading, such as by making misrepresentations with respect to safety or efficacy. For example, a fanciful proprietary name may misbrand a product by suggesting that it has some unique effectiveness or composition when it does not (21 CFR 201.10(c)(3)). OPDP or DNDP provides their opinion to DMEPA for consideration in the overall acceptability of the proposed proprietary name.
2. **Safety Assessment:** The safety assessment is conducted by DMEPA, and includes the following:
  - a. Preliminary Assessment: 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.) See prescreening checklist below in Table 2\*. 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>3</sup>

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<sup>3</sup> National Coordinating Council for Medication Error Reporting and Prevention. <http://www.nccmerp.org/aboutMedErrors.html>. Last accessed 10/11/2007.

**\*Table 2- Prescreening Checklist for Proposed Proprietary Name**

	Answer the questions in the checklist below. Affirmative answers to any of these questions indicate a potential area of concern that should be carefully evaluated as described in this guidance.
<b>Y/N</b>	<b>Is the proposed name obviously similar in spelling and pronunciation to other names?</b>
	Proprietary names should not be similar in spelling or pronunciation to proprietary names, established names, or ingredients of other products.
<b>Y/N</b>	<b>Are there medical and/or coined abbreviations in the proprietary name?</b>
	Proprietary names should not incorporate medical abbreviations (e.g., QD, BID, or others commonly used for prescription communication) or coined abbreviations that have no established meaning.
<b>Y/N</b>	<b>Are there inert or inactive ingredients referenced in the proprietary name?</b>
	Proprietary names should not incorporate any reference to an inert or inactive ingredient in a way that might create an impression that the ingredient's value is greater than its true functional role in the formulation (21 CFR 201.10(c)(4)).
<b>Y/N</b>	<b>Does the proprietary name include combinations of active ingredients?</b>
	Proprietary names of fixed combination drug products should not include or suggest the name of one or more, but not all, of its active ingredients (see 21 CFR 201.6(b)).
<b>Y/N</b>	<b>Is there a United States Adopted Name (USAN) stem in the proprietary name?</b>
	Proprietary names should not incorporate a USAN stem in the position that USAN designates for the stem.
<b>Y/N</b>	<b>Is this proprietary name used for another product that does not share at least one common active ingredient?</b>
	Drug products that do not contain at least one common active ingredient should not use the same (root) proprietary name.
<b>Y/N</b>	<b>Is this a proprietary name of a discontinued product?</b>
	Proprietary names should not use the proprietary name of a discontinued product if that discontinued drug product does not contain the same active ingredients.

- b. Phonetic and Orthographic Computer Analysis (POCA): Following the preliminary screening of the proposed proprietary name, DMEPA staff evaluates the proposed name against potentially similar names. In order to identify names with potential similarity to the proposed proprietary name, DMEPA enters the proposed proprietary name in POCA and queries the name against the following drug reference databases, Drugs@fda, CernerRxNorm, and names in the review pipeline using a 50% threshold in POCA. DMEPA reviews the combined orthographic and phonetic matches and group the names into one of the following three categories:
- Highly similar pair: combined match percentage score  $\geq 70\%$ .
  - Moderately similar pair: combined match percentage score  $\geq 50\%$  to  $\leq 69\%$ .
  - Low similarity: combined match percentage score  $\leq 49\%$ .

Using the criteria outlined in the check list (Table 3-5) that corresponds to each of the three categories (highly similar pair, moderately similar pair, and low similarity), DMEPA evaluates the name pairs to determine the acceptability or non-acceptability of a proposed proprietary name. The intent of these checklists is to increase the transparency and predictability of the safety determination of whether a proposed name is vulnerable to confusion from a look-alike or sound-alike perspective. Each bullet below corresponds to the name similarity category cross-references the respective table that addresses criteria that DMEPA uses to determine whether a name presents a safety concern from a look-alike or sound-alike perspective.

- For highly similar names, differences in product characteristics often cannot mitigate the risk of a medication error, including product differences such as strength and dose. Thus, proposed proprietary names that have a combined score of  $\geq 70$  percent are at risk for a look-alike sound-alike confusion which is an area of concern (See Table 3).
- Moderately similar names with overlapping or similar strengths or doses represent an area for concern for FDA. The dosage and strength information is often located in close proximity to the drug name itself on prescriptions and medication orders, and it can be an important factor that either increases or decreases the potential for confusion between similarly named drug pairs. The ability of other product characteristics to mitigate confusion (e.g., route, frequency, dosage form, etc.) may be limited when the strength or dose overlaps. We review such names further, to determine whether sufficient differences exist to prevent confusion. (See Table 4).
- Names with low similarity that have no overlap or similarity in strength and dose are generally acceptable (See Table 5) unless there are data to suggest that the name might be vulnerable to confusion (e.g., prescription simulation study suggests that the name is likely to be misinterpreted as a marketed product). In these instances, we would reassign a low similarity name to the moderate similarity category and review according to the moderately similar name pair checklist.

- c. FDA Prescription Simulation Studies: DMEPA staff also conducts a prescription simulation studies using FDA health care professionals.

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.

- d. 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.

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.

**Table 3. Highly Similar Name Pair Checklist (i.e., combined Orthographic and Phonetic score is  $\geq 70\%$ ).**

Answer the questions in the checklist below. Affirmative answers to some of these questions suggest that the pattern of orthographic or phonetic differences in the names may render the names less likely to confusion, provided that the pair do not share a common strength or dose.			
<u>Orthographic Checklist</u>		<u>Phonetic Checklist</u>	
<b>Y/N</b>	Do the names begin with different first letters? <i>Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.</i>	<b>Y/N</b>	Do the names have different number of syllables?
<b>Y/N</b>	Are the lengths of the names dissimilar* when scripted?  <i>*FDA considers the length of names different if the names differ by two or more letters.</i>	<b>Y/N</b>	Do the names have different syllabic stresses?
<b>Y/N</b>	Considering variations in scripting of some letters (such as <i>z</i> and <i>f</i> ), is there a different number or placement of upstroke/downstroke letters present in the names?	<b>Y/N</b>	Do the syllables have different phonologic processes, such as vowel reduction, assimilation, or deletion?
<b>Y/N</b>	Is there different number or placement of cross-stroke or dotted letters present in the names?	<b>Y/N</b>	Across a range of dialects, are the names consistently pronounced differently?
<b>Y/N</b>	Do the infixes of the name appear dissimilar when scripted?		
<b>Y/N</b>	Do the suffixes of the names appear dissimilar when scripted?		

**Table 4: Moderately Similar Name Pair Checklist (i.e., combined score is  $\geq 50\%$  to  $\leq 69\%$ ).**

<p>Step 1</p>	<p>Review the DOSAGE AND ADMINISTRATION and HOW SUPPLIED/STORAGE AND HANDLING sections of the prescribing information (or for OTC drugs refer to the Drug Facts label) to determine if strengths and doses of the name pair overlap or are very similar. Different strengths and doses for products whose names are moderately similar may decrease the risk of confusion between the moderately similar name pairs. Name pairs that have overlapping or similar strengths or doses have a higher potential for confusion and should be evaluated further (see Step 2). Because the strength or dose could be used to express an order or prescription for a particular drug product, overlap in one or both of these components would be reason for further evaluation.</p> <p>For single strength products, also consider circumstances where the strength may not be expressed.</p> <p>For any i.e. drug products comprised of more than one active ingredient, consider whether the strength or dose may be expressed using only one of the components.</p> <p>To determine whether the strengths or doses are similar to your proposed product, consider the following list of factors that may increase confusion:</p> <ul style="list-style-type: none"> <li>○ Alternative expressions of dose: 5 mL may be listed in the prescribing information, but the dose may be expressed in metric weight (e.g., 500 mg) or in non-metric units (e.g., 1 tsp, 1 tablet/capsule). Similarly, a strength or dose of 1000 mg may be expressed, in practice, as 1 g, or vice versa.</li> <li>○ Trailing or deleting zeros: 10 mg is similar in appearance to 100 mg which may potentiate confusion between a name pair with moderate similarity.</li> <li>○ Similar sounding doses: 15 mg is similar in sound to 50 mg</li> </ul>
<p>Step 2</p>	<p>Answer the questions in the checklist below. Affirmative answers to some of these questions suggest that the pattern of orthographic or phonetic differences in the names may reduce the likelihood of confusion for moderately similar names <b><u>with</u></b> overlapping or similar strengths or doses.</p>

<p>Orthographic Checklist (Y/N to each question)</p> <ul style="list-style-type: none"> <li>• Do the names begin with different first letters?</li> </ul> <p>Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.</p> <ul style="list-style-type: none"> <li>• Are the lengths of the names dissimilar* when scripted?</li> </ul> <p>*FDA considers the length of names different if the names differ by two or more letters.</p> <ul style="list-style-type: none"> <li>• Considering variations in scripting of some letters (such as <i>z</i> and <i>f</i>), is there a different number or placement of upstroke/downstroke letters present in the names?</li> <li>• Is there different number or placement of cross-stroke or dotted letters present in the names?</li> <li>• Do the infixes of the name appear dissimilar when scripted?</li> <li>• Do the suffixes of the names appear dissimilar when scripted?</li> </ul>	<p>Phonetic Checklist (Y/N to each question)</p> <ul style="list-style-type: none"> <li>• Do the names have different number of syllables?</li> <li>• Do the names have different syllabic stresses?</li> <li>• Do the syllables have different phonologic processes, such as vowel reduction, assimilation, or deletion?</li> <li>• Across a range of dialects, are the names consistently pronounced differently?</li> </ul>
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**Table 5: Low Similarity Name Pair Checklist (i.e., combined score is  $\leq 49\%$ ).**

In most circumstances, these names are viewed as sufficiently different to minimize confusion. Exceptions to this would occur in circumstances where, for example, there are data that suggest a name with low similarity is nonetheless misinterpreted as a marketed product name in a prescription simulation study. In such instances, FDA would reassign a low similarity name to the moderate similarity category and review according to the moderately similar name pair checklist.

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

**Figure 1. Akovaz Study (Conducted on July 17, 2015)**

Handwritten Requisition Medication Order	Verbal Prescription
<p><u>Medication Order:</u></p> <p><i>Akovaz 5mg as needed. Send prior to procedure.</i></p>	<p>Akovaz</p> <p>Bring vials to clinic</p> <p>Disp# 2</p>
<p><u>Outpatient Prescription:</u></p> <p><i>Akovaz</i></p> <p><i>Bring vials to clinic</i></p> <p><i>Disp #2</i></p>	

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

245 People Received Study 72 People Responded				
Study Name: <b>Akovaz</b>				
<b>Total</b>	<b>29</b>	<b>20</b>	<b>23</b>	
<b>INTERPRETATION</b>	<b>OUTPATIENT</b>	<b>VOICE</b>	<b>INPATIENT</b>	<b>TOTAL</b>
ACAVADGE	0	1	0	1
ACAVAGE	0	1	0	1
ACAVAS	0	1	0	1
ACAVAZ	0	4	0	4
ACAVYZ	0	1	0	1
ACCAVAS	0	1	0	1
ACCAVAZ	0	1	0	1
ACCOVEZ	0	1	0	1
ACOVAGE	0	1	0	1
ACOVAS	0	1	0	1
ACTAVEZ	0	1	0	1
ACTOJEZ	0	1	0	1
ACVASE	0	1	0	1
AKAVEZ	0	1	0	1
AKOVAR	0	0	23	23
AKOVAX	1	0	0	1
AKOVAZ	21	0	0	21
AKOVOZ	7	0	0	7
ATAVAZ	0	1	0	1
AVOBADS	0	1	0	1
EKAVEG	0	1	0	1

**Appendix C:** Highly Similar Names (e.g., combined POCA score is  $\geq 70\%$ )

No.	<b>Proposed name: Akovaz</b> <b>Established name: Ephedrine Sulfate</b> <b>Dosage form: Injection</b> <b>Strength: 50 mg/mL</b> <b>Usual Dose: 5 to 10 mg bolus injections, repeated as needed</b>	<b>POCA Score (%)</b>	<b>Orthographic and/or phonetic differences in the names sufficient to prevent confusion</b>  <b>Other prevention of failure mode expected to minimize the risk of confusion between these two names.</b>
1.	Akavar 20/50	75	<p>Akavar 20/50 is an OTC herbal dietary supplement product containing multiple ingredients including vitamins, caffeine, and green tea extract whereas Akovaz is an injectable product that will be used in operating room areas in an inpatient setting.</p> <p>If a prescription intended for Akavar is filled with Akovaz, the vial requires a syringe to draw up a dose, thus the patient would not be able to self-administer. Because of this situation, the pharmacist would likely seek additional clarification. If a clinic prescription intended for Akovaz was filled with Akavar, the operating room practitioner would question the oral herbal dietary supplement and seek clarification. Thus, it is unlikely that an error would reach the patient based on product characteristics and settings of use.</p> <p>If the modifier is present, it will provide orthographic and phonetic differences as well.</p>

No.	<b>Proposed name: Akovaz</b> <b>Established name: Ephedrine Sulfate</b> <b>Dosage form: Injection</b> <b>Strength: 50 mg/mL</b> <b>Usual Dose: 5 to 10 mg bolus injections, repeated as needed</b>	<b>POCA Score (%)</b>	<b>Orthographic and/or phonetic differences in the names sufficient to prevent confusion</b>  <b>Other prevention of failure mode expected to minimize the risk of confusion between these two names.</b>
2.	Acova <sup>4</sup>	70	<p>The prefixes of this name pair have sufficient orthographic differences.</p> <p>We did not find the name in the commonly used external drug databases Facts and Comparison and Red Book. Although the proprietary name is found in Drugs@FDA and Orange Book, the name has not been used in labels and labeling since April 2002. The proprietary name, Acova, will be removed from these databases in September 2015. Thus, the proprietary name will not be found in commonly used external drug databases.<sup>5</sup></p> <p>Acova was previously the proprietary name used for argatroban, which is used in inpatient settings for percutaneous coronary intervention or heparin induced thrombocytopenia. The unique indications and specific infusion directions associated with argatroban, combined with specific aPTT or ACT monitoring necessary, make it unlikely that the wrong drug will be administered to a patient.</p>

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<sup>4</sup> We reviewed Annual Reports submitted from August 28, 2009 and the revised labels and labeling. We determined that in each Annual Report submitted from August 28, 2009, only the established name is noted in the submitted documents (this includes container labels and carton labeling). Additionally, we also determined that the labels and labeling have not included the use of the proprietary name, Acova, since 2003 based on the Approval letter and labeling for Supplement 004, dated April 3, 2002.<sup>4</sup> Thus, it appears that the name has not been marketed since April 2002.

Furthermore, if the Sponsor of the Acova product would like to market the proprietary name again, the Supplement 16 approval letter, dated March 10, 2014 indicates that the Sponsor should submit a request for a proposed proprietary name review,<sup>4</sup> which would give the Agency the opportunity to review the proposed name for risk of confusion with other marketed or pending names.

<sup>5</sup> We contacted the Orange Book database team on August 17, 2015 to determine if the proprietary name should be removed from the database. The Orange Book team responded on August 18, 2015 that they will remove the name with the next publication update in September 2015. The removal of the name, Acova, in September 2015 will also apply to the Drugs@FDA database as well.

**Appendix D:** Moderately Similar Names (e.g., combined POCA score is  $\geq 50\%$  to  $\leq 69\%$ ) with no overlap or numerical similarity in Strength and/or Dose

No.	Name	POCA Score (%)
1.	TOVIAZ	66
2.	AGORAL	60
3.	EVOTAZ	60
4.	AK-CON-A	59
5.	APEAZ	58
6.	ACUVAIL	57
7.	CovaCE	55
8.	ACLovATE	54
9.	AKURZA	54
10.	AVYCAZ	54
11.	(b) (4) ***	54
12.	ACOFLAM	53
13.	ACULAR	53
14.	AKBETA	53
15.	AK-BETA	53
16.	ANASPAZ	53
17.	(b) (4) ***	52
18.	AXOTAL	52
19.	DlovaN	52
20.	kovIA	52
21.	PovaN	52
22.	A-COF DH	50
23.	ACZONE	50
24.	ADIDAS	50
25.	AK-NACL	50
26.	LovazA	50

\*\*\* This document contains proprietary information that cannot be released to the public\*\*\*

<b>No.</b>	<b>Name</b>	<b>POCA Score (%)</b>
27.	TRovaN	50

**Appendix E:** Moderately Similar Names (e.g., combined POCA score is  $\geq 50\%$  to  $\leq 69\%$ ) with overlap or numerical similarity in Strength and/or Dose

No.	<b>Proposed name: Akovaz</b> <b>Established name: Ephedrine Sulfate</b> <b>Dosage form: Injection</b> <b>Strength: 50 mg/mL</b> <b>Usual Dose: 5 to 10 mg bolus injections, repeated as needed</b>	<b>POCA Score (%)</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>
1.	AMvaz	68	The prefixes and infixes of this name pair have sufficient orthographic differences  Akovaz contains an extra syllable.
2.	ATIVAN	60	The prefixes of this name pair have sufficient orthographic differences  The first and third syllables of this name pair sound different.
3.	ACUPAN	53	The prefixes and suffixes of this name pair have sufficient orthographic differences  The third syllables of this name pair sound different.
4.	DlovaL 40	52	The prefixes and suffixes of this name pair have sufficient orthographic differences  The first and third syllables of this name pair sound different.
5.	INNOvaR	52	The prefixes of this name pair have sufficient orthographic differences  The first and third syllables of this name pair sound different.
6.	(b) (4)***	52	The prefixes and suffixes of this name pair have sufficient orthographic differences  The third syllables of this name pair sound different.

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No.	<b>Proposed name: Akovaz</b> <b>Established name: Ephedrine Sulfate</b> <b>Dosage form: Injection</b> <b>Strength: 50 mg/mL</b> <b>Usual Dose: 5 to 10 mg bolus injections, repeated as needed</b>	<b>POCA Score (%)</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>
7.	ABLAVAR	50	The infixes of this name pair have sufficient orthographic differences  The first and third syllables of this name pair sound different.
8.	ACTHAR	50	The prefixes and infixes of this name pair have sufficient orthographic differences  Akovaz contains an extra syllable.
9.	ARFONAD	50	The prefixes and suffixes of this name pair have sufficient orthographic differences  The first and third syllables of this name pair sound different.

**Appendix F:** Low Similarity Names (e.g., combined POCA score is  $\leq 49\%$ )

No.	Name	POCA Score (%)
1.	Actos	44
2.	Alkeran	42
3.	Atrovent	45

**Appendix G:** Names not likely to be confused or not used in usual practice settings for the reasons described.

No.	Name	POCA Score (%)	Failure preventions
1.	(b) (4) ***	60	Name reviewed under NDA 200153. The name Liptruzet was approved under NDA 200153 on May 3, 2013.

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**Appendix H:** Names not likely to be confused due to notable spelling, orthographic and phonetic differences.

No.	Name	POCA Score (%)
1.	CORAZ	64
2.	KUVAN	57
3.	ECOZA	55
4.	ECOSAVE	54
5.	ENOVID	54
6.	EPIMAZ	54
7.	KOLORZ	54
8.	(b) (4) ***	52
9.	OCUSAN	52
10.	(b) (4) ***	50
11.	CO-LAV	50
12.	DARPAZ	50
13.	(b) (4) ***	50
14.	FORTAZ	50
15.	OTOZIN	50
16.	(b) (4) ***	50

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/s/  
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JAMES H SCHLICK  
08/28/2015

BRENDA V BORDERS-HEMPHILL  
08/28/2015