

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

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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--Final

Date: January 30, 2013

Reviewer: Reasol S. Agustin, PharmD
Division of Medication Error Prevention and Analysis

Team Leader Yelena Maslov, PharmD
Division of Medication Error Prevention and Analysis

Drug Name and Strength(s): Invokana (Canagliflozin) Tablets, 100 mg and 300 mg

Application Type/Number: NDA 204042

Applicant/sponsor: Janssen

OSE RCM #: 2013-261

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

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1 INTRODUCTION

This re-assessment of the proposed proprietary name, Invokana is written in response to the anticipated approval of this NDA within 90 days from the date of this review. DMEPA found the proposed name, Invokana, acceptable in OSE Review RCM# 2012-1689 dated October 4, 2012.

2 METHODS AND DISCUSSION

For re-assessments of proposed proprietary names, DMEPA searches a standard set of databases and information sources (see section 4) to identify names with orthographic and phonetic similarity to the proposed name that have been approved since the previous OSE proprietary name review. For this review we used the same search criteria described in OSE Review# 2012-1689. We note that none of the proposed product characteristics were altered. However, we evaluated the previously identified names of concern considering any lessons learned from recent post-marketing experience, which may have altered our previous conclusion regarding the acceptability of the proposed proprietary name. The searches of the databases yielded no new names, thought to look or sound similar to Invokana and represent a potential source of drug name confusion.

Additionally, DMEPA searched the USAN stem list to determine if the name contains any USAN stems as of the last USAN updates. The Safety Evaluator did not identify any United States Adopted Names (USAN) stems in the proposed proprietary name, as of January 25, 2013. The Office of Prescription Drug Promotion OPDP re-reviewed the proposed name on January 30, 2013 and had no concerns regarding the proposed name from a promotional perspective.

3 CONCLUSIONS

The re-evaluation of the proposed proprietary name, Invokana, did not identify any vulnerabilities that would result in medication errors. Thus, DMEPA has no objection to the proprietary name, Invokana, for this product at this time.

DMEPA considers this a final review; however, if approval of the NDA is delayed beyond 90 days from the date of this review, the Office of Metabolism and Endocrinology Products should notify DMEPA because the proprietary name must be re-reviewed prior to the new approval date.

If you have further questions or need clarifications, please contact Margarita Tossa, OSE project manager, at 301-796-4053.

3.1 COMMENTS TO THE APPLICANT

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

4 REFERENCES

1. **OSE Review #2012-1689**

2. ***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.

3. ***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.

4. ***Division of Medication Error Prevention and Analysis Proprietary Name Consultation Request***

Compiled list of proposed proprietary names submitted to the Division of Medication Error Prevention and Analysis for review. The list is generated on a weekly basis from the Access database/tracking system.

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

/s/

REASOL AGUSTIN
01/30/2013

YELENA L MASLOV
01/30/2013

**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**

Proprietary Name Review

Date: October 4, 2012

Reviewer(s): Reasol S. Agustin, PharmD
Division of Medication Error Prevention and Analysis

Acting Team Leader Yelena Maslov, PharmD
Division of Medication Error Prevention and Analysis

Division Director Carol Holquist, RPh
Division of Medication Error Prevention and Analysis

Drug Name and Strengths: Invokana (Canagliflozin) Tablets, 100 mg and 300 mg

Application Type/Number: NDA 204042

Applicant/Sponsor: Janssen Research and Development, L.L.C.

OSE RCM #: 2012-1689

*** 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.

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Invokana, 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

The Sponsor originally submitted a request for review of the proprietary name, (b) (4) which was found unacceptable for promotional concerns in OSE Review #2011-1994, dated July 11, 2011. Subsequently, the Sponsor submitted for review the proprietary name, Invocana. In OSE Review #2011-3224 dated February 21, 2012, the Division of Medication Error Prevention and Analysis (DMEPA) found the proposed proprietary name, Invocana, vulnerable to name confusion with currently marketed products, (b) (4). The Applicant was notified of our decision in writing on February 22, 2012. The Applicant submitted a request for reconsideration of the proposed proprietary name, Invocana, on March 20, 2012 to IND 076479, but withdrew the request on April 19, 2012. Subsequently, the Applicant submitted a request for reconsideration of the proprietary name, Invocana on May 31, 2012 to NDA 204042. On July 26, 2012, a teleconference was held to inform the Applicant that DMEPA continues to object to the use of the proposed proprietary name, Invocana, due to possible confusion with the names (b) (4) and (b) (4). Subsequently, on July 26, 2012, the Applicant withdrew the request for reconsideration of proprietary name, Invocana, and submitted the proprietary name Invokana for review on July 27, 2012.

1.2 PRODUCT INFORMATION

The following product information is provided in the July 27, 2012 proprietary name submission.

- Active Ingredient: Canagliflozin
- Indication of Use: Treatment of Type 2 Diabetes Mellitus
- Route of Administration: Oral
- Dosage Form: Tablets
- Strength: 100 mg and 300 mg
- Dose and Frequency: 100 mg or 300 mg once daily
- How Supplied: Varies, 30-day supply or 90-day supply
- Storage: Room Temperature
- Container and Closure Systems: (b) (4)

(b) (4)

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 Metabolism and Endocrinology Products (DMEP) 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 September 29, 2012 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, Invokana, 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.

2.2.3 FDA Name Simulation Studies

Sixty-four practitioners participated in DMEPA's prescription studies. The interpretations did not overlap with or appear or sound similar to any currently marketed products. Eighteen of the 21 inpatient participants interpreted the name correctly. The majority of misinterpretation occurred when the middle letter 'o' was confused as the letter 'a' in InvOkana. Two of the 21 voice participants responded correctly and the most misinterpretation occurred with 10 participants misinterpreting the letter 'k' for 'c' in 'InvoKana.' We have considered this variation in our look-alike and sound-alike searches. Twenty-one of the 22 outpatient participants responded correctly and the only misinterpretation occurred when one participant misinterpreted 'I' for 'S' in 'Invokana.' See Appendix C for the complete listing of interpretations from the verbal and written prescription studies.

2.2.4 Comments from Other Review Disciplines

In response to the OSE, September 4, 2012 e-mail, the Division of Metabolism and Endocrinology Products (DMEP) did not forward any comments or concerns relating to the proposed name at the initial phase of the proprietary name review.

2.2.5 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, Invokana. Table 1 lists the names with

orthographic, phonetic, or spelling similarity to the proposed proprietary name, Invokana identified by the primary reviewer, the Expert Panel Discussion (EPD), and other review disciplines.

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>
Imovax	FDA	Invirase	FDA	Insulase	FDA
Evoxac	FDA	Januvia	FDA	Inversine	FDA
Ivermectin	FDA	Imuran	FDA	Leukine	FDA
Enulose	FDA	Leukeran	FDA	Jevtana	FDA
Tensilon	FDA	Invega	FDA	Imodium A-D	FDA
Imuhance	FDA	Innopran XL	FDA	Invagesic	FDA
Insul-eze	FDA	Irinotecan	FDA	Juvederm Ultra, Ultra Plus, Ultra Plus XC, and Ultra XC	FDA
Look and Sound Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Invokana	FDA				

Our analysis of the twenty-two names contained in Table 1 considered the information obtained in the previous sections along with their product characteristics. We determined all 21 names will not pose a risk for confusion as described in Appendices D and E.

2.2.7 Communication of DMEPA's Final Decision to Other Disciplines

DMEPA communicated our findings to the Division of Metabolism and Endocrinology Products via e-mail on September 11, 2012. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Metabolism and Endocrinology Products on September 11, 2012, they had no additional comments with the proposed proprietary name, Invokana.

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 Margarita Tossa, OSE project manager, at 301-796-4053.

3.1 COMMENTS TO THE APPLICANT

We have completed our review of the proposed proprietary name, Invokana, and have concluded that this name is acceptable. However, if any of the proposed product characteristics as stated in your July 27, 2012 submission are altered, DMEPA rescinds this finding and the name must be resubmitted for review.

Additionally, the proposed proprietary name must be re-reviewed 90 days prior to approval of the NDA. The conclusions upon re-review are subject to change.

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. *Data provided by Thomson & Thomson's SAEGIS™ Online Service, available at* (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)

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)

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)

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

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

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

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

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

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

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

17. Walgreens (www.walgreens.com)

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

18. Rx List (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)

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.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

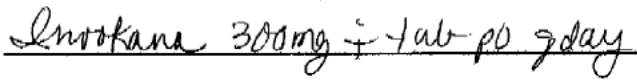
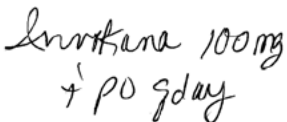
past but at great financial cost to the Sponsor and at the expense of the public welfare, not to mention the Agency's credibility as the authority responsible for approving the error-prone proprietary name. Moreover, even after Sponsors' have changed a product's proprietary name in the post-approval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

Letters in Name, Invocana	Scripted May Appear as	Spoken May Be Interpreted as
Capital 'I'	cl, J, L, T	any vowel
lowercase 'i'	E, l	any vowel
lowercase 'n'	H, m, r, s, u, x	gn, kn, m, mn, pn
lowercase 'v'	N, r, u, y	b, f
lowercase 'o'	A, c, e, u	any vowel
lowercase 'k'	X, h, la	c, g,
lowercase 'a'	ci, ce, cl, d, el, o, u	any vowel
lowercase 'n'	H, m, r, s, u, x	gn, kn, m, mn, pn
lowercase 'a'	ci, ce, cl, d, el, o, u	any vowel

Appendix C: Prescription Simulation Samples and Results

Figure 1. Invokana Study (Conducted on August 24, 2012)

Handwritten Requisition Medication Order	Verbal Prescription
<u>Medication Order:</u> 	Invokana 100 mg One tablet by mouth daily Dispense #30
<u>Outpatient Prescription:</u> 	

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

192 People Received Study

64 People Responded

Study Name: Invokana

Total	21	21	22	64
INTERPRETATION	INPATIENT	VOICE	OUTPATIENT	TOTAL
ENVOCANA	0	2	0	2
ENVOKANA	0	1	0	1
INOVAKANA	1	0	0	1
INTOKANE	1	0	0	1
INVAKANA	1	0	0	1
INVOCADA	0	1	0	1
INVOCANA	0	10	0	10
INVOCANA??	0	1	0	1
INVOCONA	0	1	0	1
INVOCOTTA	0	1	0	1
INVOKANA	18	2	21	41
INVOKANNA	0	1	0	1
N-VOCANA	0	1	0	1
SNVOKANA	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 Invokana	Failure preventions
1.	<i>Imovax</i>	Imovax Rabies (Rabies Virus Vaccine, HDC)	<i>Look</i>	The pair have sufficient orthographic differences
2.	<i>Evoxac</i>	Cevimeline HCl	<i>Look</i>	The pair have sufficient orthographic differences
3.		<i>Ivermectin</i>	<i>Look</i>	The pair have sufficient orthographic differences
4.		<i>Enulose</i>	<i>Look</i>	The pair have sufficient orthographic differences
5.	<i>Tensilon</i>	Edrophonium Chloride	<i>Look</i>	The pair have sufficient orthographic differences
6.	<i>Imuhance</i>	Nutriceutical	<i>Look</i>	Name identified in Redbook database. Unable to find product characteristics in commonly used drug databases.
7.	<i>Insul-eze</i>	Medical device	<i>Look</i>	Product is not a drug; it is a medical device

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.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
8.	Invirase (Saquinavir) Dosage form and strength: Oral capsule: 200 mg Oral tablets: 500 mg Usual dose: 1,000 mg orally 2 times daily with ritonavir 100 mg	Orthographic similarity: Both names begin with the letter string 'Inv' and the letter strings 'an' and 'as' appear orthographically similar when scripted. Dosage form and route of administration: Both are available as oral dosage forms. Dosing: There is numerical overlap in dosing. (100 mg and 1000 mg)	Orthographic difference: Invokana contains an upstroke 'k' in position 5 which is absent in Invirase giving the names different shapes. In addition, the letter strings 'ok' and 'ir' appear orthographically different when scripted.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
9.	Januvia (Sitagliptin) Dosage form and strength: Oral tablet: 25 mg, 50 mg, 100 mg Usual dose: 100 mg (1 tablet) by mouth once daily	Orthographic similarity: The beginning letter 'I' and 'J' and the ending letter string 'ana' and 'uvia' appear orthographically similar when scripted. Strength: Both are available in multiple strengths and need to be specified for a complete prescription, however there is overlap between the strengths (<i>100 mg</i>) Dosage form and route of administration: Both are available as oral dosage forms. Dosing: There is overlap in between the dose (<i>100 mg or 1 tablet</i>) Frequency: Both are prescribed once daily.	Orthographic difference: Invokana contains an upstroke 'k' in position 5 which is absent in Januvia giving the names different shapes. In addition, the letter strings 'nvo' and 'an' appear orthographically different when scripted


No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
10.	Imuran (Azathioprine) Dosage form and strength: Oral tablet: 50 mg, 100 mg Usual dose: 100 mg (1 tablet) by mouth once daily	Orthographic similarity: The beginning letter 'Invo' and 'Imu' appear orthographically similar when scripted. Strength: Both are available in multiple strengths and need to be specified for a complete prescription, however there is overlap between the strengths (<i>100 mg</i>) Dosage form and route of administration: Both are available as oral dosage forms. Dosing: There is overlap in between the dose (<i>100 mg or 1 tablet</i>) Frequency: Both are prescribed once daily.	Orthographic difference: Invokana contains an upstroke 'k' in position 5 which is absent in Imuran giving the names different shapes. In addition, the ending letter strings 'ran' and 'kana' appear orthographically different when scripted.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
11.	Leukeran (Chlorambucil) Dosage form and strength: Oral tablet: 2 mg Usual dose: 0.1 to 0.2 mg/kg daily for 3 to 6 weeks. This usually amounts to 4 to 10 mg/day for the average patient. The entire daily dose may be given at one time.	Orthographic similarity: The beginning letters 'I' and 'L' and the letters 'v' and 'u' appear orthographically similar when scripted. In addition, both names contain an upstroke 'k' in similar positions. Frequency: Both may be prescribed once daily. Dosage form and route of administration: Both are available as oral dosage forms.	Orthographic difference: The ending letter strings 'ana' and 'eran' appear orthographically different when scripted. Strength: <i>Multiple vs. single.</i> Invokana is available in multiple strengths and will require strength for a complete prescription vs. Leukeran is available in single strength and may be omitted from a prescription.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
12.	Invega (Paliperidone) Dosage form and strength: Extended-release oral tablets: 1.5 mg, 3 mg, 6 mg, 9 mg Usual dose: 6 mg once daily. Initial dose titration is not required Invega Sustenna (Paliperidone Palmitate) Dosage form and strength: Extended release injectable suspension: 39 mg, 78 mg, 117 mg, 234 mg Usual dose: 12 to 17 years of age: 3 mg once daily. Initial dose titration is not required	Orthographic similarity: Both names begin with the letter strings 'Inv' Frequency: Both maybe prescribed once daily	Orthographic difference: Invokana contains an upstroke 'k' in position 5 where Invega contains a downstroke 'g' in the same position, giving the names different shapes. In addition, Invokana (8 letters) appear orthographically longer than Invega (6 letters) when scripted. Strength: Both are available in multiple strengths and need to be specified for a complete prescription; there is no overlap between the strengths.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
13.	Innopran XL (Propranolol Sustained-Release Beads) Dosage form and strength: Extended-release 24 hour Oral Capsules: 80 mg and 120 mg Usual dose: 80 mg once daily at bedtime (approximately 10 PM). Titration may be needed to a dose of 120 mg. The time needed for full antihypertensive response is variable but is usually achieved within 2 to 3 weeks.	Orthographic similarity: The begging letter strings 'Invo' and 'Inno' appear orthographically similar when scripted. Frequency: Both can be prescribed once daily. Dosage form and route of administration: Both are available as oral dosage forms.	Orthographic difference: Invokana contains an upstroke 'k' in position 5 where Innopran contains a downstroke 'p' in the same position, giving the names different shapes. In addition, the ending letter strings 'kana' and 'pran' appear orthographically different when scripted. Strength: Both are available in multiple strengths and need to be specified for a complete prescription; there is no overlap between the strengths.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
14.	Irinotecan Dosage form and strength: Intravenous solution: 40 mg/2 mL, 100 mg/5 mL, and 500 mg/25 mL Usual dose: Regimen 1: 6-wk cycle with bolus 5-fluorouracil and leucovorin (next cycle begins n day 43): 5 mg/m ² intravenously over 90 min, days 1, 8, 15, 22. Dose = 8 mg to 9.5 mg based on average adult body surface area (BSA) of 1.6 m ² to 1.9 m ² Regimen 2: 6-wk cycle with 5-fluorouracil/leucovorin (next cycle begins on day 43): 180 mg/m ² IV over 90 min, days 1, 15, 29. Dose = 288 mg to 342 mg based on average adult body surface area (BSA) of 1.6 m ² to 1.9 m ²	Orthographic similarity: The beginning letter strings 'In' and 'Iri' and the letter strings 'vo' and 'no' appear orthographically similar when scripted. Strength: There is numerical overlap in strength (<i>100 mg vs. 100 mg/5 mL</i>) Dosing: There is a possible numerical overlap in dosing (<i>300 mg</i>)	Orthographic difference: Invokana contains an upstroke 'k' in position 5 where Irinotecan contains a crosstroke 't' in the same position. The ending letter strings 'ana' and 'ecan' appear orthographically different when scripted. Frequency: Invokana is prescribed once daily vs. Irinotecan is prescribed on specific days (i.e. Day 1, 8, etc) over a 6 week cycle

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
15.	Insulase (Chlorpropamide) Dosage form and strength: Oral tablet: 100 mg and 250 mg Usual dose: 250 mg orally daily	Orthographic similarity: Both names contain the beginning letter strings ‘In’ and upstrokes ‘k’ and ‘l’ in position 5. In addition, the ending letter strings ‘ana’ and ‘ase’ appear orthographically similar when scripted. Strength: There is numerical overlap in strengths (<i>100 mg</i>) Frequency: Both are prescribed once daily Dosage form and route of administration: Both are available as oral tablets.	<div data-bbox="1377 720 1421 741">(b) (4)</div> 

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
16.	Inversine (Mecamylamine Hydrochloride) Dosage form and strength: Oral tablets: 2.5 mg Usual dose: 2.5 mg orally 2 times daily. Average dose: 25 mg/day in divided doses.	Orthographic similarity: The beginning letter strings 'Invo' and 'Inve' appear orthographically similar when scripted. Dosage form and route of administration: Both are available as oral dosage forms.	Orthographic difference: Invokana contains an upstroke 'k' in position 5 which is absent in Inversine, giving the names different shapes. In addition, the ending letter strings 'kana' and 'sine' appear orthographically different when scripted. Strength: Multiple vs. single. Invokana is available in multiple strengths and will require strength for a complete prescription vs. Inversine is available in single strength and may be omitted from a prescription.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
17.	Leukine (Sargramostim) Dosage form and strength: Injection solution: 500 mcg/mL Intravenous solution (reconstituted): 250 mcg Usual dose: Neutrophil recovery following chemotherapy in acute myelogenous leukemia: 250 mcg/m ² /day intravenously over a 4-hour starting approximately on day 11. Mobilization of peripheral blood progenitor cells: 250 mcg/m ² /day administered IV over 24 hours or subcutaneously once daily. Myeloid reconstitution after bone marrow transplant: 250 mcg/m ² /day administered IV over a 2-hour period beginning 2 to 4 hours after bone marrow infusion. Dose = 400 mg to 475 mg based on BSA of 1.6 m ² to 1.9 m ²	Orthographic similarity: The beginning letters 'I' and 'L' and both names contain an upstroke 'k' in similar positions.	Orthographic difference: The letter strings 'nvo' and 'eu' and 'ana' and 'ine' appear orthographically different when scripted. Dose: There is no numerical overlap between doses (1 tablet vs. xx mg) Frequency: Invokana is prescribed once daily vs. Leukine is prescribed over a specific time (i.e. over 4 hours) on day 11.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
18.	Jevtana (Cabazitaxel) Dosage form and strength: Intravenous solution: 60 mg/1.5 mL Usual dose: 25 mg/m ² administered as a 1-hour intravenous (IV) infusion every 3 weeks in combination with oral prednisone 10 mg administered daily throughout cabazitaxel treatment. Dose = 40 mg to 47.5 mg based on average adult body surface area (BSA) of 1.6 m ² to 1.9 m ²	Orthographic similarity: The letter 'I' and 'J' appear orthographically similar when scripted and both names ends with the letter string 'ana.'	Orthographic difference: The letter strings 'nvok' and 'evt' appear orthographically different when scripted. Strength: <i>Multiple vs. single.</i> Invokana is available in multiple strengths and will require strength for a complete prescription vs. Jevtana is available in single strength and may be omitted from a prescription. Frequency: Invokana is prescribed once daily vs. Jevtana is prescribed every 3 weeks Dose: There is no numerical overlap between doses (1 tablet vs. xx mg)

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
19.	Imodium A-D (Loperamide) Dosage form and strength: Oral tablets or capsule: 2 mg Oral liquid: 1 mg/7.5 mL Usual dose: Adults: 4 mg after the first loose stool then 2 mg after each subsequent loose stool. Clinical improvement is usually observed within 48 hours Children: 15 mL (3 teaspoon) or 30 mL (6 teaspoon) after first loose stool followed by 7.5 mL (1.5 teaspoon) to 15 mL (3 teaspoon) after each loose stool	Orthographic similarity: The beginning letter strings 'Inv' and 'Imo' appear orthographically similar when scripted. Dosage form and route of administration: Both are available as oral dosage forms.	Orthographic difference: The ending letter strings 'kana' and 'dium' appear orthographically different when scripted. Strength: Both are available in multiple strengths and need to be specified for a complete prescription; there is no overlap between the strengths. Dosing: There is no numerical overlap in dosing (100 mg, 300 mg vs. 1 mg to 4 mg or 5 mL to 30 mL) Frequency: Invokana is prescribed once daily vs. Imodium is prescribed as needed.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
20.	Juvederm Ultra and Ultra Plus (Hyaluronic acid): Intradermal gel: 24 mg/mL Juvederm Ultra Plus XC and Ultra XC: Intradermal gel: Hyaluronic acid 24 mg/mL and Lidocaine 0.3 % Usual dose: Inject as required for cosmetic result; typical treatment regimen requires 1.6 mL/treatment site; typical volume for repeat treatment is 0.7 mL per treatment site; maximum: 20 mL/60 kg/year	Orthographic similarity: The beginning letter strings 'Invo' and Juve' appear orthographically similar when scripted.	Orthographic difference: The ending letters strings 'kana' and 'derm' appear orthographically different when scripted. Juvederm is available in multiple formulations and requires a modifier for a complete prescription. Strength: <i>Multiple vs. single.</i> Invokana is available in multiple strengths and will require strength for a complete prescription vs. Juvederm is available in single strength and may be omitted from a prescription. Dosage form and route of administration: Invokana is available as a tablet given orally vs. Juvederm is available as a gel given intradermally. Frequency: Invokana is prescribed once daily vs. Juvederm is prescribed as needed.

No.	Proposed name: <i>Invokana</i> (Canagliflozin) Dosage form and Strength(s): Oral tablets: 100 mg and 300 mg Usual dose: One tablet (100 mg or 300 mg) by mouth 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
21.	Invagesic (Aspirin, Caffeine, and Orphendrine) Dosage form and strength: Oral tablets: 385 mg/30 mg/25 mg Usual dose: Usual Dose: 1 or 2 tablets 3 or 4 times daily Available as Norgesic (reference listed drug) and generically	Orthographic similarity: The beginning letter strings 'Invo' and 'Inva' appear orthographically similar when scripted. Dosage form and route of administration: Both are available as oral tablets.	Orthographic difference: Invokana contains an upstroke 'k' in position 5 whereas Invagesic contains a downstroke 'g' in the same position, giving the names different shapes. In addition, the ending letters strings 'ana' and 'esic' appear orthographically different when scripted. Strength: Multiple vs. single. Invokana is available in multiple strengths and will require strength for a complete prescription vs. Invagesic is available in single strength and may be omitted from a prescription. Frequency: Invokana is prescribed once daily vs. Invagesic is prescribed 3 to 4 times daily.

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/s/

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