

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

204886Orig1s000

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 Memorandum

Date: January 24, 2014

Reviewer: Janine Stewart, PharmD
Division of Medication Error Prevention and Analysis

Acting Team Leader Lisa Khosla, PharmD, MHA
Division of Medication Error Prevention and Analysis

Drug Name(s) and Strength(s): Zontivity (voraxapar) Tablets, 2.08 mg

Application Type/Number: NDA 204886

Applicant/Sponsor: Merck Sharp & Dohme

OSE RCM #: 2014-16772

*** 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, Zontivity, is written in response to the Applicant's re-submission of the proposed proprietary name, Zontivity, under NDA 204886, that reflects a change in the product's strength. DMEPA previously found the name acceptable in OSE Review# 2013-1197 dated August 9, 2013.

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# 2013-1197. We note that there is a change in the product characteristics for Zontivity, it is now proposed as 2.08 mg once daily. Therefore, 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 did not yield any new names thought to look or sound similar to Zontivity or 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 16, 2014.

3 CONCLUSION

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

If any of the proposed product characteristics as stated in your January 3, 2014 submission are altered, the name must be resubmitted for review.

If you have further questions or need clarifications, please contact Karen Bengtson, OSE Project Manager, at 301-796-3338.

4 REFERENCES

1. *Defronzo, Kimberly; OSE Review 2013-1197, Proprietary Name Review; August 9, 2013.*

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/

JANINE A STEWART
01/24/2014

LISA V KHOSLA
01/24/2014

**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: August 9, 2013

Reviewer: Kimberly DeFronzo, RPh, MS, MBA
Division of Medication Error Prevention and Analysis

Team Leader: Irene Z. Chan, PharmD, BCPS
Division of Medication Error Prevention and Analysis

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

Drug Name and Strength (s): Zontivity (Vorapaxar Sulfate) Tablets, 2.5 mg

Application Type/Number: NDA 204886

Sponsor: Merck

OSE RCM #: 2013-1197

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Zontivity, from a safety and promotional perspective. This is the second name submitted for this product. The previous name, (b) (4) was denied for safety reasons¹. The sources and methods used to evaluate the proposed name are outlined in the reference section and Appendix A respectively.

1.1 PRODUCT INFORMATION

Vorapaxar Sulfate is a new molecular entity (NME). The following product information is provided in the Request for Proprietary Name Review dated May 16, 2013.

- Active Ingredient: Vorapaxar Sulfate
- Indication of Use: indicated for the reduction of atherothrombotic events in patients with a history of myocardial infarction (MI).
- Route of Administration: Oral
- Dosage Form: Tablets
- Strength: 2.5 mg
- Dose and Frequency: The recommended daily dose is 2.5 mg orally once daily, with or without food. No dosage adjustment is necessary in renal impairment, hepatic impairment, or geriatric patients.
- How Supplied: Tablets TRADEMARK 2.5 mg are yellow, oval-shaped, film-coated tablets with “351” on one side and the Merck logo on the other side. They are supplied as follows:
 - NDC 0006-0351-31 bottles of 30 tablets
 - NDC 0006-0351-54 bottles of 90 tablets
 - NDC 0006-0351-48 unit dose packages of 100 tablets (one carton containing 10 10-count blister cards)
- Storage: Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86°F). Store tablets in the original package with the bottle tightly closed. Keep the desiccant in the bottle to protect from moisture.
- Container and Closure Systems: Unit dose blister consists of clear (b) (4) blisters with (b) (4) aluminum foil; White opaque high density polyethylene (HDPE) bottles with a two piece, (b) (4) seal. Tamper evident tape may be placed over the closures.

¹ IND 071384, OSE RCM #2012-2197 dated March 7, 2013

2. RESULTS

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

2.1 PROMOTIONAL ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined the proposed name is acceptable from a promotional perspective. DMEPA and the Division of Cardiovascular Renal Products (DCRP) 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

There is no USAN stem present in the proposed proprietary name.²

2.2.2 Components of the Proposed Proprietary Name

The Applicant indicated in their submission that the proposed name, Zontivity, is not derived from any meaning. This proprietary name is comprised of a single word that does not contain any components such as a modifier, route of administration, dosage form, etc.

2.2.3 FDA Name Simulation Studies

A total of 51 practitioners participated in DMEPA's prescription studies. The interpretations did not overlap with any currently marketed products nor did the misinterpretations sound or look similar to any currently marketed products or any products in the pipeline. Over half of the total participants correctly identified the name as "Zontivity" (20 participants in the "written" study group and 7 participants in the "verbal" group). Misinterpretations in the written prescription studies included confusion between the lowercase letters 'v' and 'n' and between 'y' and 'z'. Misinterpretations in the verbal prescription study included 'Zon' being mistaken as 'Zone' or 'Zo'. We considered these variations in our look-alike and sound-alike searches and analysis (see Appendix B). See Appendix C for the complete listing of interpretations from the verbal and written prescription studies.

2.2.4 Comments from Other Review Disciplines at Initial Review

In response to the OSE, June 27, 2013 e-mail, the Division of Cardiovascular and Renal Products (DCRP) did not forward any comments or concerns relating to the proposed proprietary name at the initial phase of the 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, Zontivity. Table 1 lists the names identified

² USAN stem list searched May 27, 2013.

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

Table 1: Collective List of Potentially Similar Names (DMEPA, EPD, and Other Disciplines)					
Look Similar to Zontivity (n=13)					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Zonegran	FDA	Zantac	FDA	Zonisamide	FDA
Zorbtive	FDA	Zarontin	FDA	Zantrex	FDA
Zestoretic	FDA	Zenatane	FDA	Fortamet	FDA
Zonatuss	FDA	Zetonna	FDA	Fortesta	FDA
(b) (4)	FDA				
Look & Sound Similar to Zontivity (n=3)					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Zecuity	FDA	Definity	FDA	Entyvio	FDA

Our analysis determined all 16 names contained in Table 1 do not pose a risk for confusion as described in Appendices D through E.

2.2.6 Communication of DMEPA’s Analysis at Midpoint Review

DMEPA communicated our findings to the Division of Cardiovascular and Renal Products via e-mail on July 1, 2013. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Cardiovascular and Renal Products on July 2, 2013, they stated no additional concerns with the proposed proprietary name, Zontivity.

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 Cheryle Milburn, OSE project manager, at 301-796-2084.

3.1 COMMENTS TO THE APPLICANT

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

The proposed proprietary name must be re-reviewed 90 days prior to approval of the NDA. The results are subject to change. If any of the proposed product characteristics as

stated in your May 16, 2013 submission are altered, the name must be resubmitted for review.

4 REFERENCES

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

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

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

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

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

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

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

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

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

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

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

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

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

USPTO provides information regarding patent and trademarks.

8. ***Clinical Pharmacology Online (www.clinicalpharmacology-ip.com)***

Clinical Pharmacology contains full monographs for the most common drugs in clinical use, plus mini monographs covering investigational, less common,

combination, nutraceutical and nutritional products. It also provides a keyword search engine.

9. *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.³

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 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.

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

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.⁴

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).

⁴ 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.⁵ 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

⁵ 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, Zontivity	Scripted May Appear as	Spoken May Be Interpreted as
Upper case Z	C, F, L, M, S, T, V, Y	C, S, X
Lower case z	c, e, g, n, m, q, r, s, v, y	c, s, x
Lower case o	a, e, u, c	Oh, any vowel
Lower case n	l,x,r, m, u, h, s	dn,gn,kn,mn,pn,m
Lower case t	r, f, x, A, b	d, b, p
Lower case i	l, e, o, u, a, c, r	eye, y, any vowel
Lower case v	x, h, la, r, u, w, n, m, s, z, c, b, y, j	b, f, c, ph, l, t, d
Lower case 'y'	f, g, ej, ij, j, p, u, v, x, z, i	Short vowel 'i', e, ee
Letter strings		
Zon	Zor	Zone, Zo
tivi	tui, tur, tiu, tru, tin, tir, tis, trini, tris	---

Appendix C: Prescription Simulation Samples and Results

Figure 1. Zontivity Study (Conducted on 5/23/13)

Handwritten Requisition Medication Order	Verbal Prescription
<p><u>Inpatient Medication Order:</u></p> <p><i>Zontivity 2.5mg daily</i></p>	<p>Zontivity Take 1 daily Dispense #30</p>
<p><u>Outpatient Prescription:</u></p> <div style="border: 1px solid black; padding: 5px;"> <p>Patient _____ Date <u>5/23/13</u> Address _____</p> <p>R</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <p><i>Zontivity</i> <i>Take 1 daily</i> <i>#30</i></p> </div> </div> <p>Refill(s): _____ Dr. <u>OSE</u> DEA No. _____ Address _____ Telephone _____</p> </div>	

Study Name: Zontivity

191 People Received Study

51 People Responded

Study Name: Zontivity

Total	19	16	16	
INTERPRETATION	OUTPATIENT	VOICE	INPATIENT	TOTAL
ZONETIVITY	0	3	0	3
ZONTINTY	5	0	0	5
ZONTINTZ	1	0	0	1
ZONTIRTY	1	0	0	1
ZONTISTY	2	0	0	2
ZONTIVITI	0	3	0	3
ZONTIVITY	4	7	16	27
ZONTIVITZ	3	0	0	3
ZONTRINITY	1	0	0	1
ZONTRISTY	1	0	0	1
ZORTRISTY	1	0	0	1
ZOTIVITY	0	3	0	3

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

No.	Proprietary Name	Active Ingredient	Similarity to Zontivity	Failure preventions
1.	Zonegran	Zonisamide	Look	The pair have sufficient orthographic differences
2.	Zorbtive	Somatropin	Look	The pair have sufficient orthographic differences
3.	Zantac	Ranitidine	Look	The pair have sufficient orthographic differences
4.	Zarontin	Ethosuximide	Look	The pair have sufficient orthographic differences
5.	Zenatane	Isotretinoin	Look	The pair have sufficient orthographic differences
6.	Zetonna	Ciclesonide	Look	The pair have sufficient orthographic differences
7.	Zonisamide	Zonisamide	Look	The pair have sufficient orthographic differences
8.	Zantrex	Niacin	Look	The pair have sufficient orthographic differences
9.	Fortamet	Metformin Hydrochloride	Look	The pair have sufficient orthographic differences
10.	Fortesta	Testosterone	Look	The pair have sufficient orthographic differences
11.	(b) (4)	Nepafenac	Look	(b) (4) Application (NDA 203491) was approved with trade name Ilevro instead.

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

No	<p>Proposed name: Zontivity</p> <p>Dosage Form(s): Tablets</p> <p>Strength(s): 2.5mg</p> <p>Usual Dose: 2.5 mg orally once daily</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</p>
1.	<p>Zestoretic (Lisinopril/ Hydrochlorothiazide) Tablets</p> <p>10 mg/12.5 mg</p> <p>20 mg/12.5 mg</p> <p>20 mg/25 mg</p> <p><u>Usual Dose:</u></p> <p>Lisinopril monotherapy is an effective treatment of hypertension in once-daily doses of 10-80 mg, while hydrochlorothiazide monotherapy is effective in doses of 12.5 - 50 mg per day. In clinical trials of lisinopril/hydrochlorothiazide combination therapy using lisinopril doses of 10-80 mg and hydrochlorothiazide doses of 6.25-50 mg, the antihypertensive response rates generally increased with increasing dose of either component.</p>	<p>Orthographic similarity</p> <p>-Both names share the same beginning letter ‘Z’, with identical placement of the upstroke letters, creating a similar shape to the names</p> <p>Product characteristic similarity</p> <p>-Strength: Numerical similarity between 25 mg of hydrochlorothiazide component vs. 2.5 mg</p> <p>-Dose: Both products can be prescribed as “take 1 tab”</p> <p>-Route of administration: Both products are orally administered</p> <p>-Dosage formulation: Both products are tablets</p> <p>-Frequency of administration: Both products are administered once daily</p>	<p>Orthographic differences</p> <p>-The two names have different suffixes due to the downstroke ‘y’ at the end of Zontivity vs. the ‘ic’ at the end of Zestoretic. The infixes differ due to the letter strings ‘iv’ vs. ‘or’.</p>
2.	<p>Zonatuss (Benzonatate) Capsules</p> <p>150 mg</p> <p><u>Usual dose:</u></p> <p>Adults and Children over</p>	<p>Orthographic similarity</p> <p>-Both names begin with identical letter string ‘Zon’ and contain an identical upstroke letter ‘t’</p> <p>Product characteristic similarity</p> <p>-Strength: Both are single strength</p>	<p>Orthographic differences</p> <p>-The letter strings ‘atuss’ and ‘tivity’ do not look similar when scripted</p> <p>Product characteristic differences</p>

No	<p>Proposed name: Zontivity</p> <p>Dosage Form(s): Tablets</p> <p>Strength(s): 2.5mg</p> <p>Usual Dose: 2.5 mg orally once daily</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</p>
	<p>10 years old: Usual dose is one 150 mg capsule three times daily as required. If necessary, up to 600 mg daily may be given.</p>	<p>products so the strength may be omitted on a prescription</p> <p>-Dose: Both products can be prescribed as “take 1”</p> <p>-Route of administration: Both products are orally administered</p> <p>-Dosage formulation: Both products are solid dosage forms (albeit tablets vs. capsules)</p>	<p>-Frequency of administration: once daily vs. 3 times daily</p>
3.	<p>Zecuity (Sumatriptan Succinate)</p> <p>Iontophoretic transdermal system: 6.5 mg over 4 hours</p> <p><u>Usual dose:</u> The maximum recommended single dose is one Zecuity iontophoretic transdermal system (TDS). No more than two Zecuity TDS should be used in any 24-hour period, and the second Zecuity TDS should be applied no sooner than 2 hours after activation of the first Zecuity TDS. There is no evidence of benefit for the use of a second Zecuity TDS to treat headache recurrence or incomplete headache relief during a migraine attack.</p>	<p>Orthographic similarity</p> <p>-Both names share orthographically similar beginning letter string ‘Ze vs. Zo’ and ending letter string ‘uity’ vs. ‘vity’</p> <p>Phonetic similarity</p> <p>-Both names contain 4 syllables</p> <p>-Both names have similar first syllable (pronunciation of the prefix ‘Ze’ is similar to ‘Zo’) and last two syllables from ‘i-ty’</p> <p>Product characteristic similarity</p> <p>-Strength: Both are single strength products so the strength may be omitted on a prescription</p> <p>-Dose: May overlap if both are written as ‘1’</p> <p>-Frequency of administration: Both products are administered once daily</p>	<p>Orthographic differences</p> <p>-The infix is different in the two names (from the letter ‘c’ vs. the letter string ‘nti’)</p> <p>Phonetic differences</p> <p>-The end of the first syllables differ (‘e’ vs. ‘on’ sound), and the second syllable is different (pronunciation of the infix ‘cu’ is different than ‘tiv’)</p>

No .	Proposed name: Zontivity Dosage Form(s): Tablets Strength(s): 2.5mg Usual Dose: 2.5 mg orally once daily	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
4.	<p>Definity (Perflutren Lipid Microsphere) Injectable Suspension</p> <p>2-mL clear glass vial containing clear liquid</p> <p><u>Usual dose:</u></p> <p>The recommended bolus dose is 10 microliters (microL) per kg of the activated product by intravenous bolus injection within 30-60 seconds, followed by a 10 mL saline flush. If necessary, a second 10 microliters (microL)/kg dose followed by a second 10 mL saline flush may be administered 30 minutes after the first injection to prolong contrast enhancement.</p> <p>The recommended infusion dose is via an intravenous infusion of 1.3 mL added to 50 mL of preservative-free saline. The rate of infusion should be initiated at 4.0 mL per minute, but titrated as necessary to achieve optimal image enhancement, not to exceed 10 mL per minute.</p> <p>After baseline non-contrast echocardiography is completed, set the</p>	<p>Orthographic similarity -Both names share orthographically similar or identical letters in the infixes and suffixes of the names from ‘finity’ vs. ‘tivity’</p> <p>Phonetic similarity -Both names contain 4 syllables -Both names have identical last two syllables from ‘i-ty’</p> <p>Product characteristic similarity -Strength: Both are single strength products so the strength may be omitted on a prescription -Dose: May have numerical overlap if Zontivity is written as ‘1’ vs. Definity ‘1’ mL for a 100 kg patient</p>	<p>Orthographic differences -The prefix is different in the two names (from the letter string ‘De’ vs. ‘Zon’)</p> <p>Phonetic differences -The first two syllables are different from the pronunciation of ‘Def-in’ vs. ‘Zon-tiv’)</p> <p>Product characteristic differences -Frequency of administration: once daily vs. intravenous bolus injection within 30-60 seconds, or infusion at 4 mL/minute rate -Setting of use: Definity must be administered by a healthcare professional and must always have resuscitation equipment and trained personnel readily available in a hospital setting vs. Zontivity is self-administered by a patient at home.</p>

No	Proposed name: Zontivity Dosage Form(s): Tablets Strength(s): 2.5mg Usual Dose: 2.5 mg orally 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
	<p>mechanical index for the ultrasound device at 0.8 or below. Then inject activated product and begin ultrasound imaging immediately.</p> <p><u>Note:</u> This is an ultrasound contrast agent product.</p>		
5.	<p>Entyvio ^{***} (Vedolizumab) Powder for Injection 300 mg per vial</p> <p><u>Usual dose:</u></p> <p>Administer intravenously 300 mg per dose given as a 30 minute infusion at weeks 0, 2, and 6, then every 8 weeks thereafter during the maintenance period.</p> <p>Note: This name was submitted for review on 3/4/13 ^{(b) (4)}</p>	<p>Orthographic similarity -Both names contain an upstroke letter ‘t’ in the infix and the identical letter string (‘vi’) towards the end of the names.</p> <p>Phonetic similarity -Both names contain 4 syllables -Both names have identical sounding second and third syllables (‘tivi’ vs. ‘tyvi’).</p> <p>Product characteristic similarity -Strength: Both are single strength products so the strength may be omitted on a prescription</p>	<p>Orthographic differences -The beginning letters ‘Z’ and ‘E’ look different when scripted. Additionally, Entyvio contains a downstroke letter ‘y’ not found in Zontivity, and the names have different suffix letters (‘o’ vs. ‘ty’)</p> <p>Phonetic differences -The two names have phonetically different first syllable (‘En’ vs. ‘Zon’) and fourth syllable (‘o’ vs. ty’)</p> <p>Product characteristic differences -Frequency of administration: once daily vs. intravenous bolus injection over 30 minutes at weeks 0, 2, and 6, then every 8 weeks thereafter during the maintenance period.</p> <p>-Dose: No overlap in dose</p>

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/s/

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08/09/2013

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