CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

209589Orig1s000

PROPRIETARY NAME REVIEW(S)

PROPRIETARY NAME REVIEW

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

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

Date of This Review:	June 1, 2017
Application Type and Number:	NDA 209589
Product Name and Strength:	Clenpiq (sodium picosulfate/magnesium oxide/anhydrous citric acid) oral solution 10 mg/3.5 g/12 g per 160 mL
Product Type:	Multi-Ingredient Product
Rx or OTC:	Rx
Applicant/Sponsor Name:	Ferring Pharmaceuticals, Inc.
Panorama #:	2017- 13693546
DMEPA Primary Reviewer:	Matthew Barlow, RN, BSN
DMEPA Acting Team Leader:	Sarah K. Vee, PharmD
DMEPA Acting Associate Director:	Mishale Mistry, PharmD, MPH

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1 INTRODUCTION

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

1.1 PRODUCT INFORMATION

The following product information is provided in the March 13, 2017 proprietary name submission.

- Intended Pronunciation: CLEN-pik
- Active Ingredient: sodium picosulfate/magnesium oxide/anhydrous citric acid oral solution
- Indication of Use: for colon cleansing in adults prior to a colonoscopy
- Route of Administration: oral
- Dosage Form: Oral solution
- Strength: 10 mg/3.5 g/12 g
- Dose and Frequency: usual dosage for this product is 320 ml provided as two separate doses of 160 ml. The frequency of administration is one use (two bottles) in preparation for a colonoscopy.
- How Supplied: this product will be available in 200 ml bottles each containing 160 ml oral solution.
- Storage: this product should be stored at 25°C, excursions permitted at 15°C to 30°C.
- Container and Closure Systems: see How Supplied.
- Reference Listed Drug (505b2): Prepopik NDA 202535

2 RESULTS

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

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that the proposed name would not misbrand the proposed product.

DMEPA concurred with OPDP's assessment. However, The Division of Gastroenterology & Inborn Error Products (DGIEP) did not concur with OPDP's assessment (see Section 2.2.3).

2.2 SAFETY ASSESSMENT

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

2.2.1 United States Adopted Names (USAN) Search

There is no USAN stem present in the proprietary name[a].

2.2.2 Components of the Proposed Proprietary Name

The Applicant did not provide a derivation or intended meaning for the proposed name, Clenpiq in their submission. This proprietary name is comprised of a single word that does not contain any components (i.e. a modifier, route of administration, dosage form, etc.) that are misleading or can contribute to medication error.

2.2.3 Comments from Other Review Disciplines at Initial Review

In response to the OSE, March 22, 2017 e-mail, the Division of Gastroenterology & Inborn Error Products (DGIEP) expressed concerns with the proposed proprietary name because the name may be "implying unique effectiveness or composition because it is of a fanciful nature". OPDP re-assessed the proposed proprietary name and per the April 5, 2017 e-mail, OPDP maintained that the proposed name would not misbrand the proposed product. DGIEP subsequently deferred to OPDP/DMEPA on the misbranding assessment of the proposed name.

2.2.4 FDA Name Simulation Studies

Seventy-eight (78) practitioners participated in DMEPA's prescription studies. The responses did not overlap with any currently marketed products nor did the responses sound or look similar to any currently marketed products or any products in the pipeline. Appendix B contains the results from the verbal and written prescription studies.

2.2.5 Phonetic and Orthographic Computer Analysis (POCA) Search Results

Our POCA search[b] identified 83 names with a combined phonetic and orthographic score of ≥55% or an individual phonetic or orthographic score ≥70%**.** These names are included in Table 1 below.

2.2.6 Names Retrieved for Review Organized by Name Pair Similarity

Table 1 lists the number of names retrieved from our POCA search and (b) (4) external study. These name pairs are organized as highly similar, moderately similar or low similarity for further evaluation.

Table 1. Similarity Category	**Number of Names**
Highly similar name pair: combined match percentage score ≥70%	1
Moderately similar name pair: combined match percentage score ≥55% to ≤ 69%	86

[a] USAN stem search conducted on March 14, 2017.

[b] POCA search conducted on (March 14, 2017) in version 4.0.

Low similarity name pair: combined match percentage score ≤54%	47

2.2.7 Safety Analysis of Names with Potential Orthographic, Spelling, and Phonetic Similarities

Our analysis of the 134 names contained in Table 1 determined 134 names will not pose a risk for confusion as described in Appendices C through H.

2.2.8 Discussion of Dual Proprietary Names

Ferring Pharmaceuticals, Inc. has proposed a second marketing application for their sodium picosulfate/magnesium oxide/anhydrous citric acid oral solution. The proposed product will differ from the currently marketed application (NDA) 202535, Prepopik, in the dosage form, as an oral solution instead of a powder for oral solution. The proposed product will be available as 200 mL bottles, each with 160 mL of oral solution. Table 2 provides a side-by-side comparison of the proposed product and the currently marketed product.

Table 2. Comparison of Clenpiq and Prepopik

Product	**Clenpiq (proposed) NDA 209589**	**Prepopik NDA 202535**
Active Ingredient	Sodium picosulfate/magnesium oxide/anhydrous citric acid	
Indication of Use	Cleansing of the colon as a preparation for colonoscopy in adults	
Route of Administration	Oral	
Dosage Form	Oral Solution	For Oral Solution
Strength	• 10 mg sodium picosulfate, 3.5 g magnesium oxide, and 12 g anhydrous citric acid .	• Each of 2 packets contains 16.1 g of powder: 10 mg sodium picosulfate, 3.5 g magnesium oxide, and 12 g anhydrous citric acid
Dose and Frequency	Usual dosage for this product is 320 ml provided as two separate doses of 160 ml. The frequency of administration is one use (two bottles) in preparation for a colonoscopy.	**Split-Dose Dosing Regimen (Preferred Method)** The Split-Dose regimen is the preferred dosing method. Instruct patients to take two separate doses in conjunction with fluids, as follows: -Take the first dose during the evening before the colonoscopy (e.g., 5:00 to 9:00 PM) followed by five 8-ounce drinks (upper line on the dosing cup) of clear liquids

		before bed. Consume clear liquids within 5 hours. -Take second dose, the next day approximately 5 hours before the colonoscopy followed by at least three 8-ounce drinks of clear liquids before the colonoscopy. Consume clear liquids within 5 hours up until 2 hour before the time of the colonoscopy. **Day-Before Dosing Regimen (Alternative Method)** The Day-Before regimen is the alternative dosing method for patients for whom the Split-Dosing is inappropriate. Instruct patients to take two separate doses in conjunction with fluids, as follows: • Take the first dose in the afternoon or early evening (e.g., 4:00 to 6:00 PM) before the colonoscopy followed by five 8-ounce drinks (upper line on the dosing cup) of clear liquids before the next dose. Consume clear liquids within 5 hours. • Take the second dose approximately 6 hours later in the late evening (e.g., 10:00 PM to 12:00 AM), the night before the colonoscopy followed by three 8-ounce drinks of clear liquids before bed. Consume clear liquids within 5 hours.
How Supplied	Product will be available in 200 ml bottles each containing 160 ml oral solution	Supplied in a carton containing 2 packets, each holding 16.1 grams of powder for oral solution, along with a pre-marked dosing cup. Each packet contains 10 mg sodium picosulfate, 3.5 g magnesium oxide and 12 g anhydrous citric acid.
Storage	Product should be stored at 25°C, excursions permitted at 15°C to 30°C.	Store at 25°C (77°F). Excursions permitted at 15°C to 30°C (59°F to 86°F) [See USP Controlled Room

		Temperature].

We have evaluated the risks associated with this naming strategy and do not object to the use of a dual proprietary name in this case.

2.2.9 Communication of DMEPA's Analysis at Midpoint of Review

DMEPA communicated our findings to the Division of Gastroenterology & Inborn Error Products (DGIEP) via e-mail on May 26, 2017. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from DGIEP on May 31, 2017, they stated no additional concerns with the proposed proprietary name, Clenpiq.

3 CONCLUSIONS

The proposed proprietary name is acceptable.

If you have any questions or need clarifications, please contact Ginneh Stowe, OSE project manager, at 301-796-4049.

3.1 COMMENTS TO THE APPLICANT

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

If any of the proposed product characteristics as stated in your March 13, 2017 submission are altered prior to approval of the marketing application, the name must be resubmitted for review.

4 REFERENCES

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

   USAN Stems List contains all the recognized USAN stems.

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

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

Drugs@FDA

Drugs@FDA is an FDA Web site that contains most of the drug products approved in the United States since 1939. The majority of labels, approval letters, reviews, and other information are available for drug products approved from 1998 to the present. Drugs@FDA contains official information about FDA-approved *brand name* and *generic drugs*; *therapeutic biological products*, *prescription* and *over-the-counter* human drugs; and *discontinued drugs* (see Drugs @ FDA Glossary of Terms, available at http://www.fda.gov/Drugs/InformationOnDrugs/ucm079436.htm#ther_biological).

RxNorm

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

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

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

Division of Medication Errors Prevention and Analysis proprietary name consultation requests

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

3. ***Electronic Drug Registration and Listing System (eDRLS) database***

The electronic Drug Registration and Listing System (eDRLS) was established to supports the FDA's Center for Drug Evaluation and Research (CDER) goal to establish a common Structured Product Labeling (SPL) repository for all facilities that manufacture regulated drugs. The system is a reliable, up-to-date inventory of FDA-regulated, drugs and establishments that produce drugs and their associated information.

APPENDICES

Appendix A

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

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

a. Preliminary Assessment: We consider inclusion of USAN stems or other characteristics that when incorporated into a proprietary name may cause or contribute to medication errors (i.e., dosing interval, dosage form/route of administration, medical or product name abbreviations, names that include or suggest the composition of the drug product, etc.) See prescreening checklist below in Table 2*. DMEPA defines a medication error as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. [c]

[c] National Coordinating Council for Medication Error Reporting and Prevention. http://www nccmerp.org/aboutMedErrors html. Last accessed 10/11/2007.

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

	Answer the questions in the checklist below. Affirmative answers to any of these questions indicate a potential area of concern that should be carefully evaluated as described in this guidance.
Y/N	**Is the proposed name obviously similar in spelling and pronunciation to other names?**
	Proprietary names should not be similar in spelling or pronunciation to proprietary names, established names, or ingredients of other products.
Y/N	**Are there inert or inactive ingredients referenced in the proprietary name?**
	Proprietary names should not incorporate any reference to an inert or inactive ingredient in a way that might create an impression that the ingredient's value is greater than its true functional role in the formulation (21 CFR 201.10(c)(4)).
Y/N	**Does the proprietary name include combinations of active ingredients?**
	Proprietary names of fixed combination drug products should not include or suggest the name of one or more, but not all, of its active ingredients (see 21 CFR 201.6(b)).
Y/N	**Is there a United States Adopted Name (USAN) stem in the proprietary name?**
	Proprietary names should not incorporate a USAN stem in the position that USAN designates for the stem.
Y/N	**Is this proprietary name used for another product that does not share at least one common active ingredient?**
	Drug products that do not contain at least one common active ingredient should not use the same (root) proprietary name.
Y/N	**Is this a proprietary name of a discontinued product?**
	Proprietary names should not use the proprietary name of a discontinued product if that discontinued drug product does not contain the same active ingredients.

b. Phonetic and Orthographic Computer Analysis (POCA): Following the preliminary screening of the proposed proprietary name, DMEPA staff evaluates the proposed name against potentially similar names. In order to identify names with potential similarity to the proposed proprietary name, DMEPA enters the proposed proprietary name in POCA and queries the name against the following drug reference databases, Drugs@fda, CernerRxNorm, and names in the review pipeline using a 55% threshold in POCA. DMEPA reviews the combined orthographic and phonetic matches and group the names into one of the following three categories:

- Highly similar pair: combined match percentage score ≥70%.
- Moderately similar pair: combined match percentage score ≥55% to ≤ 69%.
- Low similarity: combined match percentage score ≤54%.

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

- For highly similar names, differences in product characteristics often cannot mitigate the risk of a medication error, including product differences such as strength and dose. Thus, proposed proprietary names that have a combined score of ≥ 70 percent are at risk for a look-alike sound-alike confusion which is an area of concern (See Table 3).
- Moderately similar names are further evaluated to identify the presence of attributes that are known to cause name confusion.
    - Name attributes: We note that the beginning of the drug name plays a significant role in contributing to confusion. Additionally, drug name pairs that start with the same first letter and contain a shared letter string of at least 3 letters in both names are major contributing factor in the confusion of drug names[d]. We evaluate all moderately similar names retrieved from POCA to identify the above attributes. These names are further evaluated to identify overlapping or similar strengths or doses.
    - Product attributes: Moderately similar names of products that have overlapping or similar strengths or doses represent an area for concern for FDA. The dose and strength information is often located in close proximity to the drug name itself on prescriptions and medication orders, and the information can be an important factor that either increases or decreases the potential for confusion between similarly named drug pairs. The ability of other product characteristics to mitigate confusion (e.g.,

[d] Shah, M, Merchant, L, Characteristics That May Help in the Identification of Potentially Confusing Proprietary Drug Names. Therapeutic Innovation & Regulatory Science, September 2016

route, frequency, dosage form) may be limited when the strength or dose overlaps. DMEPA reviews such names further, to determine whether sufficient differences exist to prevent confusion. (See Table 4).

- Names with low similarity that have no overlap or similarity in strength and dose are generally acceptable (See Table 5) unless there are data to suggest that the name might be vulnerable to confusion (e.g., prescription simulation study suggests that the name is likely to be misinterpreted as a marketed product). In these instances, we would reassign a low similarity name to the moderate similarity category and review according to the moderately similar name pair checklist.

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

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

In order to evaluate the potential for misinterpretation of the proposed proprietary name in handwriting and verbal communication of the name, inpatient medication orders and/or outpatient prescriptions are written, each consisting of a combination of marketed and unapproved drug products, including the proposed name. These orders are optically scanned and one prescription is delivered to a random sample of participating health professionals via e-mail. In addition, a verbal prescription is recorded on voice mail. The voice mail messages are then sent to a random sample of the participating health professionals for their interpretations and review. After receiving either the written or verbal prescription orders, the participants record their interpretations of the orders which are recorded electronically.

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

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

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

   When provided, DMEPA considers external proprietary name studies conducted by or for the Applicant/Sponsor and incorporates the findings of these studies into the overall risk assessment.

The DMEPA primary reviewer assigned to evaluate the proposed proprietary name is responsible for considering the collective findings, and provides an overall risk assessment of the proposed proprietary name.

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

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

Y/N	Is there different number or placement of cross-stroke or dotted letters present in the names?	Y/N	Across a range of dialects, are the names consistently pronounced differently?
Y/N	Do the infixes of the name appear dissimilar when scripted?		
Y/N	Do the suffixes of the names appear dissimilar when scripted?		

Table 4: Moderately Similar Name Pair Checklist (i.e., combined score is ≥55% to ≤69%).

Step 1	Review the DOSAGE AND ADMINISTRATION and HOW SUPPLIED/STORAGE AND HANDLING sections of the prescribing information (or for OTC drugs refer to the Drug Facts label) to determine if strengths and doses of the name pair overlap or are very similar. Different strengths and doses for products whose names are moderately similar may decrease the risk of confusion between the moderately similar name pairs. Name pairs that have overlapping or similar strengths or doses have a higher potential for confusion and should be evaluated further (see Step 2). Because the strength or dose could be used to express an order or prescription for a particular drug product, overlap in one or both of these components would be reason for further evaluation. For single strength products, also consider circumstances where the strength may not be expressed. For any i.e. drug products comprised of more than one active ingredient, consider whether the strength or dose may be expressed using only one of the components. To determine whether the strengths or doses are similar to your proposed product, consider the following list of factors that may increase confusion: • Alternative expressions of dose: 5 mL may be listed in the prescribing information, but the dose may be expressed in metric weight (e.g., 500 mg) or in non-metric units (e.g., 1 tsp, 1 tablet/capsule). Similarly, a strength or dose of 1000 mg may be expressed, in practice, as 1 g, or vice versa. • Trailing or deleting zeros: 10 mg is similar in appearance to 100 mg which may potentiate confusion between a name pair with moderate similarity. • Similar sounding doses: 15 mg is similar in sound to 50 mg

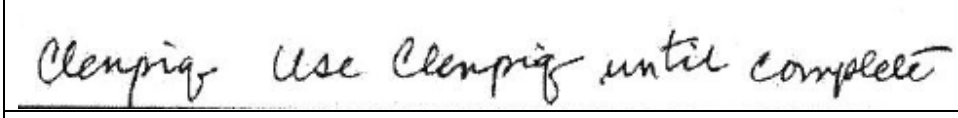
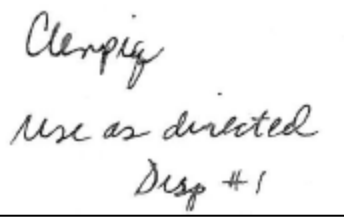
Step 2	Answer the questions in the checklist below. Affirmative answers to some of these questions suggest that the pattern of orthographic or phonetic differences in the names may reduce the likelihood of confusion for moderately similar names **with** overlapping or similar strengths or doses.	
	Orthographic Checklist (Y/N to each question) • Do the names begin with different first letters? Note that even when names begin with different first letters, certain letters may be confused with each other when scripted. • Are the lengths of the names dissimilar* when scripted? *FDA considers the length of names different if the names differ by two or more letters. • Considering variations in scripting of some letters (such as *z* and *f*), is there a different number or placement of upstroke/downstroke letters present in the names? • Is there different number or placement of cross-stroke or dotted letters present in the names? • Do the infixes of the name appear dissimilar when scripted? • Do the suffixes of the names appear dissimilar when scripted?	Phonetic Checklist (Y/N to each question) • Do the names have different number of syllables? • Do the names have different syllabic stresses? • Do the syllables have different phonologic processes, such vowel reduction, assimilation, or deletion? • Across a range of dialects, are the names consistently pronounced differently?

Table 5: Low Similarity Name Pair Checklist (i.e., combined score is ≤54%).

Names with low similarity are generally acceptable unless there are data to suggest that the name might be vulnerable to confusion (e.g., prescription simulation study suggests that the name is likely to be misinterpreted as a marketed product). In these instances, we would reassign a low similarity name to the moderate similarity category and review according to the moderately similar name pair checklist.

Appendix B: Prescription Simulation Samples and Results

Figure 1. Clenpiq Study (Conducted on March 29, 2017)

Handwritten Medication Order/Prescription	Verbal Prescription
Medication Order:  	Clenpiq Use as directed Dispense #1
Outpatient Prescription:  	

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

Study Name: Clenpiq

Total	26	20	32	
INTERPRETATION	**OUTPATIENT**	**VOICE**	**INPATIENT**	**TOTAL**
CHENPIG	0	0	1	1
CLEMPICK	0	1	0	1
CLEMPIQ	2	1	3	6
CLEMPRIQ	0	0	1	1
CLENPIC	0	3	0	3
CLENPICK	0	2	0	2
CLENPIG	1	0	0	1
CLENPIK	0	1	0	1
CLENPIQ	19	0	22	41
CLENPRIG	0	0	1	1
CLENPRIQ	0	0	3	3
CLENTICK	0	1	0	1
CLERPIG	1	0	0	1

CLERPIQ	2	0	0	2
CLEVPIQ	1	0	0	1
CLINPIC	0	1	0	1
CLINPIK	0	1	0	1
CLINPIQ	0	0	1	1
CLINTECH	0	1	0	1
CLINTEK	0	1	0	1
CLINTIX	0	1	0	1
KLENPIC	0	1	0	1
KLENPICK	0	1	0	1
KLENPIK	0	3	0	3
LENPIC	0	1	0	1

Appendix C: Highly Similar Names (e.g., combined POCA score is ≥70%)

No.	**Proposed name: Clenpiq** **Established name: sodium picosulfate/magnesium oxide/anhydrous citric acid** **Dosage form: solution** **Strength(s): 10 mg/3.5 g/12 g** **Usual Dose: usual dosage for this product is 320 ml provided as two separate doses of 160 ml. The frequency of administration is one use (two bottles) in preparation for a colonoscopy.**	**POCA Score (%)**	**Orthographic and/or phonetic differences in the names sufficient to prevent confusion** **Other prevention of failure mode expected to minimize the risk of confusion between these two names.**
1.	Clenpiq***	100%	This name is the subject of this review.

Appendix D: Moderately Similar Names (e.g., combined POCA score is ≥55% to ≤69%) with no overlap or numerical similarity in Strength and/or Dose

No.	Name	POCA Score (%)
2.	Celontin	59%

Appendix E: Moderately Similar Names (e.g., combined POCA score is ≥55% to ≤69%) with overlap or numerical similarity in Strength and/or Dose

No.	**Proposed name: Clenpiq** **Established name: sodium picosulfate/magnesium oxide/anhydrous citric acid** **Dosage form: solution** **Strength(s): 10 mg/3.5 g/12 g** **Usual Dose: usual dosage for this product is 320 ml provided as two separate doses of 160 ml. The frequency of administration is one use (two bottles) in preparation for a colonoscopy.**	**POCA Score (%)**	**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**
3.	Clinac	66%	This name pair has sufficient orthographic and phonetic differences.
4.	Clindex	66%	This name pair has sufficient orthographic and phonetic differences.

No.	**Proposed name: Clenpiq** **Established name: sodium picosulfate/magnesium oxide/anhydrous citric acid** **Dosage form: solution** **Strength(s): 10 mg/3.5 g/12 g** **Usual Dose: usual dosage for this product is 320 ml provided as two separate doses of 160 ml. The frequency of administration is one use (two bottles) in preparation for a colonoscopy.**	**POCA Score (%)**	**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**
5.	Clinpro 5000	65%	The suffixes (‘pro’ vs. ‘piq’) of this name pair have sufficient orthographic differences. The second syllables (‘pro’ vs. ‘piq’) of this name pair sound different. Dosage Form: toothpaste vs. solution Dose: apply a thin ribbon or pea-sized amount of Clinpro 5000 using a soft-bristled toothbrush and brush teeth for at least 2 minutes vs. 320 mL provided as two 160 mL bottles for one time use in preparation of a colonoscopy.
6.	Clenia	64%	This name pair has sufficient orthographic and phonetic differences.
7.	Plendil	64%	This name pair has sufficient orthographic and phonetic differences.
8.	Cleanzing!	62%	This name pair has sufficient orthographic and phonetic differences.
9.	Clindets	62%	This name pair has sufficient orthographic and phonetic differences.
10.	Klonopin	62%	This name pair has sufficient orthographic and phonetic differences.
11.	Cleocin	60%	This name pair has sufficient orthographic and phonetic differences.
12.	Clindesse	60%	This name pair has sufficient orthographic and phonetic differences.
13.	Clinimix	60%	This name pair has sufficient orthographic and phonetic differences.
14.	Clinimix 2.75/5	60%	This name pair has sufficient orthographic and phonetic differences.
15.	Clinimix 4.25/10	60%	This name pair has sufficient orthographic and phonetic differences.
16.	Clinimix 4.25/20	60%	This name pair has sufficient orthographic and phonetic differences.
17.	Clinimix 4.25/25	60%	This name pair has sufficient orthographic and phonetic differences.

No.	**Proposed name: Clenpiq** **Established name: sodium picosulfate/magnesium oxide/anhydrous citric acid** **Dosage form: solution** **Strength(s): 10 mg/3.5 g/12 g** **Usual Dose: usual dosage for this product is 320 ml provided as two separate doses of 160 ml. The frequency of administration is one use (two bottles) in preparation for a colonoscopy.**	**POCA Score (%)**	**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.	Clinimix 4.25/5	60%	This name pair has sufficient orthographic and phonetic differences.
19.	Clinimix 5/15	60%	This name pair has sufficient orthographic and phonetic differences.
20.	Clinimix 5/20	60%	This name pair has sufficient orthographic and phonetic differences.
21.	Clinimix 5/25	60%	This name pair has sufficient orthographic and phonetic differences.
22.	Clinolipid 20%	60%	This name pair has sufficient orthographic and phonetic differences.
23.	Clistin	60%	This name pair has sufficient orthographic and phonetic differences.
24.	Ken-Jec	60%	The prefixes (‘Ken’ vs. ‘Cl’) and suffixes (‘jec’ vs. ‘piq’) of this name pair have sufficient orthographic differences. The second syllables (‘jec’ vs. ‘piq’) of this name pair sound different.
25.	Ken-Jec 40	60%	The prefixes (‘Ken’ vs. ‘Cl’) and suffixes (‘jec’ vs. ‘piq’) of this name pair have sufficient orthographic differences. The second syllables (‘jec’ vs. ‘piq’) of this name pair sound different.
26.	Aplenzin	58%	This name pair has sufficient orthographic and phonetic differences.
27.	Cogentin	58%	This name pair has sufficient orthographic and phonetic differences.
28.	Choline C-11	57%	This name pair has sufficient orthographic and phonetic differences.
29.	Clinimix E 2.75/10	57%	This name pair has sufficient orthographic and phonetic differences.
30.	Clinimix E 2.75/5	57%	This name pair has sufficient orthographic and phonetic differences.
31.	Clinimix E 4.25/10	57%	This name pair has sufficient orthographic and phonetic differences.

No.	**Proposed name: Clenpiq** **Established name: sodium picosulfate/magnesium oxide/anhydrous citric acid** **Dosage form: solution** **Strength(s): 10 mg/3.5 g/12 g** **Usual Dose: usual dosage for this product is 320 ml provided as two separate doses of 160 ml. The frequency of administration is one use (two bottles) in preparation for a colonoscopy.**	**POCA Score (%)**	**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**
32.	Clinimix E 4.25/25	57%	This name pair has sufficient orthographic and phonetic differences.
33.	Clinimix E 4.25/5	57%	This name pair has sufficient orthographic and phonetic differences.
34.	Clinimix E 5/15	57%	This name pair has sufficient orthographic and phonetic differences.
35.	Clinimix E 5/20	57%	This name pair has sufficient orthographic and phonetic differences.
36.	Clinimix E 5/25	57%	This name pair has sufficient orthographic and phonetic differences.
37.	Clinimix E 5/35	57%	This name pair has sufficient orthographic and phonetic differences.
38.	Chenix	56%	This name pair has sufficient orthographic and phonetic differences.
39.	Clenz-Lyte	56%	This name pair has sufficient orthographic and phonetic differences.
40.	Cleocin T	56%	This name pair has sufficient orthographic and phonetic differences.
41.	Cleocin-T	56%	This name pair has sufficient orthographic and phonetic differences.
42.	Clindacin	56%	This name pair has sufficient orthographic and phonetic differences.
43.	Clinidine	56%	This name pair has sufficient orthographic and phonetic differences.
44.	Clinistat	56%	This name pair has sufficient orthographic and phonetic differences.
45.	Clonidine	56%	This name pair has sufficient orthographic and phonetic differences.
46.	Colestid	56%	This name pair has sufficient orthographic and phonetic differences.
			(b) (4)
48.	Zenpep	56%	This name pair has sufficient orthographic and phonetic differences.

No.	**Proposed name: Clenpiq** **Established name: sodium picosulfate/magnesium oxide/anhydrous citric acid** **Dosage form: solution** **Strength(s): 10 mg/3.5 g/12 g** **Usual Dose: usual dosage for this product is 320 ml provided as two separate doses of 160 ml. The frequency of administration is one use (two bottles) in preparation for a colonoscopy.**	**POCA Score (%)**	**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**
49.	Cleviprex	55%	This name pair has sufficient orthographic and phonetic differences.
50.	Clinisol 15	55%	This name pair has sufficient orthographic and phonetic differences.
51.	Clomiphene	55%	This name pair has sufficient orthographic and phonetic differences.
52.	Close up	55%	This name pair has sufficient orthographic and phonetic differences.
53.	Acclean APF	55%	This name pair has sufficient orthographic and phonetic differences.
54.	Plenaxis	55%	This name pair has sufficient orthographic and phonetic differences.

Appendix F: Low Similarity Names (e.g., combined POCA score is ≤54%)

No.	Name	POCA Score (%)
55.	(b) (4)	54
56.	Clomid	54
57.	Cometriq	54
58.	Clobex	54
59.	Clopidol	54
60.	Conzip	54
61.	Pristiq	54
62.	Centex	54
63.	Clonodine	54
64.	Colonaid	54
65.	Prepopik	54
66.	Sleepia	54
67.	Sulindac	54
68.	Clenziderm	53
69.	Clindrops	53
70.	Epi-Clenz	52
71.	Clinoril	52

No.	Name	POCA Score (%)
72.	Prevpac	52
73.	Contac	52
74.	Chantix	52
75.	Clopixol	52
76.	Clorfed	52
77.	Blemix	52
78.	Chemdec	52
79.	Conpec DM	52
80.	K-lyte CL	52
81.	Pentids 200	52
82.	Pentids 250	52
83.	Pentids 400	52
84.	Pentids 800	52
85.	Plemex	52
86.	Salonpas	51
87.	Cankaid	51
88.	Crantex	51
89.	Claritin	50
90.	Luxiq	50
91.	Claritin	50
92.	Levbid	50
93.	Clodan	49
94.	Conffits	49
95.	Lice-Nil	46%
96.	Belviq	46
97.	Clindamycin	46
98.	Actiq	44
99.	Claravis	44
100.	Olanzapine	42
101.	Cialis	34

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

No.	Name	POCA Score (%)	Failure preventions
			(b) (4)

No.	Name	POCA Score (%)	Failure preventions
103.	Cleevec	61%	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
104.	Calanif	58%	International product formerly marketed in the UK.
105.	Clinicide	58%	International product formerly marketed in the UK.
106.	Clinium	58%	International product marketed in Chile and Indonesia, formerly marketed (with different ingredients) in France, Germany, Netherlands, South Africa, and the UK.
107.	Clintabs	58%	Veterinary product.
108.	Clinsol	57%	Veterinary product.
109.	Clinitar	56%	International product formerly marketed in Australia, Ireland, and the UK.
110.	Child Pain	55%	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
111.	Clindacure	55%	Veterinary product.
112.	Clonixin	56%	Name identified in External Study. Unable to find product characteristics in commonly used drug databases.

Appendix H: Names not likely to be confused due to absence of attributes that are known to cause name confusion[e].

No.	Name	POCA Score (%)
113.	(b) (4)	61
114.	TECENTRIQ	60
115.	BENZIQ	58
116.	C10-36 OLEFIN	58
117.	C24-28 OLEFIN	58
118.	C30-45 OLEFIN	58

[e] Shah, M, Merchant, L, Chan, I, and Taylor, K. Characteristics That May Help in the Identification of Potentially Confusing Proprietary Drug Names. Therapeutic Innovation & Regulatory Science, September 2016

No.	Name	POCA Score (%)
119.	LEPTIN	58
120.	LEXPEC	58
121.	STRENSIQ	58
122.	KLEBCIL	57
123.	(b) (4)	57
124.	PILOPTIC	56
125.	PILOPTIC-1	56
126.	PILOPTIC-1/2	56
127.	PILOPTIC-2	56
128.	PILOPTIC-3	56
129.	PILOPTIC-4	56
130.	PILOPTIC-6	56
131.	RENITEC	56
132.	Sele-Pak	56
133.	K-Lyte Ci	56
134.	(b) (4)	55

Appendix I: Names identified in the eDRLS database not likely to be confused due to notable spelling, orthographic and phonetic differences.—N/A

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

/s/

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06/01/2017

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