CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

207924Orig1s000

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*****

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Date of This Review:	February 20, 2018
Application Type and Number:	NDA 207924
Product Name and Strength:	Olumiant (baricitinib) tablets 2 mg and 4 mg
Product Type:	Single Ingredient Product
Rx or OTC:	Rx
Applicant/Sponsor Name:	Eli Lilly Company
Panorama #:	2017- 19475061
DMEPA Safety Evaluator:	Teresa McMillan, PharmD
DMEPA Team Leader:	Sarah K. Vee, PharmD

Contents

1 INTRODUCTION

This review evaluates the proposed proprietary name, Olumiant, 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 proposed proprietary name.

1.1 REGULATORY HISTORY

The Applicant previously submitted the proposed proprietary name, Olumiant*** on February 17, 2016 and April 24, 2015 under NDA 207924 and IND 102204, respectively. We found the name, Olumiant*** conditionally acceptable under both applications. [ab] However, NDA 207924 received a Complete Response (CR) on April 12, 2017 due to the risk of thrombosis.

Thus, the Applicant submitted the name, Olumiant***, for review on December 4, 2017.

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on December 4, 2017.

- Intended Pronunciation: O-loo'-me-ant
- Active Ingredient: Baricitinib
- Indication of Use: Treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate
- Route of Administration: Oral
- Dosage Form: Tablet
- Strength: 2 mg and 4 mg
- Dose and Frequency: 2 mg once daily. For patients with an inadequate response or intolerance to more than one disease-modifying antirheumatic drug (DMARD), a dose of 4 mg once daily is recommended.

  Dose tapering to 2 mg once daily may be considered for patients who have achieved sustained control of disease activity with 4 mg once daily.

  Moderate renal impairment: 2 mg once daily
- How Supplied:

OLUMIANT Tablets	2 mg	4 mg
Color	Light Pink	Medium Pink
Shape	Oblong	Round

[a] McMillan, Teresa Proprietary Name Review for Olumiant NDA 207924. Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2016 APRIL 2016 Panorama No. 2016-2818929.

[b] McMillan, Teresa Proprietary Name Review for Olumiant IND 102204]. Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2015 SEPTEMBER 17 Panorama No. 2015-314747.

(b) (4)

Identification	Lilly 2
NDC Codes:	
Bottle of 30	0002-4182-30

(b) (4)

- Storage: 20° to 25°C (68° to 77°F); excursions permitted to 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature].

2 RESULTS

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

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that the proposed name would not misbrand the proposed product. The Division of Medication Error Prevention and Analysis (DMEPA) and the Division of Pulmonary, Allergy, and Rheumatology Products (DPARP) concurred with the findings of OPDP's assessment of the proposed name.

2.2 SAFETY ASSESSMENT

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

2.2.1 United States Adopted Names (USAN) Search

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

2.2.2 Components of the Proposed Proprietary Name

The Applicant did not provide a derivation or intended meaning for the proposed name, Olumiant in their submission. Per Eli Lilly, the proposed name, Olumiant is not intended to evoke any particular or specific meaning, and they consider the proposed name to be an "empty vessel." 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, December 19, 2017 e-mail, the Division of Pulmonary, Allergy, and Rheumatology Products (DPARP) did not forward any comments or concerns relating to the proposed proprietary name at the initial phase of the review.

2.2.4 FDA Name Simulation Studies

Seventy-six (n=76) practitioners participated in DMEPA's prescription studies. The responses did not overlap with any currently marketed products. One voice participant misinterpreted the voice prescription for Olumiant as "Olumnia", which sounds similar to the proposed proprietary

[c] USAN stem search conducted on January 3, 2018.

name, Ilumya***. Orthographically, the first letters (I vs. O) and the suffixes ('mya' vs. 'iant') of this name pair look different. Although Ilumya*** and Olumiant have phonetic similarities, the risk of wrong drug error is mitigated because no overlap or similarity in product strength (100 mg/mL vs. 2 mg and 4 mg), differences in dosage form (injection vs. tablets), route of administration (subcutaneous vs. oral) and frequency of administration (weeks 0, 4, and then every 12 weeks vs. once daily). Furthermore, if a verbal prescription for "Olumiant 2 mg [or 4 mg] PO once daily" is misinterpreted as Ilumya***, then the prefilled syringe volume could not be achieved (0.02 mL or 0.04 mL). If a verbal prescription for "Ilumya 100 mg [or 200 mg] inject subcutaneously as directed" is misinterpreted as Olumiant***, then 50 2-mg tablets or 25 4-mg tablets would be needed to achieve the 100 mg dose and 100 2-mg tablets or 50 4-mg tablets would be needed to achieve the 200 mg dose. See Appendix E for the evaluation of this name pair.

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 identified 101 names with the combined score of ≥55% or individual orthographic or phonetic score of ≥70%. We had identified and evaluated 82 names in our previous proprietary name review. We re-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 name. We note that none of the product characteristics have changed and we agree with the findings from our previous review for the names evaluated previously. Therefore, we identified 74 names not previously analyzed. 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 the (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%	51
Low similarity name pair: combined match percentage score ≤54%	22

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

Our analysis of the 74 names contained in Table 1 determined none of the names will pose a risk for confusion as described in Appendices C through H.

2.2.8 Communication of DMEPA's Analysis at Midpoint of Review

DMEPA communicated our findings to the Division of Pulmonary, Allergy, and Rheumatology Products (DPARP) via e-mail on February 13, 2017. At that time, we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the DPARP on February 20, 2018, they stated no additional concerns with the proposed proprietary name, Olumiant.

3 CONCLUSION

The proposed proprietary name is acceptable.

If you have any questions or need clarifications, please contact, Saharat Patanavanich, OSE project manager, at 240-402-0139.

3.1 COMMENTS TO THE APPLICANT

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

If any of the proposed product characteristics as stated in your submission, received on December 4, 2017, 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. [d]

[d] 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[e]. 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., 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.

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

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.

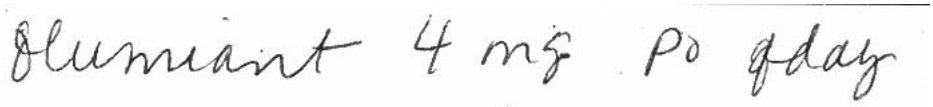
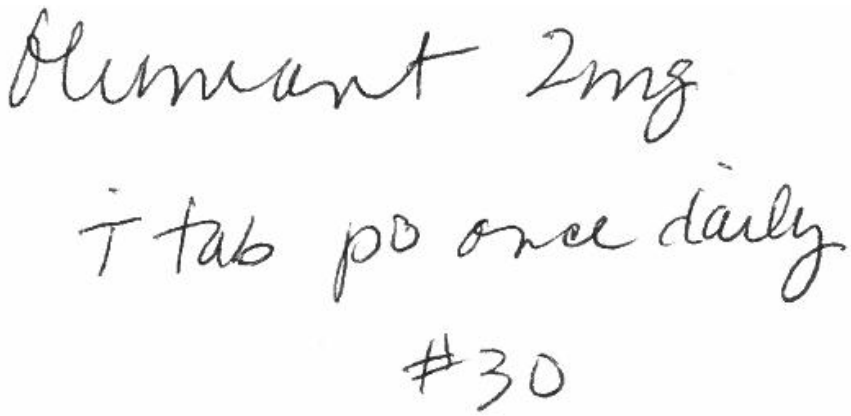
	Orthographic Checklist (Y/N to each question) • Do the names begin with different first letters? Note that even when names begin with different first letters, certain letters may be confused with each other when scripted. • Are the lengths of the names dissimilar* when scripted? *FDA considers the length 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. Olumiant Study (Conducted on January 5, 2018)

Handwritten Medication Order/Prescription	Verbal Prescription
Medication Order:  	Olumiant 2 mg 1 tab po once daily #30
Outpatient Prescription:  	

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

293 People Received Study
76 People Responded

Study Name: Olumiant

Total	31	24	21	
INTERPRETATION	**OUTPATIENT**	**VOICE**	**INPATIENT**	**TOTAL**
ALUMIANT	0	1	0	1
ALUMIENT	0	1	0	1
AULUMIENT	0	1	0	1
ELUMIENT	0	1	0	1
FLUMANT	1	0	0	1
GLUMANT	1	0	0	1
OLIMANT	4	0	0	4

OLIMIANT	7	0	0	7
OLIMRANT	2	0	0	2
OLLUMIENT	0	1	0	1
OLUMANT	14	0	0	14
OLUMIAN	0	1	0	1
OLUMIANT	0	5	21	26
OLUMIATE	0	1	0	1
OLUMIENT	0	10	0	10
OLUMIET	0	1	0	1
OLUMNIA	0	1	0	1
OLUMRANT	1	0	0	1
OUMANT	1	0	0	1

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

No.	**Proposed name:** Olumiant **Established name:** baricitinib **Dosage form:** tablets **Strength(s):** 2 mg, 4 mg **Usual Dose:** 2 mg once daily. For patients with an inadequate response or intolerance to more than one DMARD, a dose of 4 mg once daily is recommended. Moderate renal impairment: 2 mg once daily	**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.	Olumiant	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.	Flumist 2015-2016	61
3.	Allantoin	58
4.	Buminate	58
5.	Albuminar	57
6.	Albuminar-20	57
7.	Albuminar-25	57
8.	Albuminar-5	57

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: Olumiant** **Established name: Baricitinib** **Dosage form: Tablets** **Strength(s): 2 mg, 4 mg** **Usual Dose: 2 mg once daily. For patients with an inadequate response or intolerance to more than one DMARD, a dose of 4 mg once daily is recommended** **Moderate renal impairment: 2 mg once daily**	**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**
9.	Rolapitant	66	This name pair has sufficient orthographic and phonetic differences.
10.	(b) (4) ***	62	(b) (4)
11.	(b) (4) ***	61	
12.	(b) (4) ***	59	
13.	(b) (4) ***	58	
14.	(b) (4) ***	56	

No.	Proposed name: Olumiant Established name: Baricitinib Dosage form: Tablets Strength(s): 2 mg, 4 mg Usual Dose: 2 mg once daily. For patients with an inadequate response or intolerance to more than one DMARD, a dose of 4 mg once daily is recommended Moderate renal impairment: 2 mg once daily	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
15.	Ilumya***	55	The suffixes ('mya' vs. 'iant') of this name pair have sufficient orthographic differences. Although Ilumya*** and Olumiant have phonetic similarities, the risk of wrong drug error is mitigated because: • Strength: 100 mg/mL vs. 2 mg and 4 mg • Dosage form: injection vs. tablets • Route of administration: subcutaneous vs. oral • Frequency of Administration: weeks 0, 4, and then every 12 weeks vs. once daily • If a verbal prescription for "Olumiant 2 mg [or 4 mg] PO once daily" is misinterpreted as Ilumya***, then the prefilled syringe volume could not be achieved (0.02 mL or 0.04 mL). If a verbal prescription for "Ilumya 100 mg [or 200 mg] inject subcutaneously as directed" is misinterpreted as Olumiant***, then 50 2-mg tablets or 25 4-mg tablets would be needed to achieve the 100 mg dose and 100 2-mg tablets or 50 4-mg tablets would be needed to achieve the 200 mg dose.

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

No.	Name	POCA Score (%)
16.	Aluminum Cation	54
17.	(b) (4)***	54
18.	Nivolumab	54
19.	Solian	54

No.	Name	POCA Score (%)
20.	Thallium Cation Tl-201 (1+)	52
21.	Ammonium Ion	51
22.	Glutamine	51
23.	Morniflumate	51
24.	Nitoman	51
25.	Qoliana	51
26.	Zolmitriptan	50
27.	Minotal	49
28.	Mannitol	48
29.	Mannitol 10%	48
30.	Mannitol 15%	48
31.	Mannitol 20%	48
32.	Mannitol 25%	48
33.	Mannitol 5%	48
34.	Aluminum Carbonate	47
35.	Aminolevulinate	46
36.	Liqui-Minic Infant	46
37.	Tourmaline	44

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
38.	Galliprant	60	This is a veterinary drug product.
39.	(b) (4) ***	58	This name was identified by the Name Entered by Safety Evaluator database and could not be found in the commonly used databases.
40.	Maropitant	58	This name was identified by the RxNorm database and could not be found in the commonly used databases.
41.	(b) (4) ***	58	This name was found unacceptable in OSE Review # (b) (4) on December 20, 2016 due to vulnerability to name confusion with (b) (4) .
42.	Lida Mantle	56	This drug has been discontinued and there are no generic equivalents available.
43.	Lidamantle	56	This drug has been discontinued and there are no generic equivalents available.

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

No.	Name	POCA Score (%)
44.	Eucamint	62
45.	Ludent	62
46.	Tolmetin	61
47.	Golimumab	59
48.	Liquimat	58
49.	Norlutin	57
50.	Tolinase	57
51.	Volraman	57
52.	Albutein	56
53.	Alimix	56
54.	Almodan	56
55.	Alrheumat	56
56.	Ammonia N 13	56
57.	Ammonia N-13	56
58.	Calcium Ion	56
59.	Cobalamins	56
60.	Holmium	56
61.	Isomalt	56
62.	Lutein	56
63.	Melamin	56
64.	Milontin	56
65.	Nazo-Mist	56
66.	Tolnate	56
67.	2,4,5-T-Trolamine	55
68.	Elmiron	55
69.	Folnate	55
70.	Lamisil At	55
71.	Loniten	55
72.	Lunesta	55
73.	Norlutate	55
74.	Uramit	55

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

[f] 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

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/s/

TERESA S MCMILLAN
02/20/2018

SARAH K VEE
02/20/2018

PROPRIETARY NAME MEMORANDUM

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:	April 22, 2016
Application Type and Number:	NDA 207924
Product Name and Strength:	Olumiant (baricitinib) Tablets 2 mg and 4 mg
Product Type:	Single-Ingredient Product
Rx or OTC:	Rx
Applicant/Sponsor Name:	Eli Lilly and Company
Panorama #:	2016-2818929
DMEPA Primary Reviewer:	Teresa McMillan, PharmD
DMEPA Team Leader (Acting):	Mishale Mistry, PharmD, MPH

1 INTRODUCTION

This memorandum is to re-assess the proposed proprietary name, Olumiant, which was found conditionally acceptable under IND 102204 on September 17, 2015[1] . We note that all product characteristics remain the same.

2 METHODS AND DISCUSSION

For re-assessment of the proposed proprietary name, DMEPA 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. Additionally, DMEPA searched the USAN stem list to determine if the name contains any USAN stems as of the last USAN updates. The April 13, 2016 search of USAN stems did not find any USAN stems in the proposed proprietary name.

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that the proposed name would not misbrand the proposed product. DMEPA and the Division of Pulmonary, Allergy, and Rheumatology Products (DPARP) concurred with the findings of OPDP's assessment of the proposed name.

3 CONCLUSIONS

Our re-assessment did not identify any names that represent a potential source of drug name confusion. Therefore, we maintain that the name is acceptable. If you have further questions or need clarifications, please contact Neil Vora, OSE project manager, at 240-402-4845.

3.1 COMMENTS TO THE APPLICANT

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

If any of the proposed product characteristics as stated in your, February 17, 2016 submission are altered prior to approval of the marketing application, the name must be resubmitted for review.

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[1] McMillan T. Proposed Proprietary Name Review for Olumiant (IND 102204). Silver Spring (MD): Food and Drug Administration, Center for Drug Evaluation and Research, Office of Surveillance and Epidemiology, Division of Medication Error Prevention and Analysis (US); 2015 SEPT 17. Panorama No. 2015-314747.

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.

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/s/

TERESA S MCMILLAN
04/22/2016

MISHALE P MISTRY
04/22/2016