# CENTER FOR DRUG EVALUATION AND RESEARCH

***APPLICATION NUMBER:***

# 761112Orig1s000

# PROPRIETARY NAME REVIEW(S)

MEMORANDUM

NONPROPRIETARY NAME SUFFIX

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:** | November 16, 2018 |
| **Responsible OND Division:** | Division of Hematology Products (DHP) |
| **Application Type and Number:** | BLA 761112 |
| **Product Name and Strength:** | Cablivi (caplacizumab-yhdp) For Injection, 10 mg per vial |
| **Product Type:** | Single Ingredient Product |
| **Applicant/Sponsor Name:** | Ablynx NV (Ablynx) |
| **OSE RCM #:** | 2018-1840 |
| **DMEPA Primary Reviewer:** | Carlos M Mena-Grillasca, BS Pharm |
| **DMEPA Deputy Director:** | Danielle Harris, PharmD, BCPS |

# 1 PURPOSE OF MEMO

This memorandum summarizes our evaluation of the four-letter suffix for inclusion in the nonproprietary name and communicates our recommendation for the nonproprietary name for BLA 761112.

## 1.1 Regulatory History

Ablynx was notified of the Agency's intention to designate a nonproprietary name that includes a four-letter distinguishing suffix that is devoid of meaning for their product in an Advice Letter[a].

# 2 ASSESSMENT OF THE NONPROPRIETARY NAME

## caplacizumab-yhdp

FDA generated a four-letter suffix, -yhdp. This suffix was evaluated using the principles described in the applicable guidance[b].

We determined that the FDA-generated suffix -yhdp, is not too similar to any other products' suffix designation, does not look similar to the names of other currently marketed products, that the suffix is devoid of meaning, does not include any abbreviations that could be misinterpreted, and does not make any misrepresentations with respect to safety or efficacy of this product.

# 3 COMMUNICATION OF DMEPA'S ANALYSIS

These findings were shared with OPDP. In email correspondence dated November 16, 2018, OPDP did not identify any concerns that would render this suffix unacceptable. DMEPA also communicated our findings to the Division of Hematology Products (DHP) via e-mail on November 16, 2018.

# 4 CONCLUSION

We find the suffix -yhdp acceptable and recommend the nonproprietary name be revised throughout the draft labels and labeling to caplacizumab-yhdp.

## 4.1 Recommendation for Ablynx NV

We find the nonproprietary name, caplacizumab-yhdp, conditionally acceptable for your proposed product. Should your 351(a) BLA be approved during this review cycle, caplacizumab-yhdp will be the proper name designated in the license and you should revise your proposed labels and labeling accordingly. However, please be advised that if your application receives a complete response, the acceptability of this suffix will be re-evaluated when you respond to the deficiencies. If we find the suffix unacceptable upon our re-evaluation, we would inform you of our finding.

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[a] Harris, D. General Advice Letter for BLA 761112. Silver Spring (MD): FDA, CDER, OSE, DMEPA (US) 2018 SEP 06.

[b] See Section VI which describes that any suffixes should be devoid of meaning in Guidance for Industry: Nonproprietary Naming of Biological Products. 2017. Available from:

http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM459987.pdf

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**This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.**

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/s/

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CARLOS M MENA-GRILLASCA
11/16/2018

DANIELLE M HARRIS
11/16/2018

**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)

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| | |
|---|---|
| **Date of This Review:** | September 20, 2018 |
| **Application Type and Number:** | BLA 761112 |
| **Product Name and Strength:** | Cablivi (caplacizumab) for injection, 10 mg |
| **Product Type:** | Single Ingredient Product |
| **Rx or OTC:** | Rx |
| **Applicant/Sponsor Name:** | Ablynx |
| **Panorama #:** | 2018-24104282 |
| **DMEPA Safety Evaluator:** | Susan Rimmel, PharmD |
| **DMEPA Team Leader:** | Hina Mehta, PharmD |

Contents

# 1 INTRODUCTION

This review evaluates the proposed proprietary name, Cablivi, 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. Ablynx submitted an external name study, conducted by [redacted] (b) (4) for this proposed proprietary name, which was reviewed previously.

## 1.1 REGULATORY HISTORY

Ablynx previously submitted the proposed proprietary name Cablivi, under IND 107609, on December 6, 2016, and we found the name acceptable.[a]

Thus, Ablynx submitted the name, Cablivi, for review on June 26, 2018.

## 1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on June 26, 2018.[b]

- Intended Pronunciation: cab-LIV-ee
- Active Ingredient: caplacizumab
- Indication of Use: Treatment of adults [redacted] (b) (4)
- Route of Administration: First dose must be administered by intravenous bolus injection and all subsequent doses must be administered by subcutaneous injection
- Dosage Form: For injection
- Strength: 10 mg
- Dose and Frequency:
    - *First day of treatment:* 10 mg intravenous injection prior to plasma exchange followed by a 10 mg subcutaneous injection after completion of plasma exchange on that day.
    - *Subsequent days of treatment during plasma exchange:* daily 10 mg subcutaneous injection following plasma exchange.
    - *Treatment after plasma exchange period:* daily 10 mg subcutaneous injections for 30 days. If the underlying immunological disease is not resolved, treatment should be extended beyond 30 days and be accompanied by optimization of immunosuppression.

[a] Rahimi L. Proprietary Name for Cablivi (IND 107609). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2017 MAY 25. Panorama No. 2016-11734093.

[b] Submission references conditionally acceptable letter dated May 30, 2017, pursuant to proprietary name review request received on December 6, 2016, including proposed labeling received on June 6, 2018.

- How Supplied: Single-use convenience kit with one glass vial containing lyophilized caplacizumab, one pre-filled solvent syringe, one vial adapter reconstitution device, one hypodermic needle, and two alcohol swabs.
- Storage: Refrigerate at 2°C to 8°C (36°F to 46°F). (b) (4) for a single period of up to 2 months. It should be stored in the original carton in order to protect from light.

# 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 Hematology Products (DHP) 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*

Ablynx did not provide a derivation or intended meaning for the proposed name, Cablivi, in their submission. This proprietary name is comprised of a single word that contains the letters "iv," which is the abbreviation for the intravenous route of administration. Although we typically discourage the inclusion of medical abbreviations in proprietary names, we determined that the location of this abbreviation in the middle of the name, and the lack of prominence of this abbreviation makes it unlikely that the letters "iv" within the proposed proprietary name, Cablivi, could lead to confusion in this case.

### *2.2.3 Comments from Other Review Disciplines at Initial Review*

In response to the OSE July 6, 2018, e-mail, the Division of Hematology Products (DHP) 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*

Fifty-one (51) 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

[c] USAN stem search conducted on September 6, 2018.

currently marketed products or any products in the pipeline. Appendix B contains the results for the verbal and written prescription studies.

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

Our POCA search[d] identified 51 names with a combined phonetic and orthographic score of ≥55% or an individual phonetic or orthographic score ≥70%. We had identified and evaluated some of the 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 10 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 FDA Prescription Simulation Study.[e] 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:<br>combined match percentage score ≥70% | 1 |
| Moderately similar name pair:<br>combined match percentage score ≥55% to ≤ 69% | 8 |
| Low similarity name pair:<br>combined match percentage score ≤54% | 2 |

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

Our analysis of the 11 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 Hematology Products (DHP) via e-mail on September 19, 2018. At that time, we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the DHP on September 20, 2018, they stated no additional concerns with the proposed proprietary name, Cablivi.

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[d] POCA search conducted on June 28, 2018, in version 4.2.

[e] The submission includes the same external study, as previously submitted on December 6, 2016, and evaluated in our previous OSE Review 2016-11734093; therefore, the external study names are not included in Table 1.

## 3 CONCLUSION

The proposed proprietary name is acceptable.

If you have any questions or need clarifications, please contact Wana Manitpisitkul, OSE project manager, at 301-796-9304.

### 3.1 COMMENTS TO THE APPLICANT/SPONSOR

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

If any of the proposed product characteristics, as stated in your submission received on June 26, 2018, 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.

## 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. [f]

[f] 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[g]. 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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[g] 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.

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?<br>*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?<br>**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.<br><br>For single strength products, also consider circumstances where the strength may not be expressed.<br><br>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.<br><br>To determine whether the strengths or doses are similar to your proposed product, consider the following list of factors that may increase confusion:<br><br>• 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.<br><br>• Trailing or deleting zeros: 10 mg is similar in appearance to 100 mg which may potentiate confusion between a name pair with moderate similarity.<br><br>• 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. |

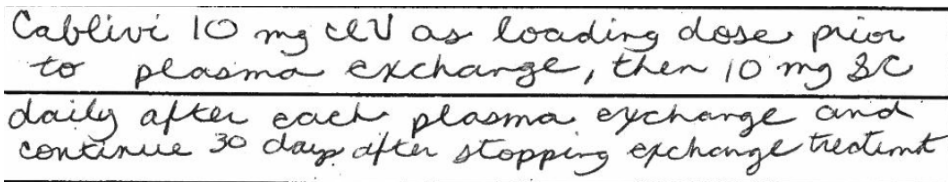
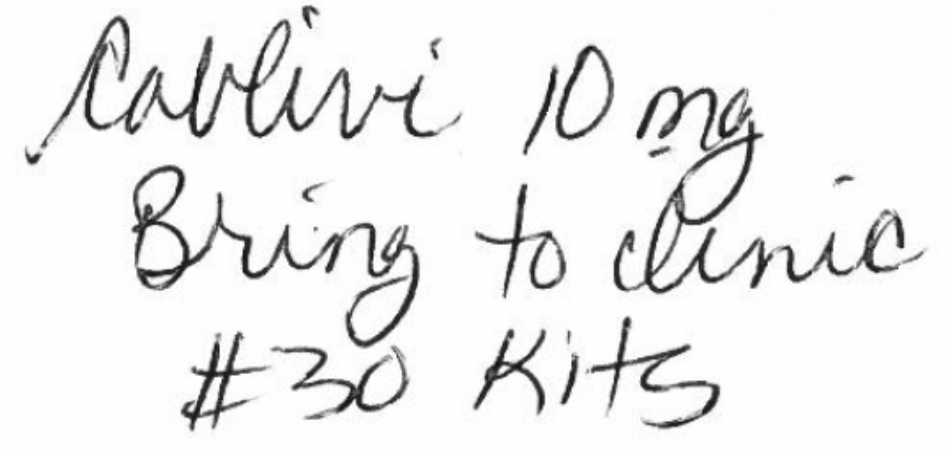
| | | |
|---|---|---|
| | Orthographic Checklist (Y/N to each question)<br>• Do the names begin with different first letters?<br>Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.<br>• Are the lengths of the names dissimilar* when scripted?<br>*FDA considers the length of names different if the names differ by two or more letters.<br>• 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?<br>• Is there different number or placement of cross-stroke or dotted letters present in the names?<br>• Do the infixes of the name appear dissimilar when scripted?<br>• Do the suffixes of the names appear dissimilar when scripted? | Phonetic Checklist (Y/N to each question)<br>• Do the names have different number of syllables?<br>• Do the names have different syllabic stresses?<br>• Do the syllables have different phonologic processes, such vowel reduction, assimilation, or deletion?<br>• 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. Cablivi Study (Conducted on July 6, 2018)**

| Handwritten Medication Order/Prescription | Verbal Prescription |
|---|---|
| Medication Order:<br>  <br> | Cablivi 10 mg<br>Bring to clinic<br>Dispense 30 kits |
| Outpatient Prescription:<br>  <br> | |

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

309 People Received Study
51 People Responded

Study Name: Cablivi
As of September 6, 2018

| Total | 16 | 14 | 21 | |
|---|---|---|---|---|
| **INTERPRETATION** | **OUTPATIENT** | **VOICE** | **INPATIENT** | **TOTAL** |
| CABLIVI | 11 | 0 | 20 | 47 |
| CABLOVI | 0 | 1 | 0 | 1 |
| CAFLIVI | 0 | 0 | 1 | 1 |

309 People Received Study
51 People Responded

Study Name: Cablivi
As of September 6, 2018

| Total | 16 | 14 | 21 | |
|---|---|---|---|---|
| **INTERPRETATION** | **OUTPATIENT** | **VOICE** | **INPATIENT** | **TOTAL** |
| CAVLIVI | 4 | 0 | 0 | 4 |
| RABLIVI | 1 | 0 | 0 | 1 |
| TABLAVE | 0 | 2 | 0 | 2 |
| TABLAVEE | 0 | 1 | 0 | 1 |
| TABLAVI | 0 | 1 | 0 | 1 |
| TABLAVIE | 0 | 1 | 0 | 1 |
| TABLEVIE | 0 | 1 | 0 | 1 |
| TABLIVE | 0 | 1 | 0 | 1 |
| TABLIVI | 0 | 3 | 0 | 3 |
| TABLIVY | 0 | 3 | 0 | 3 |

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

| No. | Proposed name: Cablivi<br>Established name: caplacizumab<br>Dosage form: for injection<br>Strength(s): 10 mg<br>Usual Dose: 10 mg intravenous injection as loading dose, followed by 10 mg daily subcutaneous administration after completion of each plasma exchange for the duration of treatment | POCA Score (%) | Orthographic and/or phonetic differences in the names sufficient to prevent confusion<br><br>Other prevention of failure mode expected to minimize the risk of confusion between these two names. |
|---|---|---|---|
| 1. | Cablivi | 100 | 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

N/A

**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: Cablivi<br>Established name: caplacizumab<br>Dosage form: for injection<br>Strength(s): 10 mg<br>Usual Dose: 10 mg intravenous injection as loading dose, followed by 10 mg daily subcutaneous administration after completion of each plasma exchange for the duration of treatment | POCA Score (%) | Orthographic and/or phonetic differences in the names sufficient to prevent confusion<br><br>Other prevention of failure mode expected to minimize the risk of confusion between these two names. |
|---|---|---|---|
| 2. | (b) (4) *** | 68 | (b) (4) |

| No. | Proposed name: Cablivi<br>Established name: caplacizumab<br>Dosage form: for injection<br>Strength(s): 10 mg<br>Usual Dose: 10 mg intravenous injection as loading dose, followed by 10 mg daily subcutaneous administration after completion of each plasma exchange for the duration of treatment | POCA Score (%) | Orthographic and/or phonetic differences in the names sufficient to prevent confusion<br><br>Other prevention of failure mode expected to minimize the risk of confusion between these two names. |
|---|---|---|---|
| | | | In addition to the above orthographic and phonetic differences, the following differences in product characteristics may also help to mitigate the risk of errors:<br>• Route of Administration: (b) (4) whereas the loading dose of Cablivi is administered by an intravenous injection and subsequent maintenance doses are administered subcutaneously. Therefore, there is no overlap in route of administration and further, a prescription/order for Cablivi would require the route of administration to be specified, further mitigating the risk of error.<br><br>Due to the above-mentioned factors and the phonetic and orthographic differences, we find this name pair acceptable. |
| 3. | Abilify | 63 | The infixes/suffixes ("-ilify" vs. "-livi") of this name pair look different when scripted.<br><br>The first/second ("Abili-" vs. "Cabliv-") syllables of this name pair sound different when spoken. In addition, this name has one additional syllable when compared to the proposed name.<br><br>In addition to the above orthographic and phonetic differences, the following differences in product characteristics may also help to mitigate the risk of errors:<br>• Dosage Form: tablet and solution vs. for injection. There is no overlap in dosage form, |

| No. | Proposed name: Cablivi<br>Established name: caplacizumab<br>Dosage form: for injection<br>Strength(s): 10 mg<br>Usual Dose: 10 mg intravenous injection as loading dose, followed by 10 mg daily subcutaneous administration after completion of each plasma exchange for the duration of treatment | POCA Score (%) | Orthographic and/or phonetic differences in the names sufficient to prevent confusion<br><br>Other prevention of failure mode expected to minimize the risk of confusion between these two names. |
|---|---|---|---|
| | | | and the dosage form must be specified on a prescription/order for Abilify.<br>• Route of Administration: oral vs. intravenous (loading dose) and subcutaneous (maintenance dosing). There is no overlap in route of administration and given that the loading dose and maintenance dose for Cablivi are the same (10 mg), a route of administration would need to be specified on a prescription/order.<br><br>Due to the above-mentioned factors and the phonetic and orthographic differences, we find this name pair acceptable. |
| 4. | (b) (4) *** | 60 | (b) (4) |
| 5. | Claava | 56 | This name pair has sufficient orthographic and phonetic differences. |
| 6. | Copanlisib | 56 | This name pair has sufficient orthographic and phonetic differences. |

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

N/A

**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 |
|---|---|---|---|
| 7. | (b) (4) *** | 59 | (b) (4) Application status is pending. |
| 8. | (b) (4) *** | 52 | Proposed proprietary name for ANDA 200961, under OSE Review # (b) (4) found unacceptable on (b) (4). The ANDA was approved on September 13, 2013, without a proprietary name. Subsequently, proprietary name Sharobel for ANDA 200961/S-001, under OSE Review # 2013-2220, found acceptable on November 22, 2013. The supplement was approved on August 29, 2014. |
| 9. | (b) (4) *** | 52 | Proposed alternate (never marketed) proprietary name for ANDA 090946, received on (b) (4) The primary proprietary name Dasetta 7/7/7, under OSE Review # 2011-288, found acceptable on August 1, 2011. The ANDA was approved on December 22, 2011. |

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

| No. | Name | POCA Score (%) |
|---|---|---|
| 10. | (b) (4) *** | 58 |
| 11. | (b) (4) *** | 55 |

[h] 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/

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SUSAN RIMMEL
09/20/2018

HINA S MEHTA
09/21/2018

**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:** | February 4, 2019 |
| **Application Type and Number:** | BLA 761112 |
| **Product Name and Strength:** | Cablivi<br>(caplacizumab)<br>for Injection<br>11 mg per vial |
| **Product Type:** | Combination Product (Biologic-Device) |
| **Rx or OTC:** | Prescription (Rx) |
| **Applicant/Sponsor Name:** | Ablynx NV |
| **Panorama #:** | 2019-29004896 |
| **DMEPA Safety Evaluator:** | Nicole Garrison, PharmD, BCPS |
| **DMEPA Team Leader:** | Hina Mehta, PharmD |

# 1 INTRODUCTION

This memorandum is to reassess the proposed proprietary name, Cablivi, based on the revised strength. The proposed proprietary name, Cablivi, was found acceptable under IND 107609 on May 25, 2017 and BLA 761112 on September 20, 2018.[a] The product strength was originally presented as 10 mg per vial. Based on the recommendation by the Office of Product Quality (OPQ), Ablynx NV revised the strength of the product to more accurately represent the deliverable amount of drug product and extractable volume after reconstitution. Therefore, the strength of Cablivi was revised to 11 mg per vial.[b]

# 2 METHODS AND DISCUSSION

## 2.1 SAFETY ASSESSMENT

For re-assessment of the proposed proprietary name, DMEPA evaluated the previously identified names taking into account the change in strength (10 mg to 11 mg). Our evaluation has not altered our previous conclusion regarding the acceptability of the proposed proprietary name, Cablivi. We evaluated the results of our previous POCA search in OSE review #2016-11734093[c] and #2018-24104282[d] to identify names with overlapping strength and/or dose with the new 11 mg strength. Our search did not identify any names with an overlap in strength and/or dose with the 11 mg strength.

Additionally, DMEPA searched the USAN stem list to determine if the proposed proprietary name contains any USAN stems as of the last USAN updates. The January 29, 2019 search of USAN stems did not find any USAN stems in the proposed proprietary name, Cablivi.

# 3 CONCLUSION

Our re-assessment did not identify any names that represent a potential source of drug name confusion. Therefore, we maintain that the proposed proprietary name, Cablivi, is acceptable.

If you have any questions or need clarifications, please contact Janet Higgins, OSE project manager, at 240-402-0330.

## 3.1 COMMENTS TO ABLYNX NV

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

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[a] Rimmel, S. Proprietary Name Review for Cablivi (BLA 761112). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2018 SEP 20. Panorama No.: 2018-24104282.

[b] Division of Hematology Products Late-Cycle Meeting Minutes. Silver Spring (MD): FDA, CDER, OND, DHP (US); 2018 December 7.

[c] POCA search conducted on January 9, 2017, in version 4.0.

[d] POCA search conducted on June 28, 2018, in version 4.2.

If any of the proposed product characteristics as stated in your submission, received on January 31, 2019, are altered prior to approval of the marketing application, the name must be resubmitted for review.

## 4 REFERENCE

1. **USAN Stems (https://www.ama-assn.org/about/united-states-adopted-names-approved-stems)**

   USAN Stems List contains all the recognized USAN stems.

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/s/

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