CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

214876Orig1s000

PROPRIETARY NAME REVIEW(S)

PROPRIETARY NAME REVIEW

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)
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:	January 17, 2023
Application Type and Number:	NDA 214876
Product Name and Strength:	Zejula (niraparib) Tablets, 100 mg, 200 mg, and 300 mg
Product Type:	Single Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	GlaxoSmithKline LLC (GSK)
PNR ID #:	2022-1044724818
DMEPA 2 Safety Evaluator:	Tingting Gao, PharmD
DMEPA 2 Team Leader:	Ashleigh Lowery, PharmD, BCCCP
DMEPA 2 Deputy Director:	Chi-Ming (Alice) Tu, PharmD

Contents

1 INTRODUCTION 1
1.1 Regulatory History 1
1.2 Product Information 1
2 RESULTS 3
2.1 Misbranding Assessment 3
2.2 Safety Assessment 3
3 CONCLUSION 4
3.1 Comments to the Applicant/Sponsor 5
4 REFERENCES 6
APPENDICES 7

1 INTRODUCTION

This review evaluates the proposed proprietary name, Zejula, from a safety and misbranding perspective. The sources and methods used to evaluate the proposed proprietary name are outlined in the reference section and Appendix A, respectively. GSK did not submit an external name study for this proposed proprietary name under NDA 214876.

1.1 REGULATORY HISTORY

Zejula is currently marketed as capsules, approved under NDA 208447 on March 27, 2017.

The current submission evaluates Zejula tablets under NDA 214876. GSK previously submitted the proposed proprietary name, Zejula*** to NDA 214876 on June 18, 2020, which was found conditionally acceptable on August 31, 2020.[a] However, GSK subsequently withdrew NDA 214876 on January 29, 2021 since the Agency required a food-effect (FE) study for the proposed niraparib tablet formulation.[b]

On June 30, 2022, GSK resubmitted NDA 214876. Thus, GSK submitted the name, Zejula, for review on October 24, 2022.

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on October 24, 2022 and the proposed prescribing information submitted on June 30, 2022[c]. We also compared the proposed Zejula tablets to the currently marketed Zejula capsules in Table 1 below.

Table 1. Comparison of the proposed Zejula tablets and currently marketed Zejula capsules.

Product Name	**Zejula (NDA 208447)[d]**	**Zejula (NDA 214876)**
Intended Pronunciation	zuh-JOO-luh	zuh-JOO-luh
Initial Approval Date	March 27, 2017	Under review
Active Ingredient	niraparib	niraparib

[a] Straka, M. Proprietary Name Review for Zejula (NDA 214876). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2020 Aug 31. PNR ID No. 2020-40724048.

[b] NDA 214876; Sequence 0019. Niraparib (ZEJULA®) tablets. WITHDRAWAL of NDA 214876. Philadelphia (PA): GlaxoSmithKline LLC. 2021 Jan 29. Available from: \\CDSESUB1\EVSPROD\nda214876\0019\m1\us\102-cover-letters\cover.pdf.

[c] Proposed Zejula Prescribing Information. Philadelphia (PA): GlaxoSmithKline LLC. 2022 June 30. Available from: \\CDSESUB1\EVSPROD\nda214876\0020\m1\us\114-labeling\1141-draft\draft-proposed.docx.

[d] Zejula. [Prescribing Information]. Drugs@FDA. U.S. Food and Drug Administration. 2022 Sept 14. [cited 2022 Nov 15]. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/208447s026lbl.pdf.

Table 1. Comparison of the proposed Zejula tablets and currently marketed Zejula capsules.		
Product Name	**Zejula (NDA 208447)[d]**	**Zejula (NDA 214876)**
Indication of Use	• for the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to first-line platinum-based chemotherapy. (b) (4)	(b) (4)
Route of Administration	Oral	Oral
Dosage Form	Capsules	Tablets
Strength	100 mg	100 mg, 200 mg, and 300 mg
Dose and Frequency	First-line maintenance treatment of advanced ovarian cancer: • For patients weighing <77 kg (<170 lbs) OR with a platelet count <150,000/mcL, the recommended dosage is 200 mg taken orally once daily. • For patients weighing ≥77 kg (≥170 lbs) AND a platelet count ≥150,000/ mcL, the recommended dosage is 300 mg taken orally once daily. (b) (4)	
How Supplied	Bottle of 30 capsules	Bottle of 30 tablets
Storage	Store at 20°C to 25°C (68°F to 77°F); excursions are permitted between 15°C to 30°C (59°F to 86°F)	

2 RESULTS

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

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Zejula would not misbrand the proposed product. The Division of Medication Error Prevention and Analysis 2 (DMEPA 2) concurred with the findings of OPDP's assessment for Zejula. The Division of Oncology 1 (DO1) concurred with the findings of OPDP's assessment for Zejula.

2.2 SAFETY ASSESSMENT

The following aspects were considered in the safety evaluation of the proposed proprietary name, Zejula.

2.2.1 United States Adopted Names (USAN) Search

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

2.2.2 Components of the Proposed Proprietary Name

GSK did not provide a derivation or intended meaning for the proposed proprietary name, Zejula, 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 can contribute to medication error.

2.2.3 Comments from Other Review Disciplines at Initial Review

On November 16, 2022, the Division of Oncology 1 (DO1) did not forward any comments or concerns relating to Zejula at the initial phase of the review.

2.2.4 Medication Error Data Selection of Cases

On November 15, 2022, we searched the FDA Adverse Event Reporting System (FAERS) database using the strategy listed in Table 2 (see Appendix A1 for a description of FAERS database) for name confusion errors involving Zejula that would be relevant for this review.

Table 2. FAERS Search Strategy

FAERS Field	Search Terms
Initial FDA Receive Dates	n/a
Product Name	Zejula
Verbatim Name(s)	n/a

[e] USAN stem search conducted on November 15, 2022.

Table 2. FAERS Search Strategy	
Product Active Ingredient	n/a
Drug Role	Suspect
Event	DMEPA Official PNR Name Confusion Search Terms
Country (derived)	USA

Each report was reviewed for relevancy and duplication. Duplicates were merged into a single case. The NCC MERP Taxonomy of Medication Errors was used to code the case outcome and error root causes when provided by the reporter.

After individual review, our search did not yield any cases describing name confusion with the proprietary name, Zejula.

2.2.5 Safety Analysis of Multiple Dosage Forms Under the Same Proprietary Name

Zejula was approved under NDA 208447 in 2017 and is currently marketed as 100 mg capsules. GSK proposed the tablet formulation in strengths of 100 mg, 200 mg, and 300 mg to decrease patient's pill burden and to minimize risk of wrong dose errors. The proposed Zejula tablets are bioequivalent to the currently marketed Zejula capsules on a milligram-to-milligram basis. (b) (4) (b) (4) Thus, we continue to find it acceptable for the proposed tablet formulation to be marketed under the same proprietary name, Zejula.

2.2.6 Communication of DMEPA's Determination

On January 17, 2023, DMEPA 2 communicated our determination to the Division of Oncology 1 (DO1).

3 CONCLUSION

The proposed proprietary name, Zejula, is conditionally acceptable.

If you have any questions or need clarifications, please contact Frances Fahnbulleh, OSE project manager, at 301-796-0942.

3.1 COMMENTS TO GLAXOSMITHKLINE LLC

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

If any of the proposed product characteristics as stated in your submission, received on October 24, 2022, are altered prior to approval of the marketing application, the name must be resubmitted for review.

[f] Transition Plan and Risk Management. NDA 214876: Niraparib (Zejula) tablets, Revised 1.16.1 Risk Management Plan (Non-REMS). Philadelphia (PA): GlaxoSmithKline LLC (GSK). 2022 July 22. Available from: \\CDSESUB1\EVSPROD\nda214876\0021\m1\us\116-risk-management-plans\1161-non-rems\risk-mgmt.pdf.

4 REFERENCES

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

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. [g]

[g] National Coordinating Council for Medication Error Reporting and Prevention. https://www nccmerp.org/about-medication-errors Last accessed 10/05/2020.

***Table 3- 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, Cerner RxNorm, 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[h]. 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

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

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.

   Four 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, verbal pronunciation of the drug name or during computerized provider order entry. 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 vulnerability of the proposed name to be misinterpreted by healthcare practitioners during written, verbal, or electronic prescribing.

   In order to evaluate the potential for misinterpretation of the proposed proprietary name during written, verbal, or electronic prescribing of the name, written inpatient medication orders, written outpatient prescriptions, verbal orders, and electronic orders are simulated, each consisting of a combination of marketed and unapproved drug products, including the proposed name.

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.

   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 4. 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 5: 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 6: 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 A1: Description of FAERS

The FDA Adverse Event Reporting System (FAERS) is a database that contains information on adverse event and medication error reports submitted to FDA. The database is designed to support the FDA's postmarket safety surveillance program for drug and therapeutic biologic products. The informatic structure of the FAERS database adheres to the international safety reporting guidance issued by the International Conference on Harmonisation. FDA's Office of Surveillance and Epidemiology codes adverse events and medication errors to terms in the Medical Dictionary for Regulatory Activities (MedDRA) terminology. Product names are coded using the FAERS Product Dictionary. More information about FAERS can be found at: http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/default.htm.

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.

/s/

TINGTING N GAO
01/17/2023 01:27:15 PM

ASHLEIGH V LOWERY
01/18/2023 09:57:04 AM

CHI-MING TU
01/18/2023 11:13:47 AM

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:	August 31, 2020
Application Type and Number:	NDA 214876
Product Name and Strength:	Zejula (niraparib), capsules 100 mg, and tablets 100 mg, 200 mg, and 300 mg
Product Type:	Single Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	GlaxoSmithKline LLC (GSK)
Panorama #:	2020-40724048
DMEPA Safety Evaluator:	Maximilian Straka, PharmD, FISMP
DMEPA Team Leader:	Ashleigh Lowery, PharmD, BCCCP

Contents

1 INTRODUCTION 1
1.1 Regulatory History 1
1.2 Product Information 1
2 RESULTS 3
2.1 Misbranding Assessment 3
2.2 Safety Assessment 3
3 CONCLUSION 4
3.1 Comments to GlaxoSmithKline LLC 4
4 REFERENCES 5
APPENDICES 6

1 INTRODUCTION

This review evaluates the proposed proprietary name, Zejula, from a safety and misbranding perspective. The sources and methods used to evaluate the proposed proprietary name are outlined in the reference section and Appendix A respectively. GSK did not submit an external name study for this proposed proprietary name.

1.1 REGULATORY HISTORY

Zejula (niraparib) capsules, 100 mg, was approved on March 27, 2017 under NDA 208447. GSK submitted the name, Zejula, for the proposed new dosage form tablets for review under NDA 214876 on June 18, 2020. GSK stated (b) (4) that they plan on minimizing any potential medication error risk associated with converting between dosage forms through differentiation between the tablet and capsule (labeling, product design and packaging), a communication plan to inform dispensers, prescribers and patients regarding the tablet transition, and pharmacovigilance monitoring in their June 16, 2020 "Transition Plan and Risk Assessment for niraparib Tablets" submission.[a]

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on June 18, 2020.

Table 1. Relevant Product Information for Zejula

Product Name	Zejula (NDA 208447)[b]	Zejula (NDA 214876)
Intended Pronunciation	zuh-JOO-luh	zuh-JOO-luh
Initial Approval Date	March 27, 2017	Under review
Active Ingredient	niraparib	niraparib

[a] Transition Plan and Risk Assessment for niraparib Tablets. NDA 214876. 2020 Jun 16. Philadelphia (PA): GlaxoSmithKline LLC. Available from: \\cdsesub1\evsprod\nda214876\0001\m1\us\risk-management-non-rems.pdf

[b] Zejula. [Prescribing Information]. Drugs@FDA. U.S. Food and Drug Administration. March 2017. [cited 2020 Jul 1]. Available from: https://www.accessdata fda.gov/drugsatfda_docs/label/2017/208447lbl.pdf

Table 1. Relevant Product Information for Zejula		
Product Name	**Zejula (NDA 208447)[b]**	**Zejula (NDA 214876)**
Indication	ZEJULA is indicated for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.	Zejula is indicated for: • the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to first-line platinum-based chemotherapy. (b) (4) [redacted]
Route of administration	Oral	Oral
Dosage Form	Capsules	Tablets
Strength	100 mg	100 mg, 200 mg and 300 mg
Dose and Frequency	The recommended dose of ZEJULA as monotherapy is 300 mg (three 100 mg capsules) taken orally once daily.	(b) (4) [redacted]
How Supplied	Bottle of 90 capsules	Bottles of 30 tablets

Table 1. Relevant Product Information for Zejula		
Product Name	**Zejula (NDA 208447)[b]**	**Zejula (NDA 214876)**
Storage	Store at 20° to 25°C (68° to 77°F); excursions are permitted between 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].	Store (b) (4) at 20°C to 25°C (68°F to 77°F); excursions are permitted between 15°C to 30°C (59°F 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, Zejula.

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Zejula would not misbrand the proposed product. The Division of Medication Error Prevention and Analysis (DMEPA) and the Division of Oncology 1 (DO1) concurred with the findings of OPDP's assessment for Zejula.

2.2 SAFETY ASSESSMENT

The following aspects were considered in the safety evaluation of the proposed proprietary name, Zejula.

2.2.1 United States Adopted Names (USAN) Search

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

2.2.2 Components of the Proposed Proprietary Name

GSK indicated in their submission that the proposed proprietary name, Zejula, is an FDA approved proprietary name. 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, July 10, 2020 e-mail, the Division of Oncology 1 (DO1) did not forward any comments or concerns relating to Zejula at the initial phase of the review.

2.2.4 Safety Analysis of Multiple Dosage Forms Under the Same Proprietary Name

Zejula 100 mg capsules were approved in 2017. GSK now proposes tablets in 100 mg, 200 mg and 300 mg to be marketed under the same name, Zejula. We considered the appropriateness of using the proprietary name, Zejula, for the tablet formulation proposed under NDA 214876, which would represent an extension for this product line. We note that the Zejula capsules and

[c] USAN stem search conducted on June 22, 2020.

the proposed tablets share the same active ingredient, indication, strength (100 mg), recommended dosage (300 mg), and routes and frequencies of administration (see Table 1). While the Review Team's evaluation on bioequivalence of the proposed tablets to the capsules is ongoing, the proposed tablets appear to be bioequivalent to the currently approved capsules based on the Review Team's current analysis at the time of this name review. Additionally, the proposed additional 200 mg and 300 mg strength for the tablet formulation facilitates the 200 mg and 300 mg recommended dosage by reducing the number of tablets needed for the dose (from two or three tablets to one tablet).

It is a common and accepted practice to have a product line with multiple dosage forms share one proprietary name and, while we note the dosage forms are different, these differences can be managed via labeling. Provided that the review team confirms that these products are bioequivalent and have no clinically significant differences, we do not anticipate this product line extension will introduce clinically significant medication errors related to switching between these dosage forms. Also, our routine postmarket safety surveillance did not identify any medication error related proprietary name confusion with Zejula that is relevant for this review.

(b) (4)

Therefore, we find it acceptable for the proposed tablet formulation to be marketed under the same proprietary name, Zejula.

2.2.5 Communication of DMEPA's Analysis at Midpoint of Review

DMEPA communicated our findings to the Division of Oncology 1 (DO1) via e-mail on August 31, 2020. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Oncology 1 (DO1) on August 31, 2020, they stated no additional concerns with the proposed proprietary name, Zejula.

3 CONCLUSION

The proposed proprietary name, Zejula, is acceptable.

If you have any questions or need clarifications, please contact Frances Fahnbulleh, OSE project manager, at 301-796-0942.

3.1 COMMENTS TO GLAXOSMITHKLINE LLC

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

If any of the proposed product characteristics as stated in your submission, received on June 18, 2020, are altered prior to approval of the marketing application, the name must be resubmitted for review.

4 REFERENCES

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

   USAN Stems List contains all the recognized USAN stems.

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.

[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.

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.

/s/

MAXIMILIAN STRAKA
08/31/2020 02:19:24 PM

ASHLEIGH V LOWERY
09/01/2020 11:19:19 AM