"Safety" Testing Trademark Candidates for

The Gibbons Institute for Law, Science and Technology, and Seton Hall Law School

June 17, 2015 Susan Proulx, PharmD President



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A subsidiary of the Institute for Safe Medication Practices (ISMP)

ERR on the side of safety™



Overview of Talk

- Why do we do "safety" testing on trademarks?
 - Pharmaceutical trademarks are different
 - Examples of medication errors related to trademarks
- Med-ERRS current process for testing trademarks
- Changes to the regulatory scene
 - US draft guidance
 - Health Canada guidance



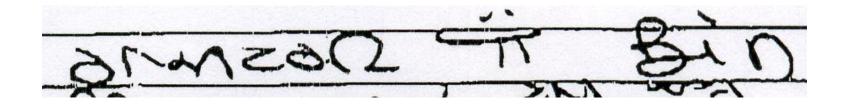
Why we safety test pharmaceutical trademarks

- Added complexity since you need approval of PTO as well as regulatory authorities
- To help prevent medication errors (preventable events) related to name similarity
 - Medication errors occur for many reasons, but some occur due to orthographic and/or phonetic similarity between two trademarks
 - Similarity also can be between two generic (non-proprietary) names, or between one generic name and one trademark.
- To help reduce the risk of regulatory rejection
 - Now becoming "requirement" for review and approval



Amicar or Omacor?

Ormacia 26m po bid take with bood





Avandia or Coumadin?

Gloresphage 500 mg ps B10 Cepsandie 4 mg ps Gd.
Tolenol 650 mg ps G4° pun pani/Jever



Who would imagine?

3) Typefor 10,190-52



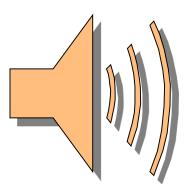
How one name can look like another





Similar when spoken

- Evista/Avinza
- Vytorin/Vicodin
- flutamide/thalidomide
- Colazal/Clozaril
- •omeprazole/fomepizole
- -amantadine/memantine
- -Kapidex/Casodex/Capadex





Names within names

RANEXA T<u>ranexa</u>mic acid

> ORAP Orapred

Azor T<u>azor</u>ac



Name Pair Similarity = Metathesis

- Not exactly LA/SA similarity but.....
- •Metathesis: Transposition within a word of letters, sounds, or syllables, as in the change from Old English "brid" to modern English "bird" or in the confusion of "modren" for "modern".
- For former president George Bush = "nuclear" was "nucular"
- Examples of medication name metatheses:
 - Enjuvia/Januvia
 - Cozaar/Zocor
 - Colazal/Clozaril



Problems with Mnemonics

Medication Safety Program

Department of Pharmacy



BRX410R2 AMC PHARM		ACY Drug Ut	ilization Inquiry	w. v	
				Enter Line	
		Drug Name	Strength/Vol	lume DSFM	
1	13928	INSULIN-HUMULIN L	100U=1ML	INJ	10.000
2	46002	INSULIN-NOVOLIN N	10U=1ML	INJ	10.000
3	61501	INSULIN-HUMULIN U	100U=1ML	INJ	10.000
4	64042	PINK-INSULIN	0.06U=1ML	SYRG	25.000
5	64043	BLUE-INSULIN	0.5U=1ML	SYRG	
6	64044	YELLOW-INSULIN	1U=1ML	SYRG	50.000
7	64098	INSULIN-R DILUTED	0.1U=1ML	VIAL	
8	97012	INSULIN-REG HUMAN	1U=25ML	SYRG	25.000
9		INSULIN-NOVOLIN N	100U=1ML	INJ	10.000
10	-	INSULIN-REG HUMAN	1000	INJ	100.000
11		INSULIN-REG HUMAN	1000	INJ	1000.000
12	99669	INSULIN-HUMULIN R (FS)	1000	INJ	100.000
13		INSULIN-HUMAN REG	1000	INJ	100.000
14		INSULIN NPH INNOLET	10	INJ	300.000
	31321		10	INJ	300.000
		INSULIN 70/30 INNOLET	10	INJ	300.000
17		INSULIN, LANTUS	1000	INJ	10.000
		INSULIN, NOVOLIN 70/30	1000	INJ	10.000
Enter Line# at top of screen, press ENTER.					201000
	Help	F2=Restart	F3=Exit	F4=Prompt	
F7:	=Bkwd	F8=Fwd	F12=Previous		F14=Send Msg



Mnemonics/computer screens

	Mnemonic	Name
	1	
1	0034A2U	REG INS/UN MILD -W/OJ AND D50
2	0034AU	REG INS/UNI SLIDING SCALE MILD
3	0034B2U	HUMALOG/UN MILD - W/OJ AND D50
4	0034BU	HUMALOG/UNI SLIDING SCALE MILD
5	0034C2U	REG INS/UNIT MOD -W/OJ AND D50
6	0034CU	REG INS/UNIT SLIDING SCALE MOD
7	0034D2U	HUMALOG/U MODERATE -W/OJ & D50
8	0034DEX	DEXTROSE 50 % FOR SLIDE
9	0034DU	HUMALOG/UNIT SLIDING SCALE MOD
10	0034E2U	REG INS/UNIT AGG - W/OJ & D50
11	0034EU	REG INS/UNIT SLIDING SCALE AGG
12	0034F2U	HUMALOG/UN AGGRESS/OJ AND D50
13	0034FU	HUMALOG/UNIT SLI SCALE AGGRESS
14	0034GLUC	GLUCAGON FOR SLIDING SCALE



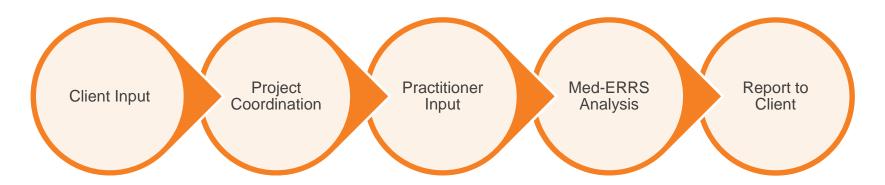
ERRS MODEL®

 A pre-marketing approach (typically end of Phase II) that tests for potential look-alike and sound-alike confusion with proposed trademarks

Goal of ERRS MODEL:

To simulate the drug use process of a client's product to expose potential problem areas so that actions can be taken to minimize or eliminate possible errors

5-Step Process:





Steps 1 & 2: Client Input + Project Coordination



Client Input

- Proposed trademarks are provided by client to Med-ERRS
 - Names should be narrowed down through database searches/preliminary legal clearance
 - Typically ten "finalists" should be chosen for testing
 - Can test up to 30 names
- Clinical information about the product is made available by the client (i.e. indications, dosage, route, etc.
- Expected pronunciation if applicable (syllable breaks, accent marks)
- Trademark information sheet completed by client

Data Collection

- Client information compiled into data collection tool (survey)
 - Proposed names are scripted
 - Data collection tool sent via e-mail or accessed by participants online through Med-ERRS website
- Participants who complete these surveys are project dependent and are usually either pharmacists or nurses

Trademark candidates may be tested in the following countries including:

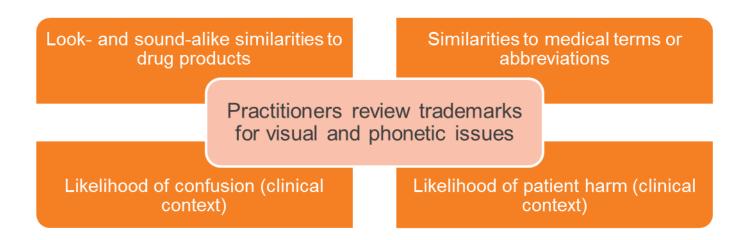
US Canad	Specific individual EU countries (e.g., G5)	Various Asian countries (e.g., Japan, India)	South America (Brazil)	Australia
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Step 3: Practitioner Input



- Generally utilize 40 50 US practitioners and 15 20 non-US practitioners
- Self-administered data collection tool takes 20 30 minutes for practitioners to complete
 - Completion time depends on the number of names included
- Practitioners complete and submit electronic data collection tool within specified time frame





Step 4: Med-ERRS Analysis



- Collates information from data collection tool
- Med-ERRS expert staff perform comprehensive Failure Mode and Effects Analysis
 - Review of each response submitted by participants and by Med-ERRS professional staff
 - Extensive drug information analysis and follow-up if necessary with country coordinator or participant for clarification
- Trademarks are also evaluated using USAN/INN criteria ("stems")
- Trademark candidates are reviewed for overall concerns for vulnerability (promotional issues)
- For international projects, the requirements of other regulatory authorities (e.g., Health Canada, EMA) must be considered

Goal of FMEA:

- To simulate the environment in which the product will be used in order to bring problem areas to the surface
- To provide actions to minimize or eliminate possible errors, where errors are considered likely

Med-ERRS®

Step 5: Report to Client



- Significant responses that are determined during the FMEA are written into a final report that can be used as part of a regulatory submission
- A vulnerability score is given for each trademark:

4 - 5 rating (Recommended)

- "Low vulnerability"
- Trademarks with a lower risk of confusion and/or patient harm if confused with similar drug names or medical terminology

2.5 - 3.5 rating

- "Moderate vulnerability"
- Trademarks with a moderate risk of confusion and/or patient harm if confused with similar drug names or medical terminology

1 - 2 rating: (Not Recommended)

- "High vulnerability"
- Trademarks with a high risk of confusion and/or patient harm if confused with similar drug names or medical terminology

- Project Timing
 - Standard US projects completed within 3 weeks
 - Expedited US projects completed within 2 weeks
 - International projects completed within 8 weeks

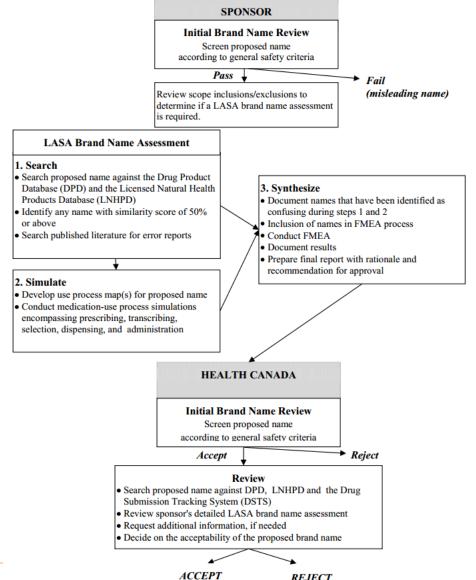


New guidance, new process

- With the Health Canada guidance in effect as of June 13, 2015, additional steps need to be performed in order to meet those requirements:
 - "Testing of proposed brand names intended to assess likelihood of confusion between proposed name and product names authorized for use in Canada"
 - "Search, Simulate and Synthesize"
- May, 2014: US FDA Draft guidance
 - "...a qualitative systematic framework for evaluating proposed proprietary names before submitting them for FDA review."



2014 Health Canada Guidance: "Search, Simulate and Synthesize"



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In the future: FDA Draft Guidance

I. Prescreen the Proposed Name

- Obvious similarity in pronunciation or spelling to other names
- Medical/coined abbreviations
- Inert/inactive ingredients
- Combination of active ingredients
- •USAN stem
- Same name with different actives
- Reuse of a proprietary name



II. Consider Misleading Nature or Error Potential of Other Nomenclature Attributes

- Inclusion of dosage form, route of administration, manufacturing characteristics, symbols or dosing interval in the name
- Use of modifiers
- Brand name extension
- Dual proprietary name
- Drug names used outside the US
- •Rx to OTC switch
- •Use of sponsor name in the proprietary name



IV. Look-alike Sound-alike (LASA) Safety Review

- Conduct Name Simulation Studies
- Search for similar names using POCA
- Determine similarity scores with other marketed names and categorize as high, moderate, or low similarity
- •Use the similarity checklists for the high, moderate, or low similarity to determine whether the name is safe and acceptable from a LASA perspective



III. Misbranding Review

- Suggestions that a drug is safer or more effective than has been demonstrated by appropriate scientific evidence
- A fanciful proprietary name may misbrand a product by suggesting that it has some unique effectiveness or composition when it does not



Comparisons of US and Canada guidances related to trademarks

Criteria	US	Canada
Number of names submitted/approved	1/1	1/1
What to submit	Components of complete proprietary name submission (additional studies are optional)	Proposed name plus brand name assessment
When to submit	Can submit with IND or NDA	N/A
Additional names submitted?	Yes, but will only review if first name found unacceptable, and sponsor must withdraw first name	Yes
Use of qualifiers/modifiers	Recommended to use established modifier that has not been a source of confusion	May be acceptable if meets criteria
Testing methodology	Specified in guidance (prescreening questions, POCA, simulation studies) (recommended)	Specified in guidance ("search, simulate, synthesize") (required)
What will be tested	Prescription and over-the-counter products	Prescription products only
Number of error scenarios for simulation testing	Minimum of 20 scenarios, including consumers for OTC drugs	At least 5 simulations and 100 practitioners, some of which speak French (20-25%)



Comparisons of US and Canada guidances related to trademarks

Criteria	US	Canada
Approval by other regulatory authorities	N/A	Sponsor may submit assessment that was sent to other regulatory authorities
Reasons for rejection	Confusability/promotional issues (misbranding)	Confusability/misleading
Use of INN/USAN stems	USAN stems not accepted in stem position	INN/USAN not allowed in trademark in stem position
Use of revoked/withdrawn names	Generally not accepted	Raises "red flag"
Language	English	English/French
Testing by regulatory authority	Yes	No – Will use sponsor's review
Use of same or similar trademark from other country for different product	Generally not accepted	N/A
Searching tool criteria	POCA combined score >70% don't use, >50% evaluate, less than 50% probably ok	POCA combined score or another tool can be used, 50% or greater must review
Databases to search	RxNorm and Drugs@FDA for POCA	DPD, LNHPD

Thank you!
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