Joint EMEA (NRG)/EFPIA Workshop

11 September 2006 in London

FDA Practices



Introduction

- Rejection rate FDA (2005) = 35 40 %
- No written Guidelines
 - But Guidances to be released in 2006 =
 - Good Naming, Labeling and Packaging
 - . Selecting and Submitting Proprietary Names for Evaluation



Advance approval of Proprietary Names Timing to submit

- Possibility to submit up to 2 names (by order of preference) per NDA
- Review performed by FDA until one name is found acceptable
- FDA Review = timing not predictable
 - submission as early as end of Phase II
 - target review cycle = 90 days



Advance approval of Proprietary Names Timing to submit

 Final review of proprietary names = 90 days prior to the approval letter for the compound => risk of late rejection



- Applicant submits <u>request</u> for proprietary name review to <u>Reviewing Division</u>
- Project manager at the Reviewing Division forwards the <u>request</u> to the Project Manager in <u>DMETS</u> (Division of Medication Errors and Technical Support) = in charge of proprietary names Safety Assessment



- DMETS data collection process
 - Expert Panel Review
 - Chaired by DMETS staffer 12 people
 - . Composition:
 - 1. DMETS <u>Medication Errors Prevention Staff</u>
 - 2. Representative from <u>DDMAC</u> (Division of Drug Marketing, Advertising and Communications) = in charge of Promotional Assessment (and misleading aspects)



- . Primary self-evaluation
- 1. Independent evaluation
- 2. Use of Orange Book, IMS Database, Merck Index, USPTO Database ...



-Use of <u>computer program</u> = <u>POCA</u>

(Phonetic and Orthographic Computer Analysis)

- Search for Look-alike / Sound Alike
- Evaluation of orthographic and phonetic similarity of new proprietary names with the similarity of those contained in the database

(Orange Book and FDA proprietary databases)



- Prescription simulations
 - Oral and written prescription
 - Simulations involving 100 volunteers from the FDA staff (including pharmacists, physicians and nurses)



- DMETS Safety Evaluator Risk Assessment Safety Evaluator
 - Takes the results of Expert Panel analysis,
 Poca analysis and Prescription simulations
 - Prepares a Recommendation (proprietary name acceptable / not acceptable)
 - After approval by DMETS Director, Recommendation (including DDMAC opinion) is sent to ODS (Office of Drug Safety) for review and if acceptable ODS will send it to the Reviewing Division

- Reviewing Division action
 - Decision to accept or not to accept DMETS Recommendation
 - Decision forwarded to Applicant
 (with potential grounds for rejection, if any)



 No submission of the proprietary names to WHO / Usan Council



Criteria applied by the FDA

- Proprietary name should <u>not be misleading</u>
 (therapeutic or pharmaceutical connotations, composition of the product)
- Proprietary name should <u>not contribute to potential</u> <u>confusion errors</u> with marketed, recently approved, pending and withdrawn proprietary names of other pharmaceutical products
 - <u>Contributing factors</u> for name confusion = similar indications, same patient population, identical formulations, overlapping strengths, stores in the same areas



Criteria applied by the FDA

- Proprietary name should <u>not be similar to INN</u> and should <u>not include the stem</u> of an INN in a stem position
 - Exception for short stems of 2 or 3 letters (ex.: -ac)
- Modifiers = qualifiers or suffixes in the EU currently permissible

Ex.: CIPRO® XR (Extended Release)

ZOFRAN® ODT (Orally Disintegrating Tablets)

WELLBUTRIN® SR (Sustained Release)



Criteria applied by the FDA

 Proprietary names should <u>not be</u> <u>laudatory</u> or over promising (claims not accepted) unless substantiated by data

 No recognition of legal <u>trademark</u> registration process



Industry / FDA dialogue

- Good Naming Practices (GNPs)
 - = help in the names assessment

Work in progress by PhRMA – Not yet approved by the FDA

- Describes all necessary steps to obtain <u>trademark registration</u> (legal clearance, USPTO examination, opposition procedure)





Industry / FDA dialogue

- Risk Assessment / Medication Errors
 Potential Analysis = not mandatory
 (Health care providers input use of third party services mimicking DMETS process)
 - . USA = 1 language / 1 territory
 - . EU = 20 languages / 25 territories (+2 / +2)
 // different alphabets and scripts
 - => Issue = interpretation of the results



Reconsideration Process

- Applicant requests reconsideration to the Reviewing Division
- Applicant provides justification / arguments in writing to retain the rejected proprietary name
- <u>Dialogue / Face to face meetings</u> with Reviewing Division + DMETS
- Remedies = variations, new proprietary name or use of INN + Company Name



Comparison of EMEA / FDA practice

Similarities

- High Rejection rate
- Criteria applied in the names evaluation :

Names:

- Should not be misleading
- Should not cause confusion (other proprietary names / INN)
- Should not be promotional
- No recognition of legal trademark registration process
- Continuous dialogue with Industry



Comparison of EMEA / FDA practice

Differences

EMEA

- Guidelines
- Possible submission of 3 names per MA
- Review of all names submitted
- Names submission : 12 to 4-6 months prior to submission date to MAA
- 30 days review cycle
- Final review of names prior to granting of MA: no specific timing

<u>FDA</u>

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- Possible submission of 2 names per NDA
- Review of names until 1 is found acceptable
- Names submission : end of Phase II
- Target review cycle : 90
 days but effective duration =
 longer
- Final review of names: 90 days prior to final opinion

Comparison of EMEA / FDA practice

Differences

EMEA

- Names reviewed by NRG Group + Representatives of Member States + WHO + European Commission
- Final validation by CHMP
- No prescription simulation
- No use of phonetic and orthographic computer analysis
- Suffixes: usually not accepted
- No direct dialogue / face to face meeting with NRG

FDA

- Names reviewed solely within FDA (DMETS, DDMAC, ODS) -No external stakeholder
- Final validation by Reviewing Division
- Prescription simulations (oral + written)
- Use of phonetic and orthographic computer analysis
- Modifers : recommended
- Dialogue / face to face meetings with the Reviewing Division + DMETS



Thank you for your attention!

