

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**208843Orig1s000**

**PROPRIETARY NAME REVIEW(S)**

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**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\*\*\***

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<b>Date of This Review:</b>	24 August 2017
<b>Application Type and Number:</b>	NDA 208843
<b>Product Name and Strength:</b>	Siklos (hydroxyurea) 100 mg and 1,000 mg tablet
<b>Product Type:</b>	Single Ingredient
<b>Rx or OTC:</b>	Rx
<b>Applicant/Sponsor Name:</b>	Addmedica SAS
<b>Panorama #:</b>	2017-16162878
<b>DMEPA Safety Evaluator:</b>	Rhiannon Leutner, PharmD, MPH, MBA
<b>DMEPA Team Leader:</b>	Hina Mehta, PharmD

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## **1 INTRODUCTION**

This memorandum is to reassess the proposed proprietary name, Siklos, which was found conditionally acceptable under IND 124352 and NDA 208843 on 31 August 2016.<sup>a</sup> NDA 208843 received a complete response on 9 February 2017 and was resubmitted on 30 June 2017. We note that all product characteristics remain the same.

## **2 METHODS AND DISCUSSION**

### **2.1 MISBRANDING ASSESSMENT**

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

### **2.2 SAFETY ASSESSMENT**

For re-assessment of the proposed proprietary name, DMEPA evaluated the previously identified names of concern considering any lessons learned from recent post-marketing experience, which may have altered our previous conclusion regarding the acceptability of the proposed proprietary name. Additionally, DMEPA searched the USAN stem list to determine if the name contains any USAN stems as of the last USAN updates. The 11 August 2017 search of USAN stems did not find any USAN stems in the proposed proprietary name.

## **3 CONCLUSIONS**

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

If you have any questions or need clarifications, please contact Wana Manitpisitkul, OSE project manager, at 240-402-4156.

### **3.1 COMMENTS TO THE APPLICANT**

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

If any of the proposed product characteristics as stated in your 30 June 2017 submission are altered prior to approval of the marketing application, the name must be resubmitted for review.

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<sup>a</sup> Leutner, R. Proprietary Name Review for Siklos (IND 124352 and NDA 208843). Silver Spring (MD): Food and Drug Administration, Center for Drug Evaluation and Research, Office of Surveillance and Epidemiology, Division of Medication Error Prevention and Analysis (US); 2016 AUG 31. Panorama No. 2016-7878594 and 2016-9567157.

#### 4 REFERENCES

1. USAN Stems (<http://www.ama-assn.org/ama/pub/physician-resources/medical-science/united-states-adopted-names-council/naming-guidelines/approved-stems.page>)

USAN Stems List contains all the recognized USAN stems.

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/s/  
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RHIANNON LEUTNER  
08/24/2017

HINA S MEHTA  
08/24/2017

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**PROPRIETARY NAME REVIEW**

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<b>Date of This Review:</b>	31 August 2016
<b>Application Type and Number:</b>	IND 124352 and NDA 208843
<b>Product Name and Strength:</b>	Siklos (hydroxyurea) 100 mg and 1,000 mg tablet
<b>Product Type:</b>	Single Ingredient
<b>Rx or OTC:</b>	Rx
<b>Applicant/Sponsor Name:</b>	Addmedica SAS
<b>Panorama #:</b>	2016-7878594 and 2016-9567157
<b>DMEPA Pediatric Medication Safety Advisor:</b>	Rhiannon Leutner, PharmD, MPH, MBA
<b>DMEPA Team Leader (Acting):</b>	Hina Mehta, PharmD

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## **1 INTRODUCTION**

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

### **1.1 REGULATORY HISTORY**

Addmedica SAS submitted a Proprietary Name review for Siklos under IND 124352 on May 4, 2016. As the review for the Proprietary Name was being conducted for the IND the Applicant submitted the Proprietary Name Review Request for Siklos under NDA 208843 on August 10, 2016. The product characteristics for Siklos have not changed between the two submissions.

### **1.2 PRODUCT INFORMATION**

The following product information is provided in the 4 May 2016 and 10 August 2016 proprietary name submission.

- Intended Pronunciation: See – k – los
- Active Ingredient: hydroxyurea
- Indication of Use: To reduce the frequency of painful crises and to reduce the need for blood transfusions in pediatric patients from 2 years of age and older with sickle cell anemia with recurrent moderate to severe crises.
- Route of Administration: oral
- Dosage Form: immediate release film-coated tablet
- Strength: 100 mg and 1,000 mg
- Dose and Frequency: Initial recommended dosing is 20 mg/kg as a single dose with increases of 5 mg/kg/day every 8 weeks up to a maximum of 35 mg/kg/day.
- How Supplied: The 100 mg will be supplied in bottles of 60 tablets. The 1,000 mg will be supplied in bottles of 30 tablets. The bottle containing the 100 mg tablets will be supplied in a carton.
- Storage: Store below 25°C (77°F). Keep tightly closed. Broken 1000 mg tablets must be stored in the bottle and must be used within three months.
- Container and Closure Systems: High-density polyethylene (HDPE) bottle with a child-resistant cap.

## **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. 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<sup>1</sup>.

### **2.2.2 *Components of the Proposed Proprietary Name***

The Applicant indicated in their submission that the proposed name, Siklos, contains a prefix derived from sickle cell. 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 *FDA Name Simulation Studies***

One hundred twenty-one practitioners participated in DMEPA's prescription studies. Seven participants misinterpreted the name as "Ceclos", which is a close variation of the marketed product "Ceclor". We note the prefixes of this name pair have sufficient orthographic differences due to the absence of an upstroke in Ceclor and the second syllables of the name pair have sufficient phonetic differences. "Siklos" contains an extra syllable. In addition, the brand name product "Ceclor" is discontinued. Both "Ceclor" (250 mg, 375 mg, 500 mg, 125 mg/5 mL, 187 mg/5 mL, 250 mg/5 mL, and 375 mg/5 mL) and "Siklos" (100 mg and 1,000 mg) differ in strength and frequency of administration (every 8 hours vs. once a day). "Ceclor" is available as an oral capsule, extended-release tablet, and oral suspension which requires the dosage form be specified.

Fifty-two participants interpreted the name correctly (outpatient n=35, inpatient, n=17). In the voice study, the letter 'S' in the first syllable was misinterpreted as the letter 'C' and the letter 'k' in the second syllable was misinterpreted as the letter 'c' and 'l'. Appendix B contains the results from the verbal and written prescription studies.

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

In response to the OSE, 9 June 2016 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.

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

Table 1 lists the number of names with the combined orthographic and phonetic score of  $\geq 50\%$  retrieved from our POCA search<sup>2</sup> organized as highly similar, moderately similar or low similarity for further evaluation.

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<sup>1</sup>USAN stem search conducted on 27 May 2016.

<b>Table 1. POCA Search Results</b>	<b>Number of Names</b>
Highly similar name pair: combined match percentage score $\geq 70\%$	-
Moderately similar name pair: combined match percentage score $\geq 50\%$ to $\leq 69\%$	61
Low similarity name pair: combined match percentage score $\leq 49\%$	-

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

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

### ***2.2.7 Communication of DMEPA's Analysis at Midpoint of Review***

DMEPA communicated our findings to the Division of Hematology Products (DHP) via e-mail on 9 August 2016. At that time we also requested additional information or concerns that could inform our review. Per DHP e-mail correspondence on 22 August 2016, they stated no additional concerns with the proposed proprietary name, Siklos.

## **3 CONCLUSIONS**

The proposed proprietary name is acceptable.

If you have any questions or need clarifications, please contact Sarah Harris, OSE project manager, at 240-402-4774.

### **3.1 COMMENTS TO THE APPLICANT**

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

If any of the proposed product characteristics as stated in your 4 May 2016 and 10 August 2016 submission are altered prior to approval of the marketing application, the name must be resubmitted for review.

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<sup>2</sup> POCA search conducted on 31 May 2016.

## 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](http://www.fda.gov/Drugs/InformationOnDrugs/ucm079436.htm#ther_biological)).

#### **RxNorm**

RxNorm contains the names of prescription and many OTC drugs available in the United States. RxNorm includes generic and branded:

- Clinical drugs – pharmaceutical products given to (or taken by) a patient with therapeutic or diagnostic intent
- Drug packs – packs that contain multiple drugs, or drugs designed to be administered in a specified sequence

Radiopharmaceuticals, contrast media, food, dietary supplements, and medical devices, such as bandages and crutches, are all out of scope for RxNorm (<http://www.nlm.nih.gov/research/umls/rxnorm/overview.html#>).

#### **Division of Medication Errors Prevention and Analysis proprietary name consultation requests**

This is a list of proposed and pending names that is generated by the Division of Medication Error Prevention and Analysis from the Access database/tracking system.

### 3. **Electronic Drug Registration and Listing System (eDRLS) database**

The electronic Drug Registration and Listing System (eDRLS) was established to support the FDA's Center for Drug Evaluation and Research (CDER) goal to establish a common Structured Product Labeling (SPL) repository for all facilities that manufacture regulated drugs. The system is a reliable, up-to-date inventory of FDA-regulated, drugs and establishments that produce drugs and their associated information.

## APPENDICES

### Appendix A

FDA's Proprietary Name Risk Assessment evaluates proposed proprietary names for misbranding and safety concerns.

1. **Misbranding Assessment:** For prescription drug products, OPDP assesses the name for misbranding concerns. . For over-the-counter (OTC) drug products, the misbranding assessment of the proposed name is conducted by DNDP. OPDP or DNDP evaluates proposed proprietary names to determine if the name is false or misleading, such as by making misrepresentations with respect to safety or efficacy. For example, a fanciful proprietary name may misbrand a product by suggesting that it has some unique effectiveness or composition when it does not (21 CFR 201.10(c)(3)). OPDP or DNDP provides their opinion to DMEPA for consideration in the overall acceptability of the proposed proprietary name.
2. **Safety Assessment:** The safety assessment is conducted by DMEPA, and includes the following:
  - a. Preliminary Assessment: We consider inclusion of USAN stems or other characteristics that when incorporated into a proprietary name may cause or contribute to medication errors (i.e., dosing interval, dosage form/route of administration, medical or product name abbreviations, names that include or suggest the composition of the drug product, etc.) See prescreening checklist below in Table 2\*. DMEPA defines a medication error as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.<sup>3</sup>

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<sup>3</sup> 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.
<b>Y/N</b>	<b>Is the proposed name obviously similar in spelling and pronunciation to other names?</b>
	Proprietary names should not be similar in spelling or pronunciation to proprietary names, established names, or ingredients of other products.
<b>Y/N</b>	<b>Are there medical and/or coined abbreviations in the proprietary name?</b>
	Proprietary names should not incorporate medical abbreviations (e.g., QD, BID, or others commonly used for prescription communication) or coined abbreviations that have no established meaning.
<b>Y/N</b>	<b>Are there inert or inactive ingredients referenced in the proprietary name?</b>
	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)).
<b>Y/N</b>	<b>Does the proprietary name include combinations of active ingredients?</b>
	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)).
<b>Y/N</b>	<b>Is there a United States Adopted Name (USAN) stem in the proprietary name?</b>
	Proprietary names should not incorporate a USAN stem in the position that USAN designates for the stem.
<b>Y/N</b>	<b>Is this proprietary name used for another product that does not share at least one common active ingredient?</b>
	Drug products that do not contain at least one common active ingredient should not use the same (root) proprietary name.
<b>Y/N</b>	<b>Is this a proprietary name of a discontinued product?</b>
	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 50% 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  $\geq 70\%$ .
  - Moderately similar pair: combined match percentage score  $\geq 50\%$  to  $\leq 69\%$ .
  - Low similarity: combined match percentage score  $\leq 49\%$ .

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  $\geq 70$  percent are at risk for a look-alike sound-alike confusion which is an area of concern (See Table 3).
- Moderately similar names with overlapping or similar strengths or doses represent an area for concern for FDA. The dosage and strength information is often located in close proximity to the drug name itself on prescriptions and medication orders, and it 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, etc.) may be limited when the strength or dose overlaps. We review 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.

- 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  $\geq 70\%$ ).**

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.			
<u>Orthographic Checklist</u>		<u>Phonetic Checklist</u>	
<b>Y/N</b>	Do the names begin with different first letters?  <i>Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.</i>	<b>Y/N</b>	Do the names have different number of syllables?
<b>Y/N</b>	Are the lengths of the names dissimilar* when scripted?  <i>*FDA considers the length of names different if the names differ by two or more letters.</i>	<b>Y/N</b>	Do the names have different syllabic stresses?
<b>Y/N</b>	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?	<b>Y/N</b>	Do the syllables have different phonologic processes, such vowel reduction, assimilation, or deletion?
<b>Y/N</b>	Is there different number or placement of cross-stroke or dotted letters present in the names?	<b>Y/N</b>	Across a range of dialects, are the names consistently pronounced differently?
<b>Y/N</b>	Do the infixes of the name appear dissimilar when scripted?		
<b>Y/N</b>	Do the suffixes of the names appear dissimilar when scripted?		



**Table 4: Moderately Similar Name Pair Checklist (i.e., combined score is  $\geq 50\%$  to  $\leq 69\%$ ).**

Step 1	<p>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.</p> <p>For single strength products, also consider circumstances where the strength may not be expressed.</p> <p>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.</p> <p>To determine whether the strengths or doses are similar to your proposed product, consider the following list of factors that may increase confusion:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Trailing or deleting zeros: 10 mg is similar in appearance to 100 mg which may potentiate confusion between a name pair with moderate similarity.</li> <li>• Similar sounding doses: 15 mg is similar in sound to 50 mg</li> </ul>
Step 2	<p>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 <b>with</b> overlapping or similar strengths or doses.</p>

	Orthographic Checklist (Y/N to each question)	Phonetic Checklist (Y/N to each question)
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Considering variations in scripting of some letters (such as <i>z</i> and <i>f</i>), is there a different number or placement of upstroke/downstroke letters present in the names?</li> <li>• Is there different number or placement of cross-stroke or dotted letters present in the names?</li> <li>• Do the infixes of the name appear dissimilar when scripted?</li> <li>• Do the suffixes of the names appear dissimilar when scripted?</li> </ul>	<ul style="list-style-type: none"> <li>• Do the names have different number of syllables?</li> <li>• Do the names have different syllabic stresses?</li> <li>• Do the syllables have different phonologic processes, such as vowel reduction, assimilation, or deletion?</li> <li>• Across a range of dialects, are the names consistently pronounced differently?</li> </ul>

**Table 5: Low Similarity Name Pair Checklist (i.e., combined score is  $\leq 49\%$ ).**

In most circumstances, these names are viewed as sufficiently different to minimize confusion. Exceptions to this would occur in circumstances where, for example, there are data that suggest a name with low similarity is nonetheless misinterpreted as a marketed product name in a prescription simulation study. In such instances, FDA 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. Siklos Study (Conducted on 26 May 2016)**

Handwritten Requisition Medication Order	Verbal Prescription
<p>Medication Order:</p> <p><i>Siklos 1000mg T tab po qam</i></p>	<p>Siklos</p> <p>Take ½ tablet (500 mg) every morning</p> <p>Dispense #15</p>
<p>Outpatient Prescription:</p> <p><i>Siklos</i> <i>½ tablet (500mg) po qam</i> <i>#15</i></p>	

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

311 People Received Study 121 People Responded				
Study Name: Siklos				
<b>Total</b>	<b>40</b>	<b>42</b>	<b>39</b>	
<b>INTERPRETATION</b>	<b>OUTPATIENT</b>	<b>VOICE</b>	<b>INPATIENT</b>	<b>TOTAL</b>
C-CLOSE	0	2	0	2
CECLOS	0	7	0	7
CECLOSE	0	18	0	18
CECLOST	0	1	0	1
CEQULOS	0	1	0	1
CHRONULOSE?	0	1	0	1
CICLOS	0	1	0	1
GIBLOS	0	0	1	1
GIKLOS	0	0	1	1
GLIKOS	0	0	1	1
SAKLOS	0	0	1	1

SAPLOS	0	0	1	1
SEACLOSE	0	1	0	1
SECLOSE	0	8	0	8
SEECLOS	0	1	0	1
SEECLOSE	0	1	0	1
SEKLOD	0	0	1	1
SEKLOS	0	0	3	3
SEPLAS	0	0	1	1
SIBLOS	0	0	2	2
SIKLOD	0	0	2	2
SIKLOS	35	0	17	52
SILLOS	1	0	0	1
SIPLOS	0	0	1	1
SIULOS	1	0	0	1
SIVESS	1	0	0	1
SRKLOS	0	0	1	1
SUBLOS	0	0	2	2
SUKLOS	1	0	0	1
SULLOS	1	0	0	1
ZEBLOS	0	0	1	1
ZEKLOS	0	0	1	1
ZIKLOS	0	0	2	2

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

No.	Proposed name: Siklos Established name: hydroxyurea Dosage form: oral tablet Strength(s): 100 mg and 1,000 mg Usual Dose: 20 mg/kg as a single dose with increases of 5 mg/kg/day every 8 weeks up to a max of 35 mg/kg/day	POCA Score (%)	Orthographic and/or phonetic differences in the names sufficient to prevent confusion  Other prevention of failure mode expected to minimize the risk of confusion between these two names.
1.	n/a		
2.			

**Appendix D:** Moderately Similar Names (e.g., combined POCA score is  $\geq 50\%$  to  $\leq 69\%$ ) with no overlap or numerical similarity in Strength and/or Dose

No.	Name	POCA Score (%)
1.	Cycloset	56
2.	Sani-Clens	52
3.	Saphris	50
4.	Scrubs	54
5.	Sebulon	50
6.	Selenos	57
7.	Senna Plus	55
8.	Sennalax S	50
9.	Sf 5000 Plus	64
10.	Silace	54
11.	Siliq***	50
12.	Sklice	61 (79P)
13.	Sochlor	54
14.	Soulus	63
15.	Statuss	50

**Appendix E:** Moderately Similar Names (e.g., combined POCA score is  $\geq 50\%$  to  $\leq 69\%$ ) with overlap or numerical similarity in Strength and/or Dose

No.	<b>Proposed name: Siklos</b> <b>Established name: hydroxyurea</b> <b>Dosage form: oral tablet</b> <b>Strength(s): 100 mg and 1,000 mg</b> <b>Usual Dose: 20 mg/kg as a single dose with increases of 5 mg/kg/day every 8 weeks up to a max of 35 mg/kg/day</b>	<b>POCA Score (%)</b>	<b>Prevention of Failure Mode</b>  <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
1.	Dialose	50	<p>The prefixes of this name pair have sufficient orthographic differences due to the absence of a upstroke in Dialose.</p> <p>The first syllable of this name pair sound sufficiently different and Dialose contains an extra syllable.</p>
2.	Epiklor	56	<p>The prefixes of this name pair have sufficient orthographic differences due to the absence of an upstroke and inclusion of downstroke in Epiklor.</p> <p>The first and second syllables of this name pair sound sufficiently different and Epiklor contains an extra syllable</p>
3.	Simcor	53	<p>The prefixes and suffixes of this name pair have sufficient differences due to the absence of a upstroke in the Simcor prefix and suffix.</p> <p>The first and second syllables of this name pair sound sufficiently different.</p>
4.	Solosec***	53	<p>The suffixes of this name pair have sufficient orthographic differences due to the absence of a upstroke in Solosec and the distinct variation in the suffixes of the name pair.</p> <p>The first and second syllables of this name pair sound sufficiently different and Solosec has an extra syllable.</p>

No.	<b>Proposed name: Siklos</b> <b>Established name: hydroxyurea</b> <b>Dosage form: oral tablet</b> <b>Strength(s): 100 mg and 1,000 mg</b> <b>Usual Dose: 20 mg/kg as a single dose with increases of 5 mg/kg/day every 8 weeks up to a max of 35 mg/kg/day</b>	<b>POCA Score (%)</b>	<b>Prevention of Failure Mode</b>  <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
5.	Sotalol	50	<p>The prefixes and suffixes of this name pair have sufficient differences due to the absence of an upstroke in the Sotalol prefix and the absence of a final upstroke in the Siklos suffix.</p> <p>The first and second syllables of this name pair sound sufficiently different and Sotalol contains an extra syllable</p>
6.	Suclor	64 (75P)	<p>The prefixes of this name have sufficient orthographic differences due to the absence of an upstroke in Suclor.</p> <p>The first and second syllables of this name pair sound sufficiently different.</p>
7.	Sucrets	50	<p>The prefixes and suffixes of this name pair have sufficient orthographic differences due to the absence of an upstroke in the Sucrets prefix and suffix and the distinct variation in the suffixes of the name pair.</p> <p>The first and second syllables of the name pair sound sufficiently different.</p>
8.	Sucrose	53	<p>The prefixes and suffixes of this name pair have sufficient orthographic differences due to the absence of an upstroke in Sucrose prefix and suffix.</p> <p>The first syllables of this name pair sound sufficiently different.</p>
9.	Syndros***	55	<p>The prefixes of this name pair have sufficient orthographic differences due to the absence of an upstroke and presence of a downstroke in Syndros.</p> <p>The first syllable of this name pair sound sufficiently different.</p>

No.	<b>Proposed name: Siklos</b> <b>Established name: hydroxyurea</b> <b>Dosage form: oral tablet</b> <b>Strength(s): 100 mg and 1,000 mg</b> <b>Usual Dose: 20 mg/kg as a single dose with increases of 5 mg/kg/day every 8 weeks up to a max of 35 mg/kg/day</b>	<b>POCA Score (%)</b>	<b>Prevention of Failure Mode</b>  <b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b>
10.	Ceclor	61 (79P)	<p>The prefixes of this name pair have sufficient orthographic differences due to the absence of an upstroke in Ceclor.</p> <p>The second syllables of the name pair sound sufficiently different and Siklos contains an extra syllable.</p> <p>Both “Ceclor” and “Siklos” differ in strength (250 mg, 375 mg, 500 mg, 125 mg/5 mL, 187 mg/5 mL, 250 mg/5 mL, and 375 mg/5 mL) and frequency of administration (every 8 hours vs. once a day). “Ceclor” is available as an oral capsule, extended-release tablet, and oral suspension so the dosage form would need to be specified.</p>
11.	Cyclessa	55 (76)	<p>The prefixes and suffixes of this name pair have sufficient differences due to the absence of an upstroke in the Cyclessa prefix and the distinct variation in the suffixes of the name pair.</p> <p>The second and third syllables of this name pair sound sufficiently different.</p>
12.	Citra Ph	50 (73)	<p>The prefixes and suffixes of this name pair have sufficient differences due to the absence of an upstroke in the Citra Ph prefix and suffix.</p> <p>The first and second syllables of this name pair sound sufficiently different.</p>
13.	Ticlid	52 (75P)	<p>The prefixes and suffixes of this name pair have sufficient differences due to the absence of an upstroke in the Ticlid prefix and the absence of a final upstroke in the Siklos suffix.</p> <p>The first and second syllables of this name pair sound sufficiently different. Siklos contains an extra syllable.</p>



**Appendix F:** Low Similarity Names (e.g., combined POCA score is  $\leq 49\%$ )

No.	Name	POCA Score (%)
1.	n/a	
2.		

**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
1.	Simplet	55	discontinued product; deactivated in all locations
2.	Sinucot	50	discontinued product; deactivated in all locations
3.	(b) (4)***	51	(b) (4)
4.	Solis	60	international product; UK
5.	Solotuss	52	discontinued product; deactivated in all locations
6.	Spec-Tuss	50	for animal use only
7.	Stimlor	52	international product; China
8.	Triclos	68 (76P)	Withdrawn FR Effective; date 12/7/92

**Appendix H:** Names not likely to be confused due to notable spelling, orthographic and phonetic differences.

No.	Name	POCA Score (%)
1.	Bss Plus	59
2.	Buckleys	50
3.	Cal Oys	52

No.	Name	POCA Score (%)
4.	Ceta Plus	52
5.	Cialis	62
6.	Ciclodan	54
7.	Cinalog	54
8.	Citral	50
9.	Clarus	50
10.	Diclegis	50
11.	Diclozip	52
12.	Dok Plus	58
13.	Dss Plus	60
14.	Isoclor	50
15.	Panlor Ss	52
16.	Picot	54
17.	(b) (4) ***	51
18.	Pliaglis	51
19.	Posiflush	50
20.	Pseuclor	53
21.	Triclofos	52
22.	Vi Q Tuss	52
23.	(b) (4) ***	50
24.	Xigris	52
25.	X-Seb Plus	54

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/s/  
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08/31/2016

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