CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

203952Orig1s000

PROPRIETARY NAME REVIEW(S)
Date of This Review: October 27, 2014
Application Type and Number: NDA 203952
Product Name and Strength: Duopa (Carbidopa and Levodopa Enteral Suspension)
Carbidopa 4.63 mg/ml and levodopa 20mg/ml
Product Type: Drug-Device Combination Product
Rx or OTC: Rx
Applicant/Sponsor Name: Abbvie Pharmaceuticals
Submission Date: August 22, 2014
Panorama #: 2014-26201
DMEPA Primary Reviewer: Jacqueline Sheppard, PharmD
DMEPA Acting Team Leader: Tingting Gao, PharmD
1 INTRODUCTION

This review evaluates the proposed proprietary name, Duopa, 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

The Applicant previously submitted the proposed proprietary name, Duopa, under IND 060663 and under NDA 203952 review cycle. The Division of Medication Error Prevention and Analysis (DMEPA) found the name, Duopa conditionally acceptable in OSE Review #2009-2426 dated May 17, 2010 under IND 060663 and in OSE Review #2013-1402 dated September 4, 2013 under NDA 203952.

Since NDA 203952 received a Complete Response on March 28, 2014, the Applicant re-submitted the proprietary name, Duopa, for review on August 22, 2014 under Class 2 Resubmission for NDA 203952.

1.2 PRODUCT INFORMATION

The following product information is provided in the August 22, 2014 proprietary name submission.

- Active Ingredient: Levodopa and Carbidopa


- Route of Administration: Intrajejunal through a percutaneous endoscopic gastrostomy with jejunal tube (PEG-J) using only the CADD®-Legacy 1400 portable infusion pump. Prior to PEG-J placement, initiation of treatment may be accomplished short term using a naso-jejunal tube.

- Dosage Form: Enteral Suspension

- Strength: Levodopa 20 mg and Carbidopa 5 mg per mL

- Dose and Frequency: Duopa is administered as a continuous infusion for up to 16 hours.
  - The morning dose
  - The continuous maintenance dose
  - Extra doses.
• How Supplied: Each mL contains 20 mg levodopa and 5 mg carbidopa monohydrate. The gel is supplied in cassettes of approximately 100 grams. Carton of 7 medication cassettes.

• Storage:
  o Duopa is stable for 24 months at –20°C (–4°F) and 8 weeks at 5°C (41°F).
  o The product is shipped frozen to the dispensing pharmacy and will be sent to the patient thawed at 5°C.
  o Duopa should be thawed and stored in the refrigerator at 36°F to 46°F (2°C to 8°C). Under these conditions, Duopa remains stable for up to 16 weeks.

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 does not misbrand the proposed product. DMEPA and the Division of Neurology Products (DNP) 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.

2.2.2 Components of the Proposed Proprietary Name
The Applicant indicated in their submission that the proposed name, Duopa, is crafted from the concept of combination (duo) of levodopa and carbidopa. 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
Ninety-nine practitioners participated in DMEPA’s prescription studies. The responses did not overlap with any currently marketed products. However, one interpretation did sound or look similar to a currently marketed product. The participant misidentified Duopa as “Dopa” in the verbal study. “Dopa” could possibly be construed as an...

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1USAN stem search conducted on October 8, 2014.
abbreviation for the vasoactive dopamine. We evaluated the potential for confusion between Duopa and “Dopa” and found little or no context for the error to occur in clinical practice due to the difference in practice setting, clinical use, route, and dosing units.

In the verbal prescription study, 8 of the 31 participants correctly interpreted the prescription. Common misinterpretations include misinterpreting the letter string “uta” as “oo,” “uw,” and the letter string “opa” as “oppa,” “aba,” “apa,” and “appah.” In the written prescription study, 46 of 68 participants correctly interpreted the prescription. Common misinterpretations include misinterpreting the letter string “duo” as “dro,” and the letter string “pa” as “pe,” and “poe.” 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, September 10, 2014 e-mail, the Division of Neurology Products (DNP) 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 ≥50% retrieved from our POCA search conducted as highly similar, moderately similar or low similarity for further evaluation. Table 1 also includes names identified from the FDA Prescription Simulation Study.

<table>
<thead>
<tr>
<th>Table 1. POCA Search Results</th>
<th>Number of Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly similar name pair:</td>
<td>3</td>
</tr>
<tr>
<td>combined match percentage score ≥70%</td>
<td></td>
</tr>
<tr>
<td>Moderately similar name pair:</td>
<td>41</td>
</tr>
<tr>
<td>combined match percentage score ≥50% to ≤69%</td>
<td></td>
</tr>
<tr>
<td>Low similarity name pair:</td>
<td>0</td>
</tr>
<tr>
<td>combined match percentage score ≤49%</td>
<td></td>
</tr>
</tbody>
</table>

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

Our analysis of the 44 names contained in Table 1 determined that none of the 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 Neurology Products (DNP) via e-mail on October 22, 2014. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of

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2 POCA search conducted on October 8, 2014.
Neurology Products on October 23, 2014, they stated no additional concerns with the proposed proprietary name, Duopa.

3 CONCLUSIONS
The proposed proprietary name is acceptable.

If you have further questions or need clarifications, please contact Ermias Zerislassie, OSE project manager, at 301-796-0097.

3.1 COMMENTS TO THE APPLICANT
We have completed our review of the proposed proprietary name, Duopa, and have concluded that this name is acceptable.

If any of the proposed product characteristics as stated in your August 22, 2014 submission are altered prior to approval of the marketing application, the name must be resubmitted for review.
4 REFERENCES

   
   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#](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 DNCE. OPDP or DNCE 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 DNCE 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.³

### Table 2- Prescreening Checklist for Proposed Proprietary Name

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proprietary names should not be similar in spelling or pronunciation to</td>
<td>Y/N</td>
</tr>
<tr>
<td>proprietary names, established names, or ingredients of other products.</td>
<td></td>
</tr>
<tr>
<td>Proprietary names should not incorporate medical abbreviations (e.g., QD,</td>
<td></td>
</tr>
<tr>
<td>BID, or others commonly used for prescription communication) or coined</td>
<td></td>
</tr>
<tr>
<td>abbreviations that have no established meaning.</td>
<td></td>
</tr>
<tr>
<td>Proprietary names should not incorporate any reference to an inert or</td>
<td></td>
</tr>
<tr>
<td>inactive ingredient in a way that might create an impression that the</td>
<td></td>
</tr>
<tr>
<td>ingredient’s value is greater than its true functional role in the</td>
<td></td>
</tr>
<tr>
<td>formulation (21 CFR 201.10(c)(4)).</td>
<td></td>
</tr>
<tr>
<td>Proprietary names of fixed combination drug products should not include or</td>
<td></td>
</tr>
<tr>
<td>suggest the name of one or more, but not all, of its active ingredients</td>
<td></td>
</tr>
<tr>
<td>(see 21 CFR 201.6(b)).</td>
<td></td>
</tr>
<tr>
<td>Proprietary names should not incorporate a USAN stem in the position that</td>
<td></td>
</tr>
<tr>
<td>USAN designates for the stem.</td>
<td></td>
</tr>
<tr>
<td>Drug products that do not contain at least one common active ingredient</td>
<td></td>
</tr>
<tr>
<td>should not use the same (root) proprietary name.</td>
<td></td>
</tr>
<tr>
<td>Proprietary names should not use the proprietary name of a discontinued</td>
<td></td>
</tr>
<tr>
<td>product if that discontinued drug product does not contain the same active</td>
<td></td>
</tr>
<tr>
<td>ingredients.</td>
<td></td>
</tr>
</tbody>
</table>
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 ≥ 70%.
- Moderately similar pair: combined match percentage score ≥ 50% to ≤ 69%.
- Low similarity: combined match percentage score ≤ 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 ≥ 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 ≥ 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 do not share a common strength or dose.

<table>
<thead>
<tr>
<th>Orthographic Checklist</th>
<th>Phonetic Checklist</th>
</tr>
</thead>
</table>
| **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 as 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 ≥50% 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 |

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

Reference ID: 3648960
Table 5: Low Similarity Name Pair Checklist (i.e., combined score is ≤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. Duopa Study (Conducted on September 5, 2014)

<table>
<thead>
<tr>
<th>Handwritten Requisition Medication Order</th>
<th>Verbal Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication Order:</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Duopa 5mg / day and then cap is to be titrated to 1 mg /day | Duopa
|                                         | Use as Directed     |
|                                         | #28                 |
| **Outpatient Prescription:**            |                     |
| Duopa                                   |                     |
| UAD #28                                 |                     |

FDA Prescription Simulation Responses (Aggregate 2 Rx Studies Report)

<table>
<thead>
<tr>
<th>OUTPATIENT</th>
<th>VOICE</th>
<th>INPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUOPA (30)</td>
<td>DOOPPA (1)</td>
<td>DXIOPE (1)</td>
</tr>
<tr>
<td>PUOPA (1)</td>
<td>DOPA (1)</td>
<td>DIXOPA (1)</td>
</tr>
<tr>
<td></td>
<td>DUABA (1)</td>
<td>DROPA (2)</td>
</tr>
<tr>
<td></td>
<td>DUAPA (17)</td>
<td>DROPE (2)</td>
</tr>
<tr>
<td></td>
<td>DUAPPA (1)</td>
<td>DUOPA (16)</td>
</tr>
<tr>
<td></td>
<td>DUOPA (8)</td>
<td>DUOPE (13)</td>
</tr>
<tr>
<td></td>
<td>DUOPPA (1)</td>
<td>DUPOE (1)</td>
</tr>
<tr>
<td></td>
<td>DUWAPA (1)</td>
<td>DuroPe (1)</td>
</tr>
</tbody>
</table>
### Appendix C: Highly Similar Names (e.g., combined POCA score is ≥70%)

<table>
<thead>
<tr>
<th>No.</th>
<th>Proposed name: Duopa</th>
<th>POCA Score (%)</th>
<th>Orthographic and/or phonetic differences in the names sufficient to prevent confusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Duopa***</td>
<td>100</td>
<td>Subject of this Review</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>72</td>
<td>Proposed proprietary name found unacceptable by DMEPA (OSE # 2009-554). NDA 203952 currently subject of this review.</td>
</tr>
<tr>
<td>3.</td>
<td>Duotan</td>
<td>70</td>
<td>Drug discontinued January 1, 2006. No generic alternatives available. The suffix of this name pair has sufficient orthographic differences The second syllable of this name pair sounds different.</td>
</tr>
</tbody>
</table>

### Appendix D: Moderately Similar Names (e.g., combined POCA score is ≥50% to ≤69%) with no overlap or numerical similarity in Strength and/or Dose

<table>
<thead>
<tr>
<th>No.</th>
<th>Proposed Name</th>
<th>POCA Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Duo-Span</td>
<td>65</td>
</tr>
<tr>
<td>2.</td>
<td>DTPA</td>
<td>60</td>
</tr>
<tr>
<td>3.</td>
<td>Duo-Cyp</td>
<td>60</td>
</tr>
<tr>
<td>4.</td>
<td>Vopac</td>
<td>60</td>
</tr>
<tr>
<td>5.</td>
<td>Deco-P</td>
<td>58</td>
</tr>
<tr>
<td>6.</td>
<td>Duomax</td>
<td>58</td>
</tr>
<tr>
<td>7.</td>
<td>Deka</td>
<td>56</td>
</tr>
<tr>
<td>8.</td>
<td>Dimotal</td>
<td>52</td>
</tr>
<tr>
<td>9.</td>
<td>Depen</td>
<td>50</td>
</tr>
<tr>
<td>10.</td>
<td>Dispas</td>
<td>50</td>
</tr>
</tbody>
</table>
**Appendix E:** Moderately Similar Names (e.g., combined POCA score is ≥50% to ≤69%) with overlap or numerical similarity in Strength and/or Dose

<table>
<thead>
<tr>
<th>No.</th>
<th>Proposed name: Duopa Strength(s): 4.63 mg/20mg/ml Usual Dose: morning dose continuous rate for up to 16 hours; extra doses</th>
<th>POCA Score (%)</th>
<th>Prevention of Failure Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dopar</td>
<td>68</td>
<td>NDA 016913 discontinued September 5, 1997. There are no generic alternatives available.</td>
</tr>
<tr>
<td>2.</td>
<td>Doca</td>
<td>64</td>
<td>The suffix of this name pair has sufficient orthographic differences The first and second syllables of this name pair sound different and Duopa contains an extra syllable.</td>
</tr>
<tr>
<td>3.</td>
<td>***</td>
<td>59</td>
<td>The suffix of this name pair has sufficient orthographic differences The second and third syllables of this name pair sound different.</td>
</tr>
<tr>
<td>4.</td>
<td>DuoCet</td>
<td>58</td>
<td>The suffix of this name pair has sufficient orthographic differences The third syllable of this name pair sounds different.</td>
</tr>
<tr>
<td>5.</td>
<td>Dioval 40</td>
<td>56</td>
<td>The prefix and suffix of this name pair have sufficient orthographic differences The first and third syllables of this name pair sound different.</td>
</tr>
<tr>
<td>6.</td>
<td>Diovan</td>
<td>56</td>
<td>The prefix and suffix of this name pair have sufficient orthographic differences The first and third syllables of this name pair sound different.</td>
</tr>
<tr>
<td>7.</td>
<td>Duac</td>
<td>56</td>
<td>The suffix of this name pair has sufficient orthographic differences The second syllable of this name pair sounds different and Duopa contains an extra syllable.</td>
</tr>
<tr>
<td>8.</td>
<td>Duavee</td>
<td>56</td>
<td>The suffix of this name pair has sufficient orthographic differences The second and third syllables of this name pair sound different.</td>
</tr>
<tr>
<td>No.</td>
<td>Proposed name: Duopa Strength(s): 4.63 mg/20mg/ml Usual Dose: morning dose continuous rate for up to 16 hours; extra doses</td>
<td>POCA Score (%)</td>
<td>Prevention of Failure Mode</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>9.</td>
<td>Duopant</td>
<td>56</td>
<td>The suffix of this name pair has sufficient orthographic differences. The third syllables of this name pair sounds different.</td>
</tr>
<tr>
<td>10.</td>
<td>Duosol</td>
<td>56</td>
<td>The suffix of this name pair has sufficient orthographic differences. The third syllables of this name pair sound different.</td>
</tr>
<tr>
<td>11.</td>
<td>Duoneb</td>
<td>54</td>
<td>The suffix of this name pair has sufficient orthographic differences. The third syllables of this name pair sound different.</td>
</tr>
<tr>
<td>12.</td>
<td>Duo-Vil</td>
<td>54</td>
<td>The suffix of this name pair has sufficient orthographic differences. The third syllables of this name pair sound different.</td>
</tr>
<tr>
<td>13.</td>
<td>Bendopa</td>
<td>52</td>
<td>The prefix of this name pair have sufficient orthographic differences. The first of this name pair sound different.</td>
</tr>
<tr>
<td>14.</td>
<td>Ditropan</td>
<td>52</td>
<td>The prefix, infix, and suffix of this name pair have sufficient orthographic differences. The first, second, and third syllables of this name pair sound different.</td>
</tr>
<tr>
<td>15.</td>
<td>Dopram</td>
<td>52</td>
<td>The infix and suffix of this name pair have sufficient orthographic differences. The first and second syllables of this name pair sound different and Duopa contains an extra syllable.</td>
</tr>
<tr>
<td>16.</td>
<td>D-Pan</td>
<td>52</td>
<td>The prefix and suffix of this name pair have sufficient orthographic differences. The first and second syllables of this name pair sound different and Duopa contains an extra syllable.</td>
</tr>
<tr>
<td>17.</td>
<td>Neopap</td>
<td>52</td>
<td>The prefix and suffix of this name pair have sufficient orthographic differences.</td>
</tr>
</tbody>
</table>
| No. | Proposed name: Duopa  
Strength(s):  
4.63 mg/20mg/ml  
Usual Dose: morning dose continuous rate for up to 16 hours; extra doses extra doses
 | POCA Score (%) | Prevention of Failure Mode |
|-----|-----------------|-----------------------------|
|     |                 |                             |
| 18. | Diapid          | 51                          | The first, second, and third syllables of this name pair sound different. |
| 19. | Diocto          | 50                          | The prefix and suffix of this name pair have sufficient orthographic differences  
The first and third syllables of this name pair sound different. |
| 20. | Disipal         | 50                          | The prefix, infix, and suffix of this name pair have sufficient orthographic differences  
The first, second, and third syllables of this name pair sound different. |

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>POCA Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>No names found</td>
<td></td>
</tr>
</tbody>
</table>

**Appendix G**: Names not likely to be confused or not used in usual practice settings for the reasons described.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>POCA Score (%)</th>
<th>Failure prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Duofem</td>
<td>59</td>
<td>International product marketed in Germany</td>
</tr>
<tr>
<td>2.</td>
<td>Proposed proprietary name found unacceptable by DMEPA (OSE # 2009-1750)</td>
<td>57</td>
<td>Product</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>POCA Score (%)</td>
<td>Failure preventions</td>
</tr>
<tr>
<td>-----</td>
<td>---------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>approved under new proprietary name Jalyn.</td>
</tr>
<tr>
<td>4.</td>
<td>Docal</td>
<td>53</td>
<td>Name identified in RxNorm database. Unable to find product characteristics in commonly used databases.</td>
</tr>
<tr>
<td>5.</td>
<td>Dilotab</td>
<td>52</td>
<td>Product withdrawn from market due to safety concerns.</td>
</tr>
<tr>
<td>6.</td>
<td>Durad</td>
<td>52</td>
<td>Name identified in RxNorm database. Unable to find product characteristics in commonly used databases.</td>
</tr>
<tr>
<td>7.</td>
<td>Durophet</td>
<td>50</td>
<td>Name identified in RxNorm database. Unable to find product characteristics in commonly used databases.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>POCA Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Niopam 200</td>
<td>54</td>
</tr>
<tr>
<td>2.</td>
<td>Bupap</td>
<td>53</td>
</tr>
<tr>
<td>3.</td>
<td>GG-PPA</td>
<td>52</td>
</tr>
<tr>
<td>4.</td>
<td>***</td>
<td>50</td>
</tr>
</tbody>
</table>

Reference ID: 3648960
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/s/

JACQUELINE E SHEPPARD
10/28/2014

TINGTING N GAO
10/28/2014