

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

207155Orig1s000

207155Orig2s000

PROPRIETARY NAME REVIEW(S)

PROPRIETARY NAME REVIEW

Division of Medication Error Prevention and Analysis (DMEPA)
Office of Medication Error Prevention and Risk Management (OMEPRM)
Office of Surveillance and Epidemiology (OSE)
Center for Drug Evaluation and Research (CDER)

***** This document contains proprietary information that cannot be released to the public*****

Date of This Review:	March 16, 2015
Application Type and Number:	NDA 207155
Product Name and Strength:	Evomela (Captisol®-enabled Melphalan Hydrochloride) Powder For Injection, 50 mg per vial [5 mg/mL when reconstituted]
Product Type:	Single Ingredient
Rx or OTC:	Rx
Applicant/Sponsor Name:	Spectrum Pharmaceuticals, Inc.
Panorama #:	2015-46662
DMEPA Primary Reviewer:	Michelle Rutledge, PharmD
DMEPA Team Leader:	Yelena Maslov, PharmD

Contents

1	INTRODUCTION.....	1
1.1	Product Information	1
2	RESULTS	4
2.1	Misbranding Assessment.....	4
2.2	Safety Assessment.....	4
3	CONCLUSIONS	6
3.1	Comments to the Applicant.....	6
4	REFERENCES	7
	APPENDICES	8

1 INTRODUCTION

This review evaluates the proposed proprietary name, Evomela, from a safety and misbranding perspective. The proposed Evomela product is a 505b(2) for melphalan hydrochloride under the proprietary name, Alkeran. However, for Alkeran there is a single indication and different reconstitution instructions, then for the proposed product, Evomela. Please refer to Table 1.

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 PRODUCT INFORMATION

The following product information is provided in the December 23, 2014 proprietary name submission.

- Intended Pronunciation: ev•ə mel.ə
- Active Ingredient: Captisol®-enabled Melphalan Hydrochloride
- Indication of Use: High-dose conditioning treatment prior to hematopoietic progenitor (stem) cell transplantation in patients with Multiple Myeloma; Palliative treatment of patients with Multiple Myeloma for whom oral therapy is not appropriate
- Route of Administration: Intravenous infusion
- Dosage Form: Powder For Injection
- Strength: 50 mg (free base) per vial; 5 mg/mL when reconstituted
- Dose and Frequency: High-dose Conditioning Treatment - 100 mg/m² IV administered over 30-minutes on Days -3 and -2 prior to autologous stem cell transplant; Maximum daily dose - (b) (4) based on body surface area; Palliative Treatment - 16 mg/m² IV administered over 15-20-minutes 4 doses initially 2-week interval initially; 4-week interval after recovery from toxicity, Maximum daily dose - (b) (4) based on body surface area
- How Supplied: Single vial cartons; each 20 mL clear vial contains sterile, lyophilized powder equivalent to 50 mg Melphalan free base
- Storage: Store at 25°C (77°F) in outer carton until use. Excursions are permitted between 15° - 30°C (59°- 86°F). The reconstituted drug product is stable for 24 hours at refrigerated temperature (5°C) or 1 hour at room temperature. Admixed drug product in normal saline at 0.45 mg/mL melphalan is stable for 4 hours at room temperature (in addition to the reconstituted storage listed above).

Table 1 presents relevant product information for Evomela that Spectrum Pharmaceuticals, Inc submitted on December 23, 2014, and the listed drug (LD).

Table 1. Relevant Product Information for Proposed Evomela and Reference Listed Drug Alkeran		
Product Name	Evomela	Alkeran
Initial Approval Date	N/A	November 18, 1992
Active Ingredient	Captisol®-enabled Melphalan Hydrochloride	Melphalan Hydrochloride
Indication	<ul style="list-style-type: none"> • High-dose conditioning treatment prior to hematopoietic progenitor (stem) cell transplantation in patients with Multiple Myeloma • Palliative treatment of patients with Multiple Myeloma for whom oral therapy is not appropriate 	<ul style="list-style-type: none"> • Palliative treatment of patients with Multiple Myeloma for whom oral therapy is not appropriate
Route of Administration	Intravenous Infusion	Intravenous Infusion
Dosage Form	Powder for Injection	Powder for Injection
Strength	50 mg (free base) per vial; 5 mg/mL when reconstituted	50 mg per vial; 5 mg/mL when reconstituted
Dose and Frequency	<ul style="list-style-type: none"> • High-dose Conditioning Treatment - 100 mg/m² IV administered over 30-minutes on Days -3 and -2 prior to autologous stem cell transplant; Maximum daily dose - (b) (4) based on body surface area (BSA) • Palliative Treatment - 16 mg/m² IV administered over 15-20-minutes 4 doses initially 2-week interval initially; 4-week interval after recovery from toxicity, Max daily dose - (b) (4) based on BSA 	<ul style="list-style-type: none"> • Palliative Treatment - 16 mg/m² at 2- week intervals for 4 doses, then, after adequate recovery from toxicity, at 4-week intervals.

How Supplied	Single vial cartons; each 20 mL clear vial contains sterile, lyophilized powder equivalent to 50 mg Melphalan free base	1-single- use clear glass vial of freeze dried melphalan hcl equivalent to 50 mg melphalan and 1-10-mL glass vial of sterile diluent
Instructions for Reconstitution	See Table A below	See Table B below

Table A: Instruction for Reconstitution of Proposed Evomela

Route of Administration	Vial Size	Volume of Diluent (0.9% Sodium Chloride)	Final Concentration
Intravenous	50 mg	8.6 mL	50 mg/10 mL (5 mg/mL)
			Then (b) (4) of the reconstituted drug product (5 mg/mL) is then admixed with (b) (4) of normal saline solution to achieve a final concentration of 0.45 mg/mL of melphalan

Table B: Instruction for Reconstitution of reference listed drug, Alkeran

Route of Administration	Vial Size	Volume of Supplied Diluent (sterile diluent)	Final Concentration
Intravenous	50 mg	10 mL	5 mg/mL

			Then immediately dilute the dose to be administered in 0.9% NaCL Injection, USP, to a concentration not greater than 0.45
--	--	--	---------------------------------------------------------------------------------------------------------------------------

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 name¹.

2.2.2 *Components of the Proposed Proprietary Name*

The Applicant did not provide a derivation or intended meaning for the proposed name, Evomela in their submission. This proprietary name is comprised of a single word that does not contain any components (i.e. a modifier, route of administration, dosage form, etc.) that are misleading or can contribute to medication error.

2.2.3 *FDA Name Simulation Studies*

Eighty-nine practitioners participated in DMEPA’s prescription studies. The responses did not overlap with any currently marketed products nor did the responses sound or look similar to any currently marketed products or any products in the pipeline.

In the voice prescription study, 0 of the 27 participants correctly interpreted the prescription. In the written inpatient study, 29 of the 33 participants correctly interpreted the prescription. In the written outpatient study, 26 of the 29 participants correctly interpreted the prescription. Common misinterpretations seen in the data included:

¹USAN stem search conducted on March 2, 2015.

- “E” misinterpreted as “A”
- ‘o” misinterpreted as “e”, “a”, or “i”
- “m” misinterpreted as “n”
- ‘l” misinterpreted as ‘ll”
- “a” misinterpreted as “o”

Appendix B contains the results from the verbal and written prescription studies.

2.2.3 *Comments from Other Review Disciplines at Initial Review*

In response to the OSE, January 23, 2015 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.

2.2.4 *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 search² organized as highly similar, moderately similar or low similarity for further evaluation. Table 1 also includes any names identified from the FDA Prescription Simulation.

Table 1. POCA Search Results	Number of Names
Highly similar name pair: combined match percentage score $\geq 70\%$	2
Moderately similar name pair: combined match percentage score $\geq 50\%$ to $\leq 69\%$	135
Low similarity name pair: combined match percentage score $\leq 49\%$	1

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

Our analysis of the 138 names contained in Table 1 determined 138 names will not pose a risk for confusion as described in Appendices C through H.

2.2.6 *Communication of DMEPA’s Analysis at Midpoint of Review*

DMEPA communicated our findings to the Division of Hematology Products (DHP) via e-mail on March 5, 2015. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the DHP on March 11, 2015, they stated no additional concerns with the proposed proprietary name, Evomela.

² POCA search conducted on February 12, 2015.

3 CONCLUSIONS

The proposed proprietary name is acceptable.

If you have further questions or need clarifications, please contact Kevin Wright, OSE Project Manager, at 301-796-3621.

3.1 COMMENTS TO THE APPLICANT

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

If any of the proposed product characteristics as stated in your December 23, 2014 submission are altered prior to approval of the marketing application, the name must be resubmitted for review.

4 REFERENCES

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).

RxNorm

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

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

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

Division of Medication Errors Prevention and Analysis proprietary name consultation requests

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

APPENDICES

Appendix A

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

1. **Misbranding Assessment:** For prescription drug products, OPDP assesses the name for misbranding concerns. . For over-the-counter (OTC) drug products, the misbranding assessment of the proposed name is conducted by 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

³ National Coordinating Council for Medication Error Reporting and Prevention.
<http://www.nccmerp.org/about/MedErrors.html>. Last accessed 10/11/2007.

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

	Answer the questions in the checklist below. Affirmative answers to any of these questions indicate a potential area of concern that should be carefully evaluated as described in this guidance.
Y/N	Is the proposed name obviously similar in spelling and pronunciation to other names?
	Proprietary names should not be similar in spelling or pronunciation to proprietary names, established names, or ingredients of other products.
Y/N	Are there medical and/or coined abbreviations in the proprietary name?
	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.
Y/N	Are there inert or inactive ingredients referenced in the proprietary name?
	Proprietary names should not incorporate any reference to an inert or inactive ingredient in a way that might create an impression that the ingredient's value is greater than its true functional role in the formulation (21 CFR 201.10(c)(4)).
Y/N	Does the proprietary name include combinations of active ingredients?
	Proprietary names of fixed combination drug products should not include or suggest the name of one or more, but not all, of its active ingredients (see 21 CFR 201.6(b)).
Y/N	Is there a United States Adopted Name (USAN) stem in the proprietary name?
	Proprietary names should not incorporate a USAN stem in the position that USAN designates for the stem.
Y/N	Is this proprietary name used for another product that does not share at least one common active ingredient?
	Drug products that do not contain at least one common active ingredient should not use the same (root) proprietary name.
Y/N	Is this a proprietary name of a discontinued product?
	Proprietary names should not use the proprietary name of a discontinued product if that discontinued drug product does not contain the same active ingredients.

b. Phonetic and Orthographic Computer Analysis (POCA): Following the preliminary screening of the proposed proprietary name, DMEPA staff evaluates the proposed name against potentially similar names. In order to identify names with potential similarity to the proposed proprietary name, DMEPA enters the proposed proprietary name in POCA and queries the name against the following drug reference databases, Drugs@fda, CernerRxNorm, and names in the review pipeline using a 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 ≥ 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 do not share a common strength or dose.

<u>Orthographic Checklist</u>		<u>Phonetic Checklist</u>	
Y/N	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>	Y/N	Do the names have different number of syllables?
Y/N	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>	Y/N	Do the names have different syllabic stresses?
Y/N	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?	Y/N	Do the syllables have different phonologic processes, such vowel reduction, assimilation, or deletion?
Y/N	Is there different number or placement of cross-stroke or dotted letters present in the names?	Y/N	Across a range of dialects, are the names consistently pronounced differently?
Y/N	Do the infixes of the name appear dissimilar when scripted?		
Y/N	Do the suffixes of the names appear dissimilar when scripted?		

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

<p>Step 1</p>	<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"> ○ 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</p>	<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 <u>with</u> overlapping or similar strengths or doses.</p>

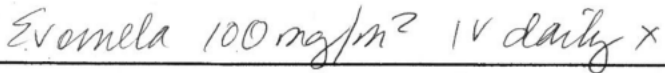
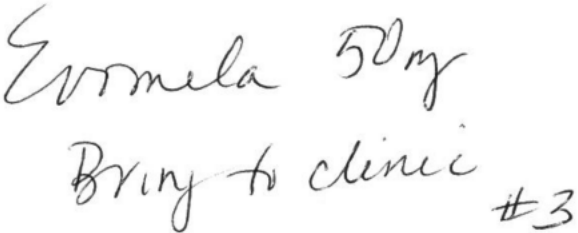
	<p>Orthographic Checklist (Y/N to each question)</p> <ul style="list-style-type: none"> • Do the names begin with different first letters? <p>Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.</p> <ul style="list-style-type: none"> • Are the lengths of the names dissimilar* when scripted? <p>*FDA considers the length of names different if the names differ by two or more letters.</p> <ul style="list-style-type: none"> • 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? • Is there different number or placement of cross-stroke or dotted letters present in the names? • Do the infixes of the name appear dissimilar when scripted? • Do the suffixes of the names appear dissimilar when scripted? 	<p>Phonetic Checklist (Y/N to each question)</p> <ul style="list-style-type: none"> • Do the names have different number of syllables? • Do the names have different syllabic stresses? • Do the syllables have different phonologic processes, such as vowel reduction, assimilation, or deletion? • Across a range of dialects, are the names consistently pronounced differently?
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Table 5: Low Similarity Name Pair Checklist (i.e., combined score is ≤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. Evomela Study (Conducted on January 16, 2015)

Handwritten Requisition Medication Order	Verbal Prescription
<p><u>Medication Order:</u> </p>	<p>Evomela 50 mg Bring to clinic Dispense #3</p>
<p><u>Outpatient Prescription:</u> </p>	

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

253 People Received Study
 89 People Responded

Study Name: Evomela

Total	29	27	33	
INTERPRETATION	OUTPATIENT	VOICE	INPATIENT	TOTAL
AVAMALA	0	1	0	1
AVIMELA	0	1	0	1
AVUMELLA	0	1	0	1
EVAMELA	0	6	0	6
EVAMELLA	0	9	0	9

EVAMILLA	0	1	0	1
EVAMLA	0	1	0	1
EVEAMELA	0	1	0	1
EVEAMELA	0	1	1	2
EVEAMELLA	0	2	0	2
EVIMELA	2	1	0	3
EVMELA	0	1	0	1
EVOMELA	26	0	28	54
EVOMELA 100MG/M2	0	0	1	1
EVOMELLA	0	1	1	2
EVONELA	1	0	0	1
EVORMELA	0	0	1	1
EVORNELA	0	0	1	1

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

No.	<p>Proposed name: Evomela</p> <p>Established name: Captisol®-enabled Melphalan Hydrochloride</p> <p>Dosage form: Powder for Injection</p> <p>Strength(s): 50 mg (free base) per vial; 5 mg/mL when reconstituted</p> <p>Usual Dose: <i>High-dose Conditioning Treatment</i> - 100 mg/m² IV administered over 30- minutes on Days -3 and -2 prior to autologous stem cell transplant; <u>Maximum</u> daily dose - ^{(b) (4)} based on body surface area</p> <p><i>Palliative Treatment</i> - 16 mg/m² IV administered over 15-20-minutes 4 doses initially 2-week interval initially; 4-week interval after recovery from toxicity; <u>Maximum</u> daily dose - ^{(b) (4)} based on body surface area</p>	<p>Combined POCA Score (%)</p>	<p>Orthographic and/or phonetic differences in the names sufficient to prevent confusion</p> <p>Other prevention of failure mode expected to minimize the risk of confusion between these two names.</p>
1.	Evomela	100	The subject of this review.
2.	De-Sone LA (Orthographic Score: 71) (Phonetic Score: 72)	72	<p>Ortho: The infix of this name pair have sufficient orthographic differences</p> <p>Phonetic: The first syllables of this name pair sound different.</p>

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.	Dexone LA (Orthographic Score: 71)	65
2.	(b) (4) ***	62
3.	(b) (4)	60
4.	Zometa	59
5.	Evotaz***	57
6.	Pirmella 1/35 and 7/7/7	57
7.	Calomel	56
8.	Evoclin	56
9.	Afirmelle***	54
10.	Cevimeline	54
11.	Epanova	54
12.	Ethanol	53
13.	Embeda	52
14.	Emla	52
15.	Ergomar	52
16.	Evamist	52
17.	Onmel	52
18.	Elidel	50
19.	Evoxac	50
20.	Levora/Levora 0.15/30-21 /Levora 0.15/30-28	50
21.	Melamisa***	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.	<p>Proposed name: Evomela</p> <p>Established name: Captisol®-enabled Melphalan Hydrochloride</p> <p>Dosage form: Powder for Injection</p> <p>Strength(s): 50 mg (free base) per vial; 5 mg/mL when reconstituted</p> <p>Usual Dose: <i>High-dose Conditioning Treatment</i> - 100 mg/m² IV administered over 30-minutes on Days -3 and -2 prior to autologous stem cell transplant; <u>Maximum daily dose - (b) (4)</u> based on body surface area</p> <p><i>Palliative Treatment</i> - 16 mg/m² IV administered over 15-20-minutes 4 doses initially 2-week interval initially; 4-week interval after recovery from toxicity; <u>Maximum daily dose - (b) (4)</u> based on body surface area</p>	POCA Score (%)	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</p>
1.	Cytomel	56	<p>Ortho: The prefixes and infixes of this name pair have sufficient orthographic differences.</p> <p>Phonetic: The first syllable of this name pair sound different. In addition, Evomela name contains an extra syllable.</p>
2.	Esmolol	56	<p>Ortho: The suffixes of this name pair have sufficient orthographic differences.</p> <p>Phonetic: The third syllables of this name pair sound different. In addition, Evomela contains an extra syllable.</p>
3.	Etodolac	56	Ortho: The infixes of this name pair have sufficient

			orthographic differences. Phonetic: The third syllables of this name pair sound different.
4.	(b)(4)***	54	Ortho: The infixes of this name pair have sufficient orthographic differences. Phonetic: The (b)(4) syllable of this name pair sound different. In addition, Evomela contains (b)(4)
5.	Renvela	54	Ortho: The prefixes of this name pair have sufficient orthographic differences. Phonetic: The first syllable of this name pair sound different. In addition, Evomela contains an extra syllable.
6.	Ethamolin	52	Ortho: The prefixes of this name pair have sufficient orthographic differences. Phonetic: The first syllables of this name pair sound different.
7.	Elavil	50	Ortho: The suffixes of this name pair have sufficient orthographic differences. Phonetic: The third syllable of this name pair sound different.
8.	(b)(4)***	50	Ortho: The infixes of this name pair have sufficient orthographic differences. Phonetic: The (b)(4) syllable of this name pair sound different. In addition, Evomela contains (b)(4)

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

No.	Name	POCA Score (%)
1.	Alkeran	32

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.	Enomine LA (Orthographic Score: 75)	66	This name was identified in Rx Norm database. However, this product is listed as deactivated in Redbook.
2.	Evorel 25/50/75/100 (Orthographic Score: 73)	64	This name was identified in Rx Norm database. However, this is an international product.
3.	Acnomel	62	This name was identified in Rx Norm database. However, we were unable to find complete product characteristics in commonly used drug databases.
4.	Esimil	60	This name was identified in Drugs at FDA and RxNorm database. However, this product is listed as discontinued in Drugs at FDA and has been withdrawn FR effective on 06/10/1999.
5.	Ivomec	60	This name was identified in the RxNorm database. However, we were unable to find complete product characteristics in commonly used drug databases.
6.	Bonjela	59	This name was

			<p>identified in the RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
7.	Etodalac	57	<p>This name was identified in the RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
8.	Ismelin	57	<p>This name was identified in Drugs at FDA and RxNorm database.</p> <p>However, this product is listed as discontinued in Drugs at FDA and has been withdrawn FR effective on 06/18/2009.</p>
9.	(b) (4)***	56	<p>Proposed Proprietary Name found unacceptable by DMEPA (OSE# (b) (4) (b) (4)). Name withdrawn (b) (4)</p>
10.	Epodyl	54	<p>This name was identified in the RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
11.	Estrate LA	54	<p>This name was identified in the</p>

			<p>RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
12.	Etoplac	54	<p>This name was identified in the RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
13.	Exubera	54	<p>This name was identified in the Drugs at FDA and RxNorm database.</p> <p>However, this product is listed as discontinued in Drugs at FDA and has been withdrawn FR effective on 06/18/2009.</p>
14.	Ivomec Plus	54	<p>This name was identified in the RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
15.	Theromega	54	<p>This name was identified in the RxNorm database.</p> <p>However, we were unable to find complete product characteristics in commonly used drug databases.</p>
16.	SevoFlo	53	<p>This name was identified in the</p>

			<p>RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
17.	Dymelor	52	<p>This name was identified in the Drugs at FDA and RxNorm database.</p> <p>However, this product is listed as discontinued in Drugs at FDA and has been withdrawn FR effective on 09/17/2003.</p>
18.	Efcortelan	52	<p>This name was identified in the RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
19.	Egranli	52	<p>This name was identified in the Name Entered by Safety Evaluator database.</p> <p>However, this product is listed as discontinued in Drugs at FDA and has been withdrawn 11/14/2013.</p>
20.	(b) (4) ***	52	<p>This name was identified in the Name Entered by Safety Evaluator database.</p> <p>However, this is a secondary name proposed name and this product was approved under the established</p>

			name, esomeprazole strontium.
21.	Eutonyl	52	This name was identified in the Name Entered by Safety Evaluator database. However, this product is listed as discontinued in Drugs at FDA and has been withdrawn 11/05/1992.
22.	Excenel	52	This name was identified in the RxNorm database. However, this product is a veterinary product.
23.	Genelan	52	This name was identified in the RxNorm database. However, we were unable to find complete product characteristics in commonly used drug databases.
24.	Levomefolate	52	This name was identified in the RxNorm database. However, we were unable to find complete product characteristics in commonly used drug databases. Product found only listed in combination products.
25.	Sevosol	52	This name was identified in the RxNorm database. However, we were unable to find product characteristics in commonly used drug databases.

26.	Disomer	51	<p>This name was identified in the Drugs at FDA and RxNorm database.</p> <p>However, this product is listed as discontinued in Drugs at FDA and has been withdrawn FR effective on 05/06/1985.</p>
27.	Embelin	51	<p>This name was identified in the RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
28.	Ephensin-LA	51	<p>This name was identified in the RxNorm database.</p> <p>However, we were unable to find product characteristics in commonly used drug databases.</p>
29.	(b) (4) ***	50	<p>This name was identified in the Name Entered by Safety Evaluator database.</p> <p>However, this is a proposed name for a product approved under the established name, norethindrone and ethinyl estradiol.</p>
30.	(b) (4) ***	50	<p>This name was identified in the Name Entered by Safety Evaluator database.</p> <p>However, this is a proposed name for a</p>

			product approved under the established name Levonorgestrel.
31.	Elantan LA	50	This name was identified in the Rx Norm database. However, we were unable to find product characteristics in commonly used drug databases.
32.	Epomediol	50	This name was identified in the Rx Norm database. However, we were unable to find product characteristics in commonly used drug databases.
33.	Evadyne	50	This name was identified in the Rx Norm database. However, we were unable to find product characteristics in commonly used drug databases.
34.	(b) (4) ***	50	This name was identified in the Name Entered by Safety Evaluator database. However, this proposed name was withdrawn effective (b) (4) .
35.	Prometa	50	This name was identified in the Drugs at FDA database. However, this product is listed as discontinued in Drugs at FDA and has been withdrawn FR effective on

			11/28/2000.
36.	Sea-Omega and Sea-Omega 30	50	This name was identified in the Rx Norm database. However, we were unable to find complete product characteristics in commonly used drug databases.

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

No.	Name	POCA Score (%)
1.	Aranelle	60
2.	(b) (4)***	60
3.	Codimal A	60
4.	Revanil	60
5.	Formula 21	59
6.	Isomalt	59
7.	(b) (4)***	59
8.	Venomil	59
9.	Avima	58
10.	Codimal-L.A. 12	58
11.	Codimal-LA	58
12.	Defen-LA	58
13.	(b) (4)***	58
14.	Vanex-LA	58
15.	Avonex	56
16.	Desonil	56
17.	Vizamyl	56
18.	Vyfemla	56
19.	Savella	55

20.	Acerola	54
21.	Actonel	54
22.	Amibid LA	54
23.	Avandia	54
24.	Avinza	54
25.	Camila	54
26.	(b) (4)***	54
27.	Phenobel	54
28.	(b) (4)***	54
29.	Cerovel	53
30.	Activella	52
31.	Amilac	52
32.	(b) (4)***	52
33.	Avodart	52
34.	Deconsal L.A.	52
35.	Dexasone LA	52
36.	Femara	52
37.	Formalaz	52
38.	(b) (4)***	52
39.	L-Formula	52
40.	Vanillin	52
41.	Vivelle	52
42.	Volnea***	52
43.	(b) (4)***	52
44.	Aventyl	51
45.	Ketonal	51
46.	Mobilan	51
47.	Vivalan	51
48.	Zone-A	51
49.	Almora	50
50.	Ammonul	50

51.	Avanafil	50
52.	Belsomra	50
53.	Dalalone L.A.	50
54.	Detrol LA	50
55.	Didronel	50
56.	Divigel	50
57.	Dofsol-A	50
58.	Fenex-LA	50
59.	Genora	50
60.	Genora 1/50	50
61.	Idenal	50
62.	Imotil	50
63.	Neumega	50
64.	Norel LA	50
65.	Regonol	50
66.	(b) (4) ***	50
67.	Vitadil 2A	50
68.	Vitadil 5A	50
69.	X-Trozine L.A.	50
70.	Zemaira	50

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

MICHELLE K RUTLEDGE
03/16/2015

YELENA L MASLOV
03/16/2015