

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

209776Orig1s000

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:	June 12, 2017
Application Type and Number:	NDA 209776
Product Name and Strength:	Vabomere (meropenem and vaborbacam) for injection, 2 g per vial
Product Type:	Multi-Ingredient Product
Rx or OTC:	Rx
Applicant/Sponsor Name:	Rempex Pharmaceuticals, Inc. (a wholly-owned subsidiary of The Medicines Company)
Panorama #:	2017-14212506
DMEPA Primary Reviewer:	Deborah Myers, RPh, MBA
DMEPA Team Leader (acting):	Otto L. Townsend, PharmD

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Vabomere, 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 submitted an external name study, conducted by (b) (4) for this product.

1.1 REGULATORY HISTORY

The Applicant previously submitted the proposed proprietary name, (b) (4) [IND 120040] on May 26, 2016. However, the Division of Medication Error Prevention and Analysis (DMEPA) found the name, (b) (4) unacceptable due to orthographic similarities and shared product characteristics with the proprietary name, (b) (4) and pronunciation similarities and shared product characteristics with the proprietary name, (b) (4) in OSE Review #2016-8229634, dated November 15, 2016.

Subsequently, the Applicant submitted the proposed proprietary name, Carbavance*** [NDA 209776] on December 29, 2016. However, the Division of Medication Error Prevention and Analysis (DMEPA) found the name, Carbavance*** unacceptable (b) (4)

(b) (4) t in OSE Review #2016-12221824, dated February 17, 2017.

Thus, the Applicant submitted the name, Vabomere, for review on April 4, 2017.

1.2 PRODUCT INFORMATION

The following product information is provided in the April 4, 2017 proprietary name submission and March 9, 2017 labeling submission.

- Intended Pronunciation: VAY bo meer
- Active Ingredient: meropenem and vaborbactam
- Indication of Use: for the treatment of patients 18 years and older with complicated urinary tract infections (cUTI) including pyelonephritis caused by designated susceptible microorganisms
- Route of Administration: intravenous infusion
- Dosage Form: sterile powder for injection
- Strength: 2 g (meropenem 1 g and vaborbactam 1 g)
- Dose and Frequency: The usual dosage regimen is 4 g (meropenem 2 g and vaborbactam 2 g) administered every 8 hours by intravenous (IV) infusion over 3 hours in patients 18 years of age and older with normal renal function. The maximum daily dose is 12g (meropenem 6 g and vaborbactam 6 g). Renal impairment: The recommended dosage in patients with renal impairment is included in the chart below:

- How Supplied: a single-use glass vial containing 1 g of meropenem, 1 g of vaborbactam, and 0.575 g of sodium carbonate
- Storage: Store vials at 20°C to 25°C (68°F to 77°F); excursions are permitted to 15°-30°C (59°-86°F) [see USP, Controlled Room Temperature (CRT)].

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 Anti-Infective Products (DAIP) 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^a.

2.2.2 *Components of the Proposed Proprietary Name*

The Applicant indicated in their submission that the proposed name, Vabomere, is derived from the established names meropenem and vaborbactam. 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 *Comments from Other Review Disciplines at Initial Review*

In response to the OSE, April 19, 2017 e-mail, the Division of Anti-Infective Products (DAIP) did not forward any comments or concerns relating to the proposed proprietary name at the initial phase of the review.

^a USAN stem search conducted on April 12, 2017.

2.2.4 FDA Name Simulation Studies

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

2.2.5 Phonetic and Orthographic Computer Analysis (POCA) Search Results

Our POCA search^b identified 48 names with a combined phonetic and orthographic score of $\geq 55\%$ or an individual phonetic or orthographic score ≥ 70 . These names are included in Table 1 below.

2.2.6 Names Retrieved for Review Organized by Name Pair Similarity

Table 1 lists the number of names retrieved from our POCA search and the names from the (b) (4) external study. These name pairs are organized as highly similar, moderately similar or low similarity for further evaluation.

Table 1. Similarity Category	Number of Names
Highly similar name pair: combined match percentage score $\geq 70\%$	5
Moderately similar name pair: combined match percentage score $\geq 55\%$ to $\leq 69\%$	38
Low similarity name pair: combined match percentage score $\leq 54\%$	90

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

Our analysis of the 133 names contained in Table 1 determined that all 133 names will not pose a risk for confusion as described in Appendices C through H.

2.2.8 Communication of DMEPA's Analysis at Midpoint of Review

DMEPA communicated our findings to the Division of Anti-Infective Products (DAIP) via e-mail on June 6, 2017. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the DAIP on June 12, 2017, they stated no additional concerns with the proposed proprietary name, Vabomere.

3 CONCLUSIONS

The proposed proprietary name is acceptable.

^b POCA search conducted on April 12, 2017 in version 4.0.

If you have any questions or need clarifications, please contact Janet Higgins, OSE project manager, at 240-402-0330.

3.1 COMMENTS TO THE APPLICANT

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

If any of the proposed product characteristics as stated in your April 4, 2017 submission are altered prior to approval of the marketing application, the name must be resubmitted for review.

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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).

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.^c

^c 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.
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 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 55% 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 $\geq 55\%$ to $\leq 69\%$.
 - Low similarity: combined match percentage score $\leq 54\%$.

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 are further evaluated to identify the presence of attributes that are known to cause name confusion.
 - Name attributes: We note that the beginning of the drug name plays a significant role in contributing to confusion. Additionally, drug name pairs that start with the same first letter and contain a shared letter string of at least 3 letters in both names are major contributing factor in the confusion of drug names^d. We evaluate all moderately similar names retrieved from POCA to identify the above attributes. These names are further evaluated to identify overlapping or similar strengths or doses.
 - Product attributes: Moderately similar names of products that have overlapping or similar strengths or doses represent an area for concern for FDA. The dose and strength information is often located in close proximity to the drug name itself on prescriptions and medication orders, and the information 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.,

^d Shah, M, Merchant, L, Characteristics That May Help in the Identification of Potentially Confusing Proprietary Drug Names. Therapeutic Innovation & Regulatory Science, September 2016

route, frequency, dosage form) may be limited when the strength or dose overlaps. DMEPA reviews 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 $\geq 70\%$).

Orthographic Checklist		Phonetic Checklist	
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 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 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 $\geq 55\%$ to $\leq 69\%$).

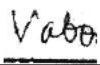
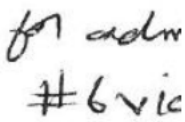
Step 1	Review the DOSAGE AND ADMINISTRATION and HOW SUPPLIED/STORAGE AND HANDLING sections of the prescribing information (or for OTC drugs refer to the Drug Facts label) to determine if strengths and doses of the name pair overlap or are very similar. Different strengths and doses for products whose 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
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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.		
	<table border="1"> <tr> <td data-bbox="284 367 868 1291"> Orthographic Checklist (Y/N to each question) - 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. - 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. - 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? - 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? </td><td data-bbox="868 367 1354 1291"> Phonetic Checklist (Y/N to each question) - Do the names have different number of syllables? - Do the names have different syllabic stresses? - Do the syllables have different phonologic processes, such vowel reduction, assimilation, or deletion? - Across a range of dialects, are the names consistently pronounced differently? </td></tr> </table>	Orthographic Checklist (Y/N to each question) - 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. - 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. - 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? - 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?	Phonetic Checklist (Y/N to each question) - Do the names have different number of syllables? - Do the names have different syllabic stresses? - Do the syllables have different phonologic processes, such vowel reduction, assimilation, or deletion? - Across a range of dialects, are the names consistently pronounced differently?
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Table 5: Low Similarity Name Pair Checklist (i.e., combined score is $\leq 54\%$).

Names with low similarity are generally acceptable 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.

Appendix B: Prescription Simulation Samples and Results**Figure 1. Vabomere Study (Conducted on April 25, 2017)**

Handwritten Medication Order/Prescription	Verbal Prescription
<u>Medication Order:</u> 	Vabomere Take to clinic for administration. Dispense 6 vials
<u>Outpatient Prescription:</u> 	

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

296 People Received Study
77 People Responded

Study Name: Vabomere

Total	25	30	22	
INTERPRETATION	OUTPATIENT	VOICE	INPATIENT	TOTAL
BEVOMIR	0	1	0	1
DABONIR	0	1	0	1
DAYBOMERE	0	2	0	2
VABBOMERE	0	1	0	1
VABOMERA	2	0	0	2
VABOMERC	1	0	0	1
VABOMERE	16	8	19	43
VABOMIER	0	1	0	1
VABOMIR	0	8	0	8
VABONERE	0	0	2	2
VABROMERE	1	0	0	1

VALOMERE	5	0	0	5
VATOMERE	0	0	1	1
VEBOMIR	0	1	0	1
VIBOMIR	0	1	0	1
ZABOMERE	0	2	0	2
ZABOMIR	0	1	0	1
ZABOMYER	0	1	0	1
ZAYBOMERE	0	1	0	1
ZEBOMER	0	1	0	1

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

No.	Proposed name: Vabomere Established name: meropenem and vaborbactam Dosage form: sterile powder for injection Strength(s): 2,000 mg (meropenem 1,000 mg and vaborbactam 1,000 mg) per vial Usual Dose: 4,000 mg (meropenem 2,000 mg and vaborbactam 2,000 mg) administered every 8 hours Renal Dose: (b) (4)	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.	Carbomer	72	Product is not a drug. It is a polymer used in compounding.
2.	Carbomer 1342	72	Product is not a drug. It is a polymer used in compounding.
3.	Carbomer-934	72	Product is not a drug. It is a polymer used in compounding.
4.	Carbomer-940	72	Product is not a drug. It is a polymer used in compounding.
5.	Carbomer-980	72	Product is not a drug. It is a polymer used in compounding.

Appendix D: Moderately Similar Names (e.g., combined POCA score is $\geq 55\%$ to $\leq 69\%$) with no overlap or numerical similarity in Strength and/or Dose

No.	Name	POCA Score (%)
1.	Patiromer	58
2.	Sevelamer	58
3.	Taxotere	56
4.	Vesicare	58

Appendix E: Moderately Similar Names (e.g., combined POCA score is $\geq 55\%$ to $\leq 69\%$) with overlap or numerical similarity in Strength and/or Dose

No.	Proposed name: Vabomere Established name: meropenem and vaborbactam Dosage form: sterile powder for injection Strength(s): 2,000 mg (meropenem 1,000 mg and vaborbactam 1,000 mg) per vial Usual Dose: 4,000 mg (meropenem 2,000 mg and vaborbactam 2,000 mg) administered every 8 hours Renal Dose: (b) (4)	POCA Score (%)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
1.	Domeboro	58	This name pair has sufficient orthographic and phonetic differences.
2.	Tavaborole	58	This name pair has sufficient orthographic and phonetic differences.
3.	Vanamide	58	This name pair has sufficient orthographic and phonetic differences.
4.	Vanamine	56	This name pair has sufficient orthographic and phonetic differences.
5.	Varibar	57	This name pair has sufficient orthographic and phonetic differences.
6.	Venofer	60	This name pair has sufficient orthographic and phonetic differences.
7.	Vitabee 12	55	This name pair has sufficient orthographic and phonetic differences.

Appendix F: Low Similarity Names (e.g., combined POCA score is $\leq 54\%$)

No.	Name	POCA Score (%)
1.	Abreva	44
2.	Ambien CR	50
3.	Ambodryl	50
4.	Amerge	44
5.	Amino-Cerv	50
6.	Aveeno Clear	50
7.	Avobenzone	50
8.	Banbuterol	48
9.	Beconase	54

No.	Name	POCA Score (%)
10.	Bellamor	54
11.	Bepreve	50
12.	Betaderm	54
13.	Boceprevir	51
14.	Boy Butter	54
15.	Bromanate	54
16.	Bromates	50
17.	Bromfed SR	50
18.	Bronkometer	54
19.	Bum Ease	51
20.	Cabometyx	53
21.	Carbo-Dome	54
22.	Carbromal	50
23.	Cytomel	50
24.	Dermazor	50
25.	Dermovate	50
26.	Diabinese	52
27.	Donnamar	52
28.	Ergomar	53
29.	Evomela	53
30.	Fabior	54
31.	Febarbamate	50
32.	Femcare	54
33.	Iveegam En	50
34.	Ivercare	50
35.	Levamisole	50
36.	Limonene	50
37.	Magonate	53
38.	Masnoderin	52
39.	Medronate	53
40.	Meropenem	41
41.	Mevacor	54
42.	Midamor	54
43.	Mipomersen	50
44.	Mitigare	52
45.	Nabumetone	52
46.	Novamine	50
47.	Novamine 11.4%	50
48.	Novamine 15%	50
49.	Novamine 8.5%	50
50.	Pamabrom	50
51.	Pamelor	52
52.	Panakare	52

No.	Name	POCA Score (%)
53.	Phanodorm	50
54.	Revalor	50
55.	Sebasorb	50
56.	Somnapure	54
57.	Sublimaze	50
58.	Tambacor	54
59.	Temodar	53
60.	Temovate	52
61.	Teramine ER	52
62.	Testomar	54
63.	Vaboractam	46
64.	Valium	36
65.	Valomag	52
66.	Vancenase	54
67.	Vancomycin	44
68.	Vancor	50
69.	Vanobid	52
70.	Vaporex	54
71.	VapoRub	49
72.	Vasotate	54
73.	Vazobid	52
74.	Vecamyl	53
75.	Ventaire	53
76.	Vetadryl	52
77.	Vetromax	50
78.	Vinoclear	54
79.	Viramune XR	53
80.	Virazole	52
81.	Viormone	52
82.	Visine L.R.	52
83.	Vizamyl	50
84.	Vospire	52
85.	Vospire ER	54
86.	Xamoterol	54
87.	Xenaderm	53
88.	Zanosar	50
89.	Zimovane	54
90.	Zomepirac	50

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.	Amber	57	International product formerly marketed in Philippines. Product is not a drug. It is a fossilized tree resin (not sap), which has been appreciated for its color and natural beauty. Amber is used as an ingredient in perfumes, as a healing agent in folk medicine, and as jewelry.
2.	Amilomer	58	International product formerly marketed in Germany.
3.	Carbomer-974P	64	Product is not a drug. It is a polymer used in compounding.
4.	Disomer	60	Brand discontinued with no generic equivalent available. NDA 0111814 was withdrawn FR effective 05/06/1985.
5.	Sebucare	60	Brand discontinued with no generic equivalent available.
6.	Vasebra***	57	Proposed proprietary name for IND (b) (4) was found unacceptable by DMEPA (OSE# (b) (4)). (b) (4) IND (b) (4) is pending and a new name, Edsivo, has been submitted.
7.	Vasoclear	58	Brand discontinued with no generic equivalent available.
8.	(b) (4) ***	59	Proposed proprietary name withdrawn by the Applicant. Product approved under new proprietary name, Vasostrict.
9.	(b) (4)	56	Proposed proprietary name for IND 120040 found unacceptable by DMEPA (OSE# 2016-8229634). The company then submitted the proposed proprietary name, Carbavance, for NDA 209776 which was found unacceptable by DMEPA (OSE# 2016-12221824). NDA 209776 is pending and the proposed proprietary name Vabomere (subject of this review) has been submitted and is currently under review.
10.	Venomil	58	Brand discontinued with no generic equivalent available.
11.	Vertab SR	56	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
12.	Vetameg	56	Veterinary product.
13.	Vio-Moore	64	Brand discontinued with no generic equivalent available.

Appendix H: Names not likely to be confused due to absence of attributes that are known to cause name confusion^e.

No.	Name	POCA Score (%)
1.	Belsomra	55
2.	Bone Meal	60
3.	D-Amine-SR	58
4.	Dibrom SR	56
5.	Levemir	58
6.	Lidomar	56
7.	Madopar	55
8.	Maldemar	56
9.	Rabavert	59
10.	Ramodar	56
11.	Somavert	57
12.	Sore No More	56
13.	Zanamivir	56
14.	Zepatier	56

^e Shah, M, Merchant, L, Chan, I, and Taylor, K. Characteristics That May Help in the Identification of Potentially Confusing Proprietary Drug Names. Therapeutic Innovation & Regulatory Science, September 2016

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/s/

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