

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

211230Orig1s000

211230Orig2s000

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:	April 23, 2018
Application Type and Number:	NDA 211230
Product Name and Strength:	Sunosi (solriamfetol) tablets 75 mg, 150 mg (b) (4)
Product Type:	Single Ingredient Product
Rx or OTC:	Rx
Applicant/Sponsor Name:	Jazz Pharmaceuticals Ireland Limited
Panorama #:	2018-20504725 and 2018-20504851
DMEPA Safety Evaluator:	Loretta Holmes, BSN, PharmD
DMEPA Team Leader:	Lolita White, PharmD

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Sunosi, 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 proposed proprietary name.

1.1 REGULATORY HISTORY

The Applicant initially submitted the proposed proprietary name, (b) (4)*** on December 22, 2014 under IND 107203. However, the Office of Prescription Drug Promotion (OPDP) determined the proposed name would misbrand the proposed product (OSE Review #2014-46059).^a Subsequently, the Applicant submitted the name, (b) (4)***, for review on May 27, 2015. The name was found conditionally acceptable by DMEPA on September 24, 2015 (OSE Review #2015-546769).^b However, the name, (b) (4), was withdrawn on February 2, 2018. The newly proposed name, Sunosi, was submitted for review under the NDA on January 24, 2018. According to the Applicant, this new name is proposed for the purposes of global alignment.

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on January 24, 2018.

- Intended Pronunciation: suh-NOH-see
- Active Ingredient: solriamfetol
- Indication of Use: To improve wakefulness and reduce excessive sleepiness in adult patients with narcolepsy or obstructive sleep apnea (OSA)

Route of Administration: Oral

- Dosage Form: Scored Tablets
- Strengths: 75 mg, 150 mg (b) (4)
- Dose and Frequency: The recommended dose range is (b) (4)

Based on efficacy and tolerability, Sunosi may be increased by doubling the dose at intervals of at least 3 days.

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^a White, L. Proprietary Name Review for (b) (4) (IND 107203). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2015 Mar 11. Panorama No. 2014-46059.

^b White, L. Proprietary Name Review for (b) (4) (IND 107203). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2015 Sep 24. Panorama No. 2015-546769.

For severe renal impairment (creatinine clearance of 15-29 mL/min): (b) (4)
37.5 mg once daily. (b) (4)

- How Supplied: 30-count and 100-count bottles
- Storage: Store at 20° to 25°C (68° to 77°F); excursions permitted between 15° to 30°C (59° to 86°F)

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. The Division of Medication Error Prevention and Analysis (DMEPA) and the Division of Psychiatry Products (DPP) 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^c.

2.2.2 *Components of the Proposed Proprietary Name*

The Applicant indicated in their submission that the proposed name Sunosi was not derived from any one particular concept. 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, February 22, 2018 e-mail, the Division of Psychiatry Products (DPP) did not forward any comments or concerns relating to the proposed proprietary name at the initial phase of the review.

2.2.4 *FDA Name Simulation Studies*

Ninety-two (92) 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.

^c USAN stem search conducted on March 5, 2018.

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

Our POCA search^d identified 93 names with a combined phonetic and orthographic score of $\geq 55\%$ or an individual phonetic or orthographic score $\geq 70\%$. 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 (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 $\geq 70\%$	2
Moderately similar name pair: combined match percentage score $\geq 55\%$ to $\leq 69\%$	84
Low similarity name pair: combined match percentage score $\leq 54\%$	10

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

Our analysis of the 96 names contained in Table 1 determined none of the names will 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 Psychiatry Products (DPP) via e-mail on April 16, 2018. At that time, we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the DPP on April 20, 2018, they stated no additional concerns with the proposed proprietary name, Sunosi.

3 CONCLUSION

The proposed proprietary name is acceptable.

If you have any questions or need clarifications, please contact Phuong B. Nguyen, OSE Project Manager, at 240-402-5827.

^d POCA search conducted on March 3, 2018 in version 4.2.

3.1 COMMENTS TO THE APPLICANT

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

If any of the proposed product characteristics as stated in your submission, received on January 24, 2018, are altered prior to approval of the marketing application, the name must be resubmitted for review.

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.

3. **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).

4. **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#>).

5. **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.

6. **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

***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)).

^c National Coordinating Council for Medication Error Reporting and Prevention.

<http://www.nccmerp.org/aboutMedErrors.html>. Last accessed 10/11/2007.

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^f. 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., 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.

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

The voice mail messages are then sent to a random sample of the participating health professionals for their interpretations and review. After receiving either the written or verbal prescription orders, the participants record their interpretations of the orders which are recorded electronically.

- d. Comments from Other Review Disciplines: DMEPA requests the Office of New Drugs (OND) and/or Office of Generic Drugs (OGD), ONDQA or OBP for their comments or concerns with the proposed proprietary name, ask for any clinical issues that may impact the DMEPA review during the initial phase of the name review. Additionally, when applicable, at the same time DMEPA requests concurrence/non-concurrence with OPDP’s decision on the name. The primary Safety Evaluator addresses any comments or concerns in the safety evaluator’s assessment.

The OND/OGD Regulatory Division is contacted a second time following our analysis of the proposed proprietary name. At this point, DMEPA conveys their decision to accept or reject the name. The OND or OGD Regulatory Division is requested to provide any further information that might inform DMEPA’s final decision on the proposed name.

Additionally, other review disciplines opinions such as ONDQA or OBP may be considered depending on the proposed proprietary name.

When provided, DMEPA considers external proprietary name studies conducted by or for the Applicant/Sponsor and incorporates the findings of these studies into the overall risk assessment.

The DMEPA primary reviewer assigned to evaluate the proposed proprietary name is responsible for considering the collective findings, and provides an overall risk assessment of the proposed proprietary name.

Table 3. Highly Similar Name Pair Checklist (i.e., combined Orthographic and Phonetic score is $\geq 70\%$).

Answer the questions in the checklist below. Affirmative answers to some of these questions suggest that the pattern of orthographic or phonetic differences in the names may render the names less likely to confusion, provided that the pair does not share a common strength or dose.			
<u>Orthographic Checklist</u>		<u>Phonetic Checklist</u>	
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 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 $\geq 55\%$ to $\leq 69\%$).

Step 1	<p>Review the DOSAGE AND ADMINISTRATION and HOW SUPPLIED/STORAGE AND HANDLING sections of the prescribing information (or for OTC drugs refer to the Drug Facts label) to determine if strengths and doses of the name pair overlap or are very similar. Different strengths and doses for products whose names are moderately similar may decrease the risk of confusion between the moderately similar name pairs. Name pairs that have overlapping or similar strengths or doses have a higher potential for confusion and should be evaluated further (see Step 2). Because the strength or dose could be used to express an order or prescription for a particular drug product, overlap in one or both of these components would be reason for further evaluation.</p> <p>For single strength products, also consider circumstances where the strength may not be expressed.</p> <p>For any i.e. drug products comprised of more than one active ingredient, consider whether the strength or dose may be expressed using only one of the components.</p> <p>To determine whether the strengths or doses are similar to your proposed product, consider the following list of factors that may increase confusion:</p> <ul style="list-style-type: none"> 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.
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	<ul style="list-style-type: none"> • 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 		
Step 2	<p>Answer the questions in the checklist below. Affirmative answers to some of these questions suggest that the pattern of orthographic or phonetic differences in the names may reduce the likelihood of confusion for moderately similar names with overlapping or similar strengths or doses.</p> <table border="1"> <tr> <td> <p>Orthographic Checklist (Y/N to each question)</p> <ul style="list-style-type: none"> • 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 <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? </td> <td> <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? </td> </tr> </table>	<p>Orthographic Checklist (Y/N to each question)</p> <ul style="list-style-type: none"> • 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 <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?
<p>Orthographic Checklist (Y/N to each question)</p> <ul style="list-style-type: none"> • 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 <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 ≤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. Sunosi Study (Conducted on February 9, 2018)

Handwritten Medication Order/Prescription	Verbal Prescription
<p><u>Medication Order:</u></p> <p>Sunosi (b)(4) po once daily</p>	<p>Sunosi 75 mg Take 1 tablet by mouth once daily Dispense #30</p>
<p><u>Outpatient Prescription:</u></p> <p>Sunosi 75 mg Take 1 tablet po once daily</p>	

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

				304 People Received Study
				92 People Responded
Study Name: Sunosi				
Total	30	27	35	
INTERPRETATION	OUTPATIENT	VOICE	INPATIENT	TOTAL
SINOSI	0	0	1	1
SUMOSE	1	0	0	1
SUMOSI	2	0	0	2
SUNASI	0	0	2	2
SUNOCE	0	1	0	1
SUNOCI	0	4	0	4
SUNOCY	0	1	0	1
SUNOSEE	0	1	0	1
SUNOSEY	0	1	0	1
SUNOSI	25	6	32	63
SUNOSY	0	2	0	2
SUNOZI	0	1	0	1
SUNSI	2	0	0	2
XUNOSI	0	1	0	1
ZINOSE	0	1	0	1
ZONOCE	0	1	0	1
ZOONOSI	0	1	0	1
ZUNOCI	0	1	0	1
ZUNOSI	0	5	0	5

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

No.	<u>Proposed name:</u> Sunosi <u>Established name:</u> solriamfetol <u>Dosage form:</u> Tablets <u>Strength(s):</u> 75 mg, 150 mg ^{(b) (4)} <u>Usual Dose:</u> 37.5 mg to ^{(b) (4)} mg orally once daily	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.	Sunosi***	100	This name is the subject of this review.
2.	Sinuson	70	This product is discontinued but other products are available that have the same strength and active ingredients. Phonetically, the first syllables (“suh” vs. “Sī”) and the third syllables (“see” vs. “-sōn”) sound different. Additionally, the products differ in strength [75 mg, 150 mg ^{(b) (4)} (multiple strengths) vs. 325 mg/2 mg/30 mg (single strength)]. A prescription for Sunosi would need to specify a strength which would help to differentiate the name pair.

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.	Sumox	68
2.	Senosol	66
3.	Senox	64
4.	Sancuso	63
5.	Sonata	63
6.	Sinuson II	62
7.	Sumycin	62
8.	Vanos	62

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No.	Name	POCA Score (%)
9.	Senna S	61
10.	Sinufed	60
11.	Somnicin	60
12.	Scot-Tussin	59
13.	Sundrops 77	59
14.	Sani-Supp	58
15.	Selenos	58
16.	Senosol-Ss	58
17.	Silodosin	58
18.	Simponi	58
19.	Subsys	58
20.	Sumavel	58
21.	Sumaxin	58
22.	Binosto	57
23.	Sudo-Tab	57
24.	Sansac	56
25.	Sina-12X	56
26.	Sinustab	56
27.	Sinutab	56
28.	Inosine	54
29.	Vusion	51

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.	<u>Proposed name:</u> Sunosi <u>Established name:</u> solriamfetol <u>Dosage form:</u> Tablets <u>Strength(s):</u> 75 mg, 150 mg (b) (4) <u>Usual Dose:</u> 37.5 mg to (b) (4) mg orally once daily	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.	Sinuva	66	The following differences in product characteristics also minimize the potential for error: Strength (75 mg, 150 mg (b) (4) vs. 1350 mcg) Dose (75 mg, 150 mg (b) (4) vs. 1350 mcg) Dosage form (tablets vs. sinus implant) Route of administration (oral vs. implantation into the ethmoid sinus) Context of use (can be self-administered vs. insertion by an otolaryngologist).
2.	Sudodrin	59	This name pair has sufficient orthographic and phonetic differences.
3.	Sucostrin	56	This name pair has sufficient orthographic and phonetic differences.
4.	Sustiva	56	This name pair has sufficient orthographic and phonetic differences.
5.	Syndros	56	This name pair has sufficient orthographic and phonetic differences.
6.	Zanosar	56	This name pair has sufficient orthographic and phonetic differences.
7.	Sunitinib	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.	Synagis	51
2.	Samsca	46
3.	Soma	44

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.	Synotic	66	Veterinary product.
2.	Soni-Slo	64	International product formerly marketed in Ireland and the United Kingdom.
3.	Sinus Aid	63	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
4.	Sinodec	60	Brand discontinued with no generic equivalent identified.
5.	Sinucot	60	Product withdrawn from the market due to safety concerns.
6.	Sinupan	60	Product discontinued with no generic equivalent identified.
7.	Sno Pilo	60	International product formerly marketed in Ireland and the United Kingdom.
8.	Spinosad	60	Veterinary product.
9.	Bunazosin	58	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
10.	Siltussin	58	Siltussin is a family tradename for multiple products used to treat cough and cold symptoms (e.g., Siltussin DAS, Siltussin DM, Siltussin SA, and others). A prescription would need to state the entire name of the product.
11.	Sin-U-Span	58	Product withdrawn from the market due to safety concerns.
12.	Soniazio	58	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
13.	Sonorx	58	Brand discontinued with no generic equivalent identified. NDA 020773 withdrawn FR effective 06/18/2009.

No.	Name	POCA Score (%)	Failure preventions
14.	Sumtan	58	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
15.	(b) (4)***	58	(b) (4)
16.	Sennoside B	57	Product is not a stand-alone drug product. It is an anthranoid. Anthranoid derivatives are used as a treatment for constipation.
17.	Santonin	56	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
18.	Sinex	56	Sinex is a family trade name for multiple products (e.g., Sinex Daytime Congestion, Pressure & Pain; Sinex Severe; Sinex Nighttime Congestion, Pressure & Pain, and Sinex 12 Hour Decongestant) used to treat cough and cold symptoms
19.	Solis	56	International product formerly marketed in the United Kingdom.
20.	Somnite	56	International product formerly marketed in Ireland and the United Kingdom.
21.	Sulsoxin	56	Product discontinued with no generic equivalent available. ANDA 080040 withdrawn FR effective 12/22/1993.
22.	Guanosine	54	Product is not a drug. It is a purine nucleoside.
23.	Uni-Tussin	53	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
24.	(b) (4)***	52	Proposed proprietary name withdrawn by the Applicant. Product approved under the proprietary name, Balcoltra.
25.	Unisomnia	46	International product formerly marketed in the United Kingdom.

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

No.	Name	POCA Score (%)
1.	Cinnasil	62
2.	Flunisin	62
3.	Domoso	60
4.	Fenesin	60
5.	(b) (4) ***	60
6.	(b) (4) ***	60
7.	Co-Tussin	59
8.	Unisom	59
9.	Ursinus	59
10.	Centussin	58
11.	(b) (4) ***	58
12.	Phanasin	58
13.	Phenesin	58
14.	Uni-Sed	58
15.	Contuss	57
16.	Notuss	57
17.	Vitussin	57
18.	Hongos	56
19.	Invossa***	56
20.	Io-Sans 110	56
21.	Lotussin	56
22.	Pseudo G/Psi	56
23.	Tussi-12	56
24.	Unasyn	56
25.	Vansil	56
26.	Zinotic	56
27.	C Tussin	55
28.	(b) (4) ***	55
29.	Q-Tussin	55
30.	Duo Fusion	49

^g 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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04/23/2018

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