CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

213691Orig1s000

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 22, 2020
Application Type and Number:	NDA 213691
Product Name and Strength:	Impeklo (clobetasol propionate) Lotion, 0.05%
Product Type:	Single Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	Mylan Pharmaceuticals, Inc. (Mylan)
Panorama #:	2020-37830100
DMEPA Safety Evaluator:	Valerie S. Vaughan, PharmD
DMEPA Team Leader:	Sevan Kolejian, PharmD, MBA

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Impeklo, from a safety and misbranding perspective. The sources and methods used to evaluate the proposed proprietary name are outlined in the reference section and Appendix A respectively. Mylan submitted an external name study, conducted by

1.1 REGULATORY HISTORY

Mylan previously submitted the proposed proprietary name, ^{(b) (4)} *** on July 19, 2019. However, we found the name, ^{(b) (4)} *** unacceptable under NDA 213691 on September 5, 2019 because the name would be misleading.^a

Thus, Mylan submitted the name, Impeklo, for review on February 13, 2020.

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on February 13, 2020.

- Intended Pronunciation: im pek' loe
- Active Ingredient: clobetasol propionate
- Indication of Use: Relief of the inflammatory and pruritic manifestations of corticosteroid responsive dermatoses only in patients 18 years of age or older.
- Route of Administration: Topical
- Dosage Form: Lotion
- Strength: 0.05%
- Dose and Frequency: Apply ^{(b) (4)} to affected area 2 times daily
- How Supplied: Supplied in a metered-dose pump that delivers 0.15 mg of clobetasol propionate in 0.3 g of lotion per pump actuation. The metered-dose pump is capable of dispensing 138 actuations to deliver 41.4 g of lotion.
- Storage: Store at 25°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature]. Protect from freezing.
- Reference Listed Drug/Reference Product: Clobex (clobetasol propionate) Lotion 0.05% NDA 021535

2 RESULTS

The following sections provide information obtained and considered in the overall evaluation of the proposed proprietary name, Impeklo.

^a Patel, M. Proprietary Name Review for ^{(b) (4)}*** (NDA 213691). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2019 SEP 05. Panorama No. 2019-33278880.

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Impeklo would not misbrand the proposed product. The Division of Medication Error Prevention and Analysis (DMEPA) and the Division of Dermatology and Dental Products (DDDP) concurred with the findings of OPDP's assessment for Impeklo.

2.2 SAFETY ASSESSMENT

The following aspects were considered in the safety evaluation of the proposed proprietary name, Impeklo.

2.2.1 United States Adopted Names (USAN) Search

There is no USAN stem present in the proposed proprietary name^b.

2.2.2 Components of the Proposed Proprietary Name

Mylan did not provide a derivation or intended meaning for the proposed proprietary name, Impeklo, in their submission. We note that the proposed proprietary name contains the following medical abbreviations^c:

- "IM" (abbreviation for ice massage, imatinib mesylate, infant mortality, infectious mononucleosis, intermetatarsal, internal margin, internal medicine, intramedullary, and intramuscular);
- "IMP" (abbreviation for impacted, important, impression, improved, and inosine monophosphate);
- "MP" (abbreviation for malignant pyoderma, melphalan and prednisone, menstrual period, mercaptopurine, metacarpal phalangeal joint, methylprednisolone, mitoxantrone and prednisone, moist pack, monitor pattern, monophasic, motor potential, mouthpiece, muscularis propria, and myocardial perfusion);
- "MPE" (abbreviation for malignant pleural effusion, massive pulmonary embolism, mean prediction error, multiphoton excitation, and myxopapillary ependymoma);
- "PE" (abbreviation for cisplatin (Plantinol) and etoposide, pedal edema, pelvic examination, pharyngoesophageal, phenytoin equivalent, physical education, physical examination, physical exercise, plasma exchange, pleural effusion, pneumatic equalization, polyethylene, preeclampsia, premature ejaculation, pressure equalization, pulmonary edema, and pulmonary embolism);
- "PEK" (abbreviation for punctate epithelial keratopathy);
- "EK" (abbreviation for Ektachem 400 and erythrokinase); and
- "LO" (abbreviation for lateral oblique, linguo-occlusal, and lumbar orthoosis).

Although we typically discourage the inclusion of medical abbreviations in proprietary names, we determined that the location of these letter strings and their lack of prominence makes it

^b USAN stem search conducted on February 24, 2020.

^c Source: Davis N. Medical Abbreviations: 32,000 Conveniences at the Expense of Communication and Safety, 15th ed. Warminster, PA: Neil M. Davis Associates. 2011.

unlikely that they will be separated from the surrounding letters or otherwise misinterpreted in a manner that could lead to confusion

Thus, in this particular case we find the inclusion of these medical abbreviations acceptable.

2.2.3 Comments from Other Review Disciplines at Initial Review

In response to the OSE, March 2, 2020 e-mail, the Division of Dermatology and Dental Products (DDDP) did not forward any comments or concerns relating to Impeklo at the initial phase of the review.

2.2.4 FDA Name Simulation Studies

Ninety-seven practitioners participated in DMEPA's prescription studies for Impeklo. 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 prescription simulation studies.

2.2.5 Phonetic and Orthographic Computer Analysis (POCA) Search Results

Our POCA search^d identified 22 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 (b) (4) external study. These name pairs are organized as highly similar, moderately similar or low similarity for further evaluation.

Table 1. Names Retrieved for Review Organized by Name Pair Similarity				
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%	19			
Low similarity name pair: combined match percentage score ≤54%	2			

^d POCA search conducted on February 24, 2020 in version 4.3.

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

Our analysis of the 23 names contained in Table 1 determined none of the names will pose a risk for confusion with Impeklo as described in Appendices C through H.

2.2.8 Discussion of Proposed Proprietary Name

Mylan currently markets Olux (clobetasol propionate), which is indicated for treatment of moderate to severe plaque psoriasis of the scalp and mild to moderate plaque psoriasis of non-scalp regions of the body excluding the face and intertriginous areas in patients 12 years and older (NDA 021142, approved May 26, 2000). Additionally, Mylan markets Olux-E (clobetasol propionate), which is indicated for the treatment of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 12 years and older (NDA 022013, approved January 12, 2007). Mylan proposes to introduce a new dosage form and strength of clobetasol propionate under the proprietary name Impeklo, indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid responsive dermatoses only in patients 18 years of age or older.

Table 2. Relevant Product Information for Impeklo, Olux, and Olux-E					
Product Name	Product Name Impeklo Olux Olux-E				
Application #	NDA 213691	NDA 021142	NDA 022013		
Initial Approval Date	N/A	May 26, 2000	January 12, 2007		
Intended Pronunciation	im pek' loe	not provided	not provided		
Active Ingredient	clobetasol propionate	clobetasol propionate	clobetasol propionate		
Indication	tionRelief of the inflammatory and pruriticTreatment of moderate to severe plaqueTreat infla psoriasis of the scalp and prur mild to moderate plaqueTreat infla 		Treatment of inflammatory and pruritic manifestations of corticosteroid- responsive dermatoses in patients 12 years and older.		
Route of Administration	Topical	Topical	Topical		
Dosage Form	Lotion	Foam	Foam		
Strength	0.05%	0.05%	0.05%		
Dose and Frequency	Apply to affected skin areas. Total dosage should not exceed 50	Apply a thin layer of OLUX Foam to the affected skin areas twice	Apply a thin layer of Olux-E Foam to the affected area(s) twice		

Table 2 provides relevant product information for Impeklo, Olux, and Olux-E.

	g per week (not to exceed 12 actuations/ application or 24 actuations/day), should not be used for more than 2 weeks. For moderate to severe plaque psoriasis, physicians may extend treatment for an additional 2 weeks for localized lesions (<10% body surface area) that have not sufficiently.	daily. OLUX Foam is a super-high-potency topical corticosteroid; therefore, limit treatment to 2 consecutive weeks. Patients should not use greater than 50 grams per week or more than 21 capfuls per week.	daily, morning and evening, for up to 2 consecutive weeks; therapy should be discontinued when control has been achieved. The maximum weekly dose should not exceed 50 g or an amount greater than 21 capfuls per week.
How Supplied	Supplied in a metered- dose pump that delivers 0.15 mg of clobetasol propionate in 0.3 g of lotion per pump actuation.	50 g aluminum can, aerosol 100 g aluminum can, aerosol	50 g aluminum can, aerosol, 100 g aluminum can, aerosol

Mylan submitted an *Amendment to Request for Proprietary Name Review* received on March 4, 2020, to clarify that Olux is a registered trademark of Stiefel Laboratories, Inc, a GSK Company, exclusively licensed to the Mylan Companies. As such, Mylan does not have the rights to submit a new proprietary name incorporating the share root name, Olux. Thus, Mylan submitted the proposed proprietary name, Impeklo, for their product.

We do not have concerns with this approach.

2.2.9 Communication of DMEPA's Analysis at Midpoint of Review

DMEPA communicated our findings to the Division of Dermatology and Dental Products (DDDP) via e-mail on April 13, 2020. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Dermatology and Dental Products (DDDP) on April 20, 2020, they stated no additional concerns with the proposed proprietary name, Impeklo.

3 CONCLUSION

The proposed proprietary name, Impeklo, is acceptable.

If you have any questions or need clarifications, please contact Tri Bui-Nguyen, OSE project manager, at 240-402-3726.

3.1 COMMENTS TO MYLAN PHARMACEUTICALS, INC.

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

If any of the proposed product characteristics as stated in your submission, received on February 13, 2020, are altered prior to approval of the marketing application, the name must be resubmitted for review.

REFERENCES 4

1. USAN Stems (https://www.ama-assn.org/about/united-states-adopted-names-approved-stems)

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 FDAapproved brand name and generic drugs; therapeutic biological products, prescription and over-thecounter 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 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. ^e

^e National Coordinating Council for Medication Error Reporting and Prevention. <u>http://www.nccmerp.org/aboutMedErrors.html</u>. Last accessed 10/11/2007.

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	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^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.

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

c. FDA Prescription Simulation Studies: DMEPA staff also conducts a prescription simulation studies using FDA health care professionals.

Four 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, verbal pronunciation of the drug name or during computerized provider order entry. 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 vulnerability of the proposed name to be misinterpreted by healthcare practitioners during written, verbal, or electronic prescribing.

In order to evaluate the potential for misinterpretation of the proposed proprietary name during written, verbal, or electronic prescribing of the name, written inpatient medication orders, written outpatient prescriptions, verbal orders, and electronic orders are simulated, each consisting of a combination of marketed and unapproved drug products, including the proposed name.

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.

Orthographic Checklist		Phonetic Checklist	
Y/N	Do the names begin with different first letters?	Y/N	Do the names have different number of syllables?
	Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.		
Y/N	Are the lengths of the names dissimilar* when scripted?	Y/N	Do the names have different syllabic stresses?
	*FDA considers the length of names different if the names differ by two or more letters.		
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
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.

Orthographic Checklist (Y/N to each question)	Phonetic 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 <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? 	 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?

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.

<u>Appendix B:</u> Prescription Simulation Samples and Results

Figure 1. Impeklo Study (Conducted on February 28, 2020)

Handwritten Medication Order/Prescription	Verbal Prescription
Medication Order: Medication Or	Impeklo Lotion 0.05% Apply to affected area twice daily Dispense #1 bottle
CPOE Study Sample (displayed as sans-serif, 12-point, bold font) Impeklo	

FDA Prescription Simulation Responses (<u>Aggregate Report</u>)

210 People Received Study 97 People Responded

Study Name: Impeklo

Total	40	21	15	21	
INTERPRETATION	OUTPATIENT	CPOE	VOICE	INPATIENT	TOTAL
EMPECLO	0	0	1	0	1
ENTECLO LOTION	0	0	1	0	1
IMPACTLO LOTION	0	0	1	0	1
IMPEBLO	10	0	0	0	10
IMPECKLO LOTION	0	0	1	0	1
IMPECLO	0	0	2	0	2
IMPECLO LOTION	0	0	3	0	3
IMPECLOW LOTION	0	0	1	0	1
IMPEKLO	26	21	0	18	65
IMPEKLO LOTION	0	0	3	0	3
IMPEKO	0	0	0	1	1
IMPERLO	3	0	0	2	5
IMPERTO	1	0	0	0	1
INPECLO LOTION	0	0	1	0	1
INTECLO LOTION	0	0	1	0	1

No.	Proposed name: Impeklo	POCA	Orthographic and/or phonetic
	Established name: clobetasol	Score (%)	differences in the names sufficient to
	propionate		prevent confusion
	Dosage form: Lotion		
	Strength(s): 0.05%		Other prevention of failure mode
	Usual Dose: Apply a thin layer		expected to minimize the risk of
	to affected area twice daily		confusion between these two names.
1.	Impeklo	100	Subject of review
2.	Epiklor	70	The first syllable of this name pair
			sound different.
			Aditionally, there is no numeric
			overlap between the strengths (20 mEq
			or 25 mEq vs 0.05%) and a prescription
			for Epiklor would need to specify
			which strength is needed. Furthermore,
			there is no numeric overlaps between
			doses (40 mEq to 100 mEq (2 to 4
			packets) vs ^{(b) (4)}) of these
			products.

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

<u>Appendix D:</u> 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 (%)
3.	Symdeko	58
4.	(b) (4) ***	55

<u>Appendix E:</u> 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: Impeklo	POCA	Prevention of Failure Mode
	Established name: clobetasol	Score (%)	
	propionate		In the conditions outlined below, the
	Dosage form: Lotion		following combination of factors, are
	Strength(s): 0.05%		expected to minimize the risk of
	Usual Dose: Apply a thin layer		confusion between these two names
	to affected area twice daily		
5.	Impavido	60	This name pair has sufficient
			orthographic and phonetic differences.
6.	Fintepla***	56	This name pair has sufficient
			orthographic and phonetic differences.
7.	Imotil	55	This name pair has sufficient
			orthographic and phonetic differences.

No.	Proposed name: Impeklo	POCA	Prevention of Failure Mode
	Established name: clobetasol	Score (%)	
	propionate		In the conditions outlined below, the
	Dosage form: Lotion		following combination of factors, are
	Strength(s): 0.05%		expected to minimize the risk of
	Usual Dose: Apply a thin layer		confusion between these two names
	to affected area twice daily		
8.	Jemperli	55	This name pair has sufficient
			orthographic and phonetic differences.
9.	Onpattro	50	This name pair has sufficient
			orthographic and phonetic differences.

<u>Appendix F:</u> Low Similarity Names (e.g., combined POCA score is ≤54%)

No.	Name	POCA
		Score (%)
	N/A	

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

No.	Name	POCA	Failure preventions
		Score	
		(%)	
10.	Anti Cle	60	Name identified in RxNorm database. Unable to
			find product characteristics in commonly used drug
			databases.
11.	(b) (4) ***	60	(b) (4)
12.	E-Pilo-1	58	Discontinued per RedBook with no generic
			equivalents available.
13.	E-Pilo-2	58	Discontinued per RedBook with no generic
			equivalents available.
14.	E-Pilo-4	58	Discontinued per RedBook with no generic
			equivalents available.
15.	E-Pilo-6	58	Discontinued per RedBook with no generic
			equivalents available.
16.	Indiclor	57	Indium In-111 Chloride is a diagnostic
			radiopharmaceutical agent intended for
			radiolabeling OncoScint (satumomab pendetide) or
			ProstaScint (capromab pendetide) used for in vivo
			diagnostic imaging procedures and for radiolabeling
			Zevalin (ibritumomab tiuxetan) in preparations used
			for radioimmunotherapy procedures.

No.	Name	POCA Score (%)	Failure preventions
17.	Simplet	55	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
18.	Entex LA	52	Discontinued per RedBook with no generic equivalents available.
19.	Lime Oil	46	Not a drug product.

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

No.	Name	POCA
		Score (%)
20.	AMPHICOL	61
21.	Dm-Pe-Chlor	59
22.	Tekamlo	56
23.	Embelin	56

^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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SEVAN H KOLEJIAN 04/22/2020 02:14:54 PM

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)

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Date of This Review:	September 5, 2019
Application Type and Number:	NDA 213691
Product Name and Strength:	^{(b) (4)} (clobetasol propionate) topical lotion, 0.05% Metered Dose Pump
Product Type:	Single Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	Mylan Pharmaceuticals, Inc.
Panorama #:	2019-33278880
DMEPA Safety Evaluator:	Madhuri R. Patel, PharmD
DMEPA Team Leader:	Sevan Kolejian, PharmD, MBA

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