CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

761163Orig1s000

PROPRIETARY NAME REVIEW(S)

MEMORANDUM

SUFFIX REVIEW FOR NONPROPRIETARY NAME

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 14, 2020
Responsible OND Division:	Division of Hematologic Malignancies 2 (DHM2)
Application Type and Number:	BLA 761163
Product Name and Strength:	Monjuvi (tafasitamab-cxix) for injection 200 mg per vial
Product Type:	Single Ingredient Product
Applicant/Sponsor Name:	MorphoSys US Inc. (MorphoSys)
FDA Received Date:	November 15, 2019
OSE RCM #:	2019-2417
DMEPA Primary Reviewer:	Carlos M Mena-Grillasca, BS Pharm
DMEPA Deputy Director:	Danielle Harris, PharmD

1 PURPOSE OF MEMO

This memorandum summarizes our evaluation of the four-letter suffixes proposed by MorphoSys for inclusion in the nonproprietary name and communicates our recommendation for the nonproprietary name for BLA 761163.

2 ASSESSMENT OF THE NONPROPRIETARY NAME

On November 15, 2019, MorphoSys submitted a list of 10 suffixes, in their order of preference, to be used in the nonproprietary name of their product[a]. MorphoSys also provided their own findings evaluating the proposed four-letter suffixes in conjunction with the nonproprietary name, for our consideration. Table 1 presents a list of suffixes submitted by MorphoSys:

Table 1. Suffixes submitted by MorphoSys***	
1.	cxix
2.	(b) (4)
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

[a] Request for Suffix Review – Tafasitamab BLA 761163. Boston (MA): MorphoSys US Inc.; 2019 Nov 15. Available from: \\cdsesub1\evsprod\bla761163\0002\m1\us\tafasitamab-suffix-report.pdf

We reviewed MorphoSys's proposed suffixes in order of preference listed by MorphoSys, along with the supporting data they submitted, using the principles described in the applicable guidance.[a]

2.1 tafasitamab-cxix

MorphoSys's first proposed suffix, -cxix, is comprised of three distinct letters (c, x, i).

We determined that the proposed suffix -cxix, is not too similar to any other products' suffix designation, does not look similar to the names of other currently marketed products, that the suffix is devoid of meaning, does not include any abbreviations that could be misinterpreted, and does not make any misrepresentations with respect to safety or efficacy of this product.

3 COMMUNICATION OF DMEPA'S ANALYSIS

These findings were shared with OPDP. Per an email correspondence dated April 10, 2020, OPDP did not identify any concerns that would render this proposed suffix unacceptable. DMEPA also communicated our findings to the Division of Hematologic Malignancies 2 (DHM2) via e-mail on April 14, 2020.

4 CONCLUSION

We find MorphoSys's proposed suffix -cxix acceptable and recommend the nonproprietary name be revised throughout the draft labels and labeling to tafasitamab-cxix. DMEPA will communicate our findings to the Applicant via letter.

4.1 Recommendations for MorphoSys US Inc.

We find the nonproprietary name, tafasitamab-cxix, conditionally acceptable for your proposed product. Should your 351(a) BLA be approved during this review cycle, tafasitamab-cxix will be the proper name designated in the license. You should revise your

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[a] See Section VI which describes that any suffixes should be devoid of meaning in Guidance for Industry: Nonproprietary Naming of Biological Products. 2017. Available from: http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM459987.pdf

proposed labels and labeling accordingly and submit the revised labels and labeling to your BLA for our review. However, please be advised that if your application receives a complete response, the acceptability of your proposed suffix will be re-evaluated when you respond to the deficiencies. If we find your suffix unacceptable upon our re-evaluation, we would inform you of our finding.

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

CARLOS M MENA-GRILLASCA
04/14/2020 08:09:35 AM

DANIELLE M HARRIS
04/14/2020 09:07:52 AM

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:	January 24, 2020
Application Type and Number:	BLA 761163
Product Name and Strength:	Monjuvi (tafasitamab) for injection, 200 mg/vial
Product Type:	Single Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	MorphoSys AG c/o Catalyst Regulatory Services LLC (MorphoSys)
Panorama #:	2019-35792553
DMEPA Safety Evaluator:	Ariane O. Conrad, PharmD, BCACP, CDE
DMEPA Team Leader:	Hina Mehta, PharmD

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Monjuvi, 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. MorphoSys submitted a name study[a], which was reviewed during our previous evaluation of this proposed proprietary name under IND 114856.[b]

1.1 REGULATORY HISTORY

MorphoSys submitted the proposed proprietary name, Monjuvi, on October 3, 2018 under IND 114856. However, we found the name to be unacceptable due to orthographic and phonetic similarities with the pending proprietary name Sonsuvi*** (brimapitide, (b) (4)) on January 23, 2019.[b] We informed MorphoSys that the ultimate acceptability of the proposed proprietary name, Monjuvi, is dependent upon which underlying application is approved first.

In response to receiving communication that the name was unacceptable, MorphoSys provided permission for FDA to share contact information with the company developing the product with the potentially conflicting name and subsequently made contact.

MorphoSys submitted the name, Monjuvi, for review on November 15, 2019 under BLA 761163. In their proprietary name submission, MorphoSys stated that the conflicting product was still in development (paused, with no marketing application anticipated in the near-term). Thus, MorphoSys determined that the marketing application for Monjuvi would be approved before the potentially conflicting product, Sonsuvi***.[c]

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on November 15, 2019.

- Intended Pronunciation: mon-JEW-vee
- Nonproprietary Name: tafasitamab
- Indication of Use: Treatment in combination with lenalidomide of patients with relapse and/or refractory diffuse large B-cell lymphoma (DLBCL) who are not eligible for high-dose chemotherapy and autologous stem-cell transplantation (ASCT)
- Route of Administration: intravenous
- Dosage Form: for injection

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[a] The company that performed the external name study was not identified in the proprietary name submission.

[b] Mena-Grillasca C. Proprietary Name Review for Monjuvi (IND 114856). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2019 Jan 23. Panorama No. 2018-26370873.

[c] Catalyst Regulatory Services, LLC. Request for Reconsideration of Proprietary Name for tafasitamab. Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2019 Nov 15. BLA 761163.

- Strength: 200 mg/vial (reconstitute with 5 mL water for injection)
- Dose and Frequency: The proposed usual dosage is 12 mg/kg.

  Tafasitamab is administered intravenously for the first three cycles consisting of a tafasitamab infusion on Day 1, Day 8, Day 15 and Day 22 of each of cycle. Additionally, a loading dose will be administered on Day 4 of Cycle 1.

  (b) (4)

- How Supplied: (b) (4) single-use vials
- Storage: Refrigerated at 2°C to 8°C.

2 RESULTS

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

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Monjuvi would not misbrand the proposed product per their December 4, 2019 email. The Division of Medication Error Prevention and Analysis (DMEPA) and the Division of Hematologic Malignancies 2 (DHM 2) concurred with the findings of OPDP's assessment for Monjuvi.

2.2 SAFETY ASSESSMENT

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

2.2.1 United States Adopted Names (USAN) Search

There is no USAN stem present in the proposed proprietary name[d].

2.2.2 Components of the Proposed Proprietary Name

MorphoSys indicated that the proposed proprietary name, Monjuvi, "was not derived from any one particular concept" in their submission. This proprietary name is comprised of a single word that does not contain any components (i.e. a modifier, route of administration, dosage form, etc.) that are misleading or can contribute to medication error.

2.2.3 Comments from Other Review Disciplines at Initial Review

In response to the OSE December 4, 2019 email, the Division of Hematologic Malignancies 2 (DHM 2) did not forward any comments or concerns relating to Monjuvi at the initial phase of the review.

[d] USAN stem search conducted on November 29, 2019.

2.2.4 FDA Name Simulation Studies

Eighty-seven practitioners participated in DMEPA's prescription studies for Monjuvi. 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[e] identified 41 names with the combined score of ≥55% or individual orthographic or phonetic score of ≥70%. We identified and evaluated some of the names in our previous proprietary name review (OSE Review #2018-26370873).[f] We re-evaluated the previously identified names of concern considering any lessons learned from recent post-marketing experience, which may have altered our previous conclusion regarding the acceptability of the name. We note that none of the product characteristics have changed and we agree with the findings from our previous review for the names evaluated previously.

We identified 3 names that were not previously analyzed and re-evaluated 1 name from the previous review. These names are included in Table 1 below.

2.2.6 Names Retrieved for Review Organized by Name Pair Similarity

Table 1 lists the 3 names retrieved from our POCA search and the 1 name we are re-evaluating from the prior review and 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 ≥70%	1
Moderately similar name pair: combined match percentage score ≥55% to ≤ 69%	3
Low similarity name pair: combined match percentage score ≤54%	0

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

We determined 3 of the 4 names will not pose a risk for confusion with Monjuvi as described in Appendices C through H. However, the proposed proprietary name could be confused with

[e] POCA search conducted on November 27, 2019 in version 4.3.

[f] Mena-Grillasca C. Proprietary Name Review for Monjuvi (IND 114856). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2019 Jan 23. Panorama No. 2018-26370873.

Sonsuvi*** for the reasons described in our January 23, 2019 Proprietary Name Review for Monjuvi. Thus, the ultimate acceptability of the proposed proprietary name, Monjuvi is dependent upon which underlying application is approved first.

As described in Section 1.1, MorphoSys included information supporting the resubmission of the proposed name, Monjuvi. We considered this additional information, evaluated the status of the underlying application of the conflicting name, Sonsuvi*** and determined that the application remains in IND status. Therefore, if the proposed proprietary name, Monjuvi, is granted approval under BLA 761163 on or before the August 30, 2020 BsUFA goal date, this application will precede approval of the application with the conflicting name, Sonsuvi***. Based on this assessment, we do not object to the proposed proprietary name, Monjuvi, at this time.

2.2.8 Communication of DMEPA's Analysis at Midpoint of Review

DMEPA communicated our findings to the Division of Hematologic Malignancies 2 (DHM 2) via email on January 14, 2020. At that time, we also requested additional information or concerns that could inform our review. Per email correspondence from the Division of Hematologic Malignancies 2 (DHM 2) on January 21, 2020, they stated no additional concerns with the proposed proprietary name, Monjuvi.

3 CONCLUSION

The proposed proprietary name, Monjuvi, is acceptable.

If you have any questions or need clarifications, please contact Neil Vora, OSE project manager, at 240-402-4845.

3.1 COMMENTS TO MORPHOSYS AG C/O CATALYST REGULATORY SERVICES LLC

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

If any of the proposed product characteristics as stated in your submission, received on November 15, 2019, are altered prior to approval of the marketing application, the name must be resubmitted for review.

4 REFERENCES

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 FDA-approved *brand name* and *generic drugs*; *therapeutic biological products*, *prescription* and *over-the-counter* human drugs; and *discontinued drugs* (see Drugs @ FDA Glossary of Terms, available at http://www.fda.gov/Drugs/InformationOnDrugs/ucm079436.htm#ther_biological).

RxNorm

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

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

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

Division of Medication Errors Prevention and Analysis proprietary name consultation requests

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

APPENDICES

Appendix A

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

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

[g] 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 ≥70%.
- Moderately similar pair: combined match percentage score ≥55% to ≤ 69%.

- Low similarity: combined match percentage score ≤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[h]. 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

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

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.

   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 ≥ 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? *Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.*	**Y/N**	Do the names have different number of syllables?
Y/N	Are the lengths of the names dissimilar* when scripted? **FDA considers the length of names different if the names differ by two or more letters.*	**Y/N**	Do the names have different syllabic stresses?
Y/N	Considering variations in scripting of some letters (such as *z* and *f*), is there a different number or placement of upstroke/downstroke letters present in the names?	**Y/N**	Do the syllables have different phonologic processes, such 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 ≥55% to ≤69%).

Step 1	Review the DOSAGE AND ADMINISTRATION and HOW SUPPLIED/STORAGE AND HANDLING sections of the prescribing information (or for OTC drugs refer to the Drug Facts label) to determine if strengths and doses of the name pair overlap or are very similar. Different strengths and doses for products whose names are moderately similar may decrease the risk of confusion between the moderately similar name pairs. Name pairs that have overlapping or similar strengths or doses have a higher potential for confusion and should be evaluated further (see Step 2). Because the strength or dose could be used to express an order or prescription for a particular drug product, overlap in one or both of these components would be reason for further evaluation. For single strength products, also consider circumstances where the strength may not be expressed. For any i.e. drug products comprised of more than one active ingredient, consider whether the strength or dose may be expressed using only one of the components. To determine whether the strengths or doses are similar to your proposed product, consider the following list of factors that may increase confusion: • Alternative expressions of dose: 5 mL may be listed in the prescribing information, but the dose may be expressed in metric weight (e.g., 500 mg) or in non-metric units (e.g., 1 tsp, 1 tablet/capsule). Similarly, a strength or dose of 1000 mg may be expressed, in practice, as 1 g, or vice versa. • Trailing or deleting zeros: 10 mg is similar in appearance to 100 mg which may potentiate confusion between a name pair with moderate similarity. • Similar sounding doses: 15 mg is similar in sound to 50 mg
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.

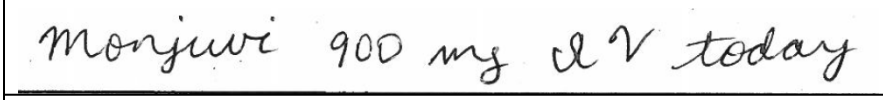
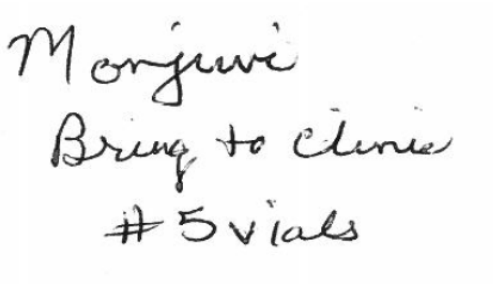
	Orthographic Checklist (Y/N to each question) • Do the names begin with different first letters? Note that even when names begin with different first letters, certain letters may be confused with each other when scripted. • Are the lengths of the names dissimilar* when scripted? *FDA considers the length 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?

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. Monjuvi Study (Conducted on December 6, 2019)

Handwritten Medication Order/Prescription	**Verbal Prescription**
Medication Order:  	Monjuvi Bring to clinic Dispense 5 vials
Outpatient Prescription:  	
CPOE Study Sample (Font: sans-serif, 12 point, bold)	
Monjuvi	

FDA Prescription Simulation Responses (Aggregate Report)

Study Name: Monjuvi
As of Date 12/20/2019

210 People Received Study
87 People Responded

Study Name: Monjuvi

Total	16	18	20	33	
INTERPRETATION	**OUTPATIENT**	**CPOE**	**VOICE**	**INPATIENT**	**TOTAL**
ANJUVI	0	0	1	0	1
MAHJUVEE	0	0	1	0	1
MAJOUVI	0	0	1	0	1
MAJUBY	0	0	1	0	1
MAJUVI	0	0	1	0	1
MODJUVY	0	0	1	0	1
MOJUVI	0	0	0	1	1
MONIUVI	0	0	0	1	1
MONJOOVI	0	0	1	0	1
MONJUIVI	1	0	0	0	1
MONJUVI	13	18	11	31	73
MONJUVIE	0	0	1	0	1
MONTJUVEE	0	0	1	0	1
MORJUVE	1	0	0	0	1
MORJUVI	1	0	0	0	1

Appendix C: Highly Similar Names (e.g., combined POCA score is ≥70%) --- N/A

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

No.	Name	POCA Score (%)
1.	Conjupri***	62
2.	(b) (4) ***	57

Appendix E: Moderately Similar Names (e.g., combined POCA score is ≥55% to ≤69%) with overlap or numerical similarity in Strength and/or Dose --- N/A

Appendix F: Low Similarity Names (e.g., combined POCA score is ≤54%) --- N/A

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

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

No.	Name	POCA Score (%)
3.	Dojolvi***	60

[i] 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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