

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

217806Orig1s000

PROPRIETARY NAME REVIEW(S)

PROPRIETARY NAME REVIEW

Division of Medication Error Prevention and Analysis 1 (DMEPA 1)
Office of Medication Error Prevention and Risk Management (OMEPRM)
Office of Surveillance and Epidemiology (OSE)
Center for Drug Evaluation and Research (CDER)

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

Date of This Review:	March 2, 2023
Application Type and Number:	NDA 217806 and IND 139721
Product Name and Strength:	Zepbound (tirzepatide) injection, 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL
Product Type:	Combination Product (Drug-Device)
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	Eli Lilly and Company (Lilly)
PNR ID #:	2022-1044724877 (NDA 217806) 2022- 1044724606 (IND 139721)
DMEPA 1 Safety Evaluator:	Sherly Abraham, R.Ph.
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Contents

1	INTRODUCTION	1
1.1	Regulatory History	1
1.2	Product Information.....	1
2	RESULTS.....	1
2.1	Misbranding Assessment	2
2.2	Safety Assessment	2
3	CONCLUSION	6
3.1	Comments to the Applicant/Sponsor	6
4	REFERENCES	7
	APPENDICES.....	8

1 INTRODUCTION

This review evaluates the proposed proprietary name, Zepbound, 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. Lilly did not submit an external name study for this proposed proprietary name but conducted its own analysis.

1.1 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on December 8, 2022.

- Intended Pronunciation: ZEHP-bownd
- Active Ingredient: tirzepatide
- Indication of Use: ZEPBOUND is proposed to be indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management (CWM) in adult patients with an initial body mass index (BMI) of
30 kg/m² or greater (obesity) or
27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, dyslipidemia, obstructive sleep apnea or cardiovascular disease).
- Route of Administration: subcutaneous
- Dosage Form: injection
- Strength: 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL
- Dose and Frequency: The usual dose varies as clinically indicated. The lowest maintenance dose is 5 mg/0.5 mL once a week. The maximum dose of ZEPBOUND is 15 mg/0.5 mL once a week
- How Supplied: ZEPBOUND will be supplied as a solution for injection in a prefilled, single-dose pen (autoinjector).
- Storage: ZEPBOUND should be stored in refrigerated conditions at 2°C to 8°C (36°F to 46°F). ZEPBOUND should not be used if it has been frozen. If needed, each single-dose pen can be stored unrefrigerated at temperatures not to exceed 30°C (86°F) for up to 21 days. ZEPBOUND should be stored in the original package to protect tirzepatide from light.

2 RESULTS

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

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Zepbound would not misbrand the proposed product. The Division of Medication Error Prevention and Analysis 1 (DMEPA 1) concurred with the findings of OPDP's assessment for Zepbound. The Division of Diabetes, Lipid Disorders, and Obesity (DDLO) concurred with the findings of OPDP's assessment for Zepbound.

2.2 SAFETY ASSESSMENT

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

2.2.1 *United States Adopted Names (USAN) Search*

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

2.2.2 *Components of the Proposed Proprietary Name*

Lilly did not provide a derivation or intended meaning for the proposed proprietary name, Zepbound, in their submission. This proprietary name is comprised of a single word. We note that Zepbound includes the letter string '-ou-', a medical abbreviation for "each eye/both eyes". Although we typically discourage the inclusion of medical abbreviations in proprietary names, we determined that the location of the abbreviation, '-ou-', in the infix of the name is unlikely to be separated from the surrounding letters in a manner that would lead to confusion in this case. Thus, in this case, we do not object to the inclusion of the letter strings '-ou-' in the infix of the proposed proprietary name. Other than the abbreviation "-ou-", the proposed name, Zepbound, does not contain any components (i.e., a modifier, route of administration, dosage form, etc.) that are misleading or can contribute to medication errors.

2.2.3 *Comments from Other Review Disciplines at Initial Review*

On December 20, 2022, the Division of Diabetes, Lipid Disorders, and Obesity (DDLO) did not forward any comments or concerns relating to Zepbound at the initial phase of the review.

2.2.4 *FDA Name Simulation Studies*

Ninety-three (n=93) practitioners participated in DMEPA's prescription studies for Zepbound. 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.

^a USAN stem search conducted on December 19, 2022.

2.2.5 Phonetic and Orthographic Computer Analysis (POCA) Search Results

Our POCA search^b identified 21 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. 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 $\geq 70\%$	1
Moderately similar name pair: combined match percentage score $\geq 55\%$ to $\leq 69\%$	18
Low similarity name pair: combined match percentage score $\leq 54\%$	2

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

Our analysis of the 21 names contained in Table 1 determined none of the names will pose a risk for confusion with Zepbound as described in Appendices C through H.

2.2.8 Discussion of Dual Proprietary Name

Lilly currently markets Mounjaro (tirzepatide) injection which is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus (NDA 215866).

Lilly proposes to introduce another tirzepatide injection product, under the proprietary name Zepbound, which will be indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m^2 or greater (obesity) or 27 kg/m^2 or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, dyslipidemia, obstructive sleep apnea or cardiovascular disease). Lilly indicates that, *“Using dual proprietary names for the respective tirzepatide type 2 diabetes mellitus (T2DM) and CWM products represent a naming approach that is consistent with other incretin mimetics (e.g., liraglutide and semaglutide) that have been safely marketed using this approach. Dual proprietary names may minimize patient-perceived stigma associated with therapy. This*

^b POCA search conducted on December 19, 2022 in version 5.1.

approach provides a mechanism for education of both HCPs and patients that is tailored based on the distinct treatment strategies for these two populations. It is the safest and most effective approach to communicate potential differences in pediatric use and indication-specific safety information in product labeling”.

Table 2 provides relevant product information for Zepbound and Mounjaro.

Table 2. Product Characteristic Comparison of Zepbound and Mounjaro		
Product Name	Zepbound (NDA 217806)	Mounjaro ^c (NDA 215866)
Initial Approval Date	N/A - proposed	May 13, 2022
Active Ingredient	tirzepatide	
Indication	Zepbound is proposed to be indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m ² or greater (obesity) or 27 kg/m ² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, dyslipidemia, obstructive sleep apnea or cardiovascular disease.	Mounjaro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

^c Mounjaro [Prescribing Information]. Dailymed. Available from: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d2d7da5d-ad07-4228-955f-cf7e355c8cc0>

Table 2. Product Characteristic Comparison of Zepbound and Mounjaro		
Route of Administration	subcutaneous	
Dosage Form	injection	
Strength	2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL and 15 mg/0.5 mL	
Dose and Frequency	The usual dose varies as clinically indicated. The lowest maintenance dose is 5 mg/0.5 mL once a week. The maximum dose of Zepbound is 15 mg/0.5 mL once a week.	The recommended starting dosage is 2.5 mg injected subcutaneously once weekly After 4 weeks, increase to 5 mg injected subcutaneously once weekly If additional glycemic control is needed, increase the dosage in 2.5 mg increments after at least 4 weeks on the current dose. The maximum dosage is 15 mg subcutaneously once weekly
How Supplied	Zepbound will be supplied as a solution for injection in a prefilled, single-dose pen (autoinjector).	Each carton contains 4 single-dose pen.

We note that there may be clinical implications due to duplicate therapy if both Zepbound and Mounjaro are prescribed and administered concurrently. In our analysis, we considered what would be the safer approach in terms of naming this product (i.e., use of the dual proprietary name Zepbound, use of the approved name Mounjaro for the subcutaneous tirzepatide CWM product, or use of the name Mounjaro plus a modifier) and considered the medication error potential with each approach.

We consulted the DDLO clinical team to determine if they had any concerns regarding the sponsor's proposal to use a separate proprietary name for this product or regarding the risk of adverse events that may occur in patients that receive duplicate therapy, considering that obesity is a common comorbid condition for patients with type 2 diabetes. Per their January 25, 2023 response to our email, DDLO has no clinical concerns regarding this approach.

Although not free from the risk of error, we do not object to the use of a dual proprietary name in this specific case. Any residual risk may be managed through labels and labeling mitigations.

2.2.9 Communication of DMEPA's Determination

On March 1, 2023, DMEPA 1 communicated our determination to the Division of Diabetes, Lipid Disorders, and Obesity (DDLO).

3 CONCLUSION

The proposed proprietary name, Zepbound, is conditionally acceptable.

If you have any questions or need clarifications, please contact Terrolyn Thomas, OSE project manager, at (240) 402-3981.

3.1 COMMENTS TO ELI LILLY AND COMPANY

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

If any of the proposed product characteristics as stated in your submission, received on December 8, 2022, are altered prior to approval of the marketing application, the name.

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. 6F^d

^d National Coordinating Council for Medication Error Reporting and Prevention. <https://www.nccmerp.org/about-medication-errors> Last accessed 10/05/2020.

*Table 2- Prescreening Checklist for Proposed Proprietary Name

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

- b. Phonetic and Orthographic Computer Analysis (POCA): Following the preliminary screening of the proposed proprietary name, DMEPA staff evaluates the proposed name against potentially similar names. In order to identify names with potential similarity to the proposed proprietary name, DMEPA enters the proposed proprietary name in POCA and queries the name against the following drug reference databases, Drugs@fda,

CernerRxNorm, and names in the review pipeline using a 55% threshold in POCA. DMEPA reviews the combined orthographic and phonetic matches and group the names into one of the following three categories:

- Highly similar pair: combined match percentage score $\geq 70\%$.
- Moderately similar pair: combined match percentage score $\geq 55\%$ to $\leq 69\%$.
- Low similarity: combined match percentage score $\leq 54\%$.

Using the criteria outlined in the check list (Table 3-5) that corresponds to each of the three categories (highly similar pair, moderately similar pair, and low similarity), DMEPA evaluates the name pairs to determine the acceptability or non-acceptability of a proposed proprietary name. The intent of these checklists is to increase the transparency and predictability of the safety determination of whether a proposed name is vulnerable to confusion from a look-alike or sound-alike perspective. Each bullet below corresponds to the name similarity category cross-references the respective table that addresses criteria that DMEPA uses to determine whether a name presents a safety concern from a look-alike or sound-alike perspective.

- For highly similar names, differences in product characteristics often cannot mitigate the risk of a medication error, including product differences such as strength and dose. Thus, proposed proprietary names that have a combined score of ≥ 70 percent are at risk for a look-alike sound-alike confusion which is an area of concern (See Table 3).
- Moderately similar names are further evaluated to identify the presence of attributes that are known to cause name confusion.
 - Name attributes: We note that the beginning of the drug name plays a significant role in contributing to confusion. Additionally, drug name pairs that start with the same first letter and contain a shared letter string of at least 3 letters in both names are major contributing factor in the confusion of drug names^{7F^e}. 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

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

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.

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.

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 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 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?		
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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 <u>with</u> overlapping or similar strengths or doses.

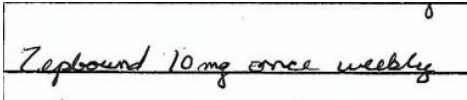
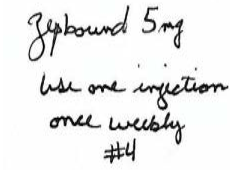
	Orthographic Checklist (Y/N to each question) - Do the names begin with different first letters? Note that even when names begin with different first letters, certain letters may be confused with each other when scripted. - Are the lengths of the names dissimilar* when scripted? *FDA considers the length 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?
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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. Zepbound Study (Conducted on December 27, 2022)

Handwritten Medication Order/Prescription	Verbal Prescription
<u>Medication Order:</u> 	Zepbound 5 mg Use one injection once weekly #4
<u>Outpatient Prescription:</u> 	
CPOE Study Sample (displayed as sans-serif, 12-point, bold font)	
Zepbound	

FDA Prescription Simulation Responses (Aggregate Report)

259 People Received Study

93 People Responded

Study Name: Zepbound

Total	25	22	24	22	
INTERPRETATION	INPATIENT	CPOE	VOICE	OUTPATIENT	TOTAL
JEP BOUND	0	0	1	0	1
ZEFBOUND	0	0	2	0	2
ZEP BOUND	0	0	1	0	1
ZEPBOUND	24	22	15	21	82
ZEPDOUND	0	0	1	0	1

ZEPDOWN	0	0	1	0	1
ZEPELM	0	0	1	0	1
ZEPFOUND	0	0	2	0	2
ZEPCLOUD	1	0	0	0	1
ZYBOUND	0	0	0	1	1

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

No.	Proposed name: Zepbound Established name: tirzepatide Dosage form: injection Strength(s): 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL Usual Dose ^f : Dose varies	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.	Zepbound	100	Name subject of review.

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-N/A

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

No.	Proposed name: Zepbound Established name: tirzepatide Dosage form: injection Strength(s): 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL Usual Dose ^e : Dose varies	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.	Compound 347	65	This name pair has sufficient orthographic and phonetic differences.
2.	Zuplenz	58	This name pair has sufficient orthographic and phonetic differences.
3.	Depandro 100	57	This name pair has sufficient orthographic and phonetic differences.
4.	Deponit	57	This name pair has sufficient orthographic and phonetic differences.

^f The usual dose varies as clinically indicated. The lowest maintenance dose is 5 mg/0.5 mL once a week. The maximum dose of ZEPBOUND is 15 mg/0.5 mL once a week

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

No.	Name	POCA Score (%)
1.	Vitamin D3	48
2.	Vitamin D	48

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.	Compound 65	67	Brand discontinued with no generic equivalents available. ANDA 84553 withdrawn FR effective 09/12/2014.
2.	Ipm Wound	66	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.
3.	Zotepine	59	International product marketed in Japan, Germany, and other foreign countries.
4.	Zefazone	57	Brand discontinued with no generic equivalents available. NDA 050637 withdrawn FR effective September 17, 2001.

Appendix H: Names not likely to be confused due to absence of attributes that are known to cause name confusion⁹.

No.	Name	POCA Score (%)
1.	Nebupent	60
2.	Gold Bond	58
3.	Vendone	56
4.	Sebutone	56
5.	Rapdone	56
6.	Pepsodent	56
7.	Nescon PD	56
8.	Kebuzone	56
9.	Kedbumin	55

⁹ 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

No.	Name	POCA Score (%)
10.	60 Second	55

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/s/

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