

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

218010Orig1s000

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:	June 1, 2023
Application Type and Number:	NDA 218010
Product Name and Strength:	iDose TR (travoprost intraocular) implant, 75 mcg
Product Type:	Combination Product (Drug-Device)
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	Glaukos Corporation (Glaukos)
PNR ID #:	2023-1044725030
DMEPA 1 Safety Evaluator:	Sofanit Getahun, PharmD, BCPS
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1 INTRODUCTION

This review evaluates the proposed proprietary name, iDose TR, 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. Glaukos submitted an external name study, conducted by (b) (4) for this proposed proprietary name. The submitted external name study was previously reviewed under IND 120995 (see Section 1.1 below).

1.1 REGULATORY HISTORY

Glaukos previously submitted the proposed proprietary name, iDose TR on May 31, 2019, under IND 120995. On November 26, 2019, we found the name, iDose TR, conditionally acceptable, and informed the Applicant a request for propriety name review for iDose TR must be submitted once the marketing application is submitted.^a

Thus, Glaukos submitted the name, iDose TR, for review on March 8, 2023 under NDA 218010.

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on March 8, 2023.

- Intended Pronunciation: eye' dose tee ar
- Active Ingredient: travoprost intraocular
- Indication of Use: for the reduction of intraocular pressure in patients with open angle glaucoma or ocular hypertension.
- Route of Administration: ophthalmic intracameral (surgically anchored in the anterior chamber angle of the eye)
- Dosage Form: implant
- Strength: 75 mcg
- Dose and Frequency: designed to release Travoprost in a controlled manner. (b) (4)

_____.
- How Supplied:
 - iDose TR (travoprost intraocular implant) (NDC 25357-100-01) is provided sterile and preloaded in a sterile, single-use inserter that is packaged in a blister tray sealed with a Tyvek lid. Each tray lid is labeled with the required product identification information. Implants are individually serialized, and the serial number is provided on the tray lid.

^a Roosta, N. Proprietary Name Review for iDose TR (IND 120995). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2019 NOV 25. PNR ID No. 2019-32118358.

- o The tray is sealed inside of a transparent plastic pouch along with an oxygen scavenger packet, which is packaged inside a unit carton. Tamper evidence is provided by a seal on both ends of the carton.
- Storage: Store at 2°C to 25°C (36°F to 77°F). Do not freeze
- Reference Listed Drug: Travatan (travoprost) NDA 021257

2 RESULTS

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

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that iDose TR 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 iDose TR. The Division of Ophthalmology (DO) did not comment on the findings of OPDP's assessment for iDose TR.

2.2 SAFETY ASSESSMENT

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

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

Glaukos indicated in their submission that the proposed proprietary name, iDose TR, consists of the name of device and drug combined. This proprietary name utilizes a naming convention that incorporates a modifier, "iDose," at the beginning of the name that is intended to represent the device constituent part of the proposed medical product followed by a root name, "TR" to represent the drug product.

During the previous review of this proprietary name, we noted that the *"naming convention where the proprietary name includes modifier to represent the device constituent part within the proprietary name has been employed in the market; however, in our experience, typically the modifier that represents the device constituent part is placed at the end of the proprietary name or following the root name"*^c. To clarify Glaukos' plan, at that time, the Agency held a teleconference with Glaukos and Glaukos (b) (4)

(b) (4) requested that the Agency move forward with the review of the

^b USAN stem search conducted on March 16, 2023.

^c Roosta, N. Proprietary Name Review for iDose TR (IND 120995). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2019 NOV 25. PNR ID No. 2019-32118358.

proposed proprietary name iDose TR. Subsequently, it was determined that because this was the first instance where Glaukos proposed a name containing the modifier “iDose,” we did not object to the inclusion of “iDose” in the proposed proprietary name.

Additionally, we note this proprietary name contains the letter string “TR,” a medical abbreviation for ‘timed-released.’ We previously assessed the inclusion of the letter string “TR” and determined there would be minimal risk for contributing to confusion.^c Furthermore, we note the proprietary name contains the letter strings: “id-,” a medical abbreviation for the route of administration, intradermal, and “-os-,” a medical abbreviation for the route of administration left eye, which were not assessed during the previous review of the proprietary name iDose TR. In some circumstances, the incorporation of medical abbreviations in the proprietary names can inadvertently be a source of error. For more information see, *Best Practices in Developing Proprietary Names for Human Prescription Drug Products*.^d Although we typically discourage the inclusion of medical abbreviations in proprietary names, we determined that we do not object to the inclusion of the letter string “-os-” in this case. Due to the location of this abbreviation, “-os-,” in the infix of the name and its lack of prominence, it is unlikely to be separated from the surrounding letters in a manner that could lead to confusion.

We considered the possibility that the abbreviation, “iD,” in the prefix could be misinterpreted as the intended route of administration (e.g., user interprets order as ID Osetr or ID Ose TR); however, currently there is no products marketed under the proprietary name Osetr or Ose. However, we acknowledge that there is a currently marketed product which is available as a tablet; ‘Oseni’ that could look similar to ‘Osetr’ and we considered the risk if the name were misinterpreted as ID Oseni; however, Oseni supplied as a tablet dosage form for oral use would not be administered intradermally. We additionally considered that the proposed product, iDose TR, will be limited to use by ophthalmologists and as proposed by the applicant “*will be surgically implanted by an ophthalmologist in an Ambulatory Surgery Center, Hospital Outpatient Department, and potentially an ophthalmologist’s office. The product will not go through a retail pharmacy or specialty pharmacy.*”^e Hence, this further decreasing the potential for inadvertent intradermal administration.

Thus, we conclude that in this case, the letter strings ‘id-,’ ‘-os-,’ and ‘tr’ in the name are acceptable.

2.2.3 Comments from Other Review Disciplines at Initial Review

On April 19, 2023, the Division of Ophthalmology (DO) did not forward any comments or concerns relating to iDose TR at the initial phase of the review.

2.2.4 FDA Name Simulation Studies

Eighty-nine (89) practitioners participated in DMEPA’s prescription studies for iDose TR. One participant in the voice study misinterpreted the name as ‘Hydose TR,’ which is similar to a previously marketed product “Hydase” that has equivalents available. We further assessed the name

^d Guidance for Industry: Best Practices in Developing Proprietary Names for Human Prescription Drug Products. 2020. Available from: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>

^e Request for Proprietary Name Review NDA 218010 iDose TR. Aliso Viejo (CA): Glaukos Corporation; 2023 MAR 08. Available from: <\\CDSESUB1\EVSPROD\nda218010\0002\m1\us\proprietary-name-request.pdf>

pair, Hydase *versus* iDose TR and determined the risk of confusion is sufficiently minimized as described in Appendix E.

The remaining 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^f identified 212 names with the combined score of $\geq 55\%$ or individual orthographic or phonetic score of $\geq 70\%$. We had identified and evaluated some of the names in our previous proprietary name review. 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 the product characteristics have changed. Specifically, during the IND phase the Sponsor was proposing strength of (b) (4) the drug product to be eluted in a sustained controlled fashion over a period of time anticipated to be at least a year in duration. However, for the NDA the strength is proposed as 75 mcg (b) (4)

We considered this change during our reassessment of the names evaluated previously, and we agree with the findings from our previous review, apart from re-assessment of the name pair Hydase *versus* iDose TR as described in 2.2.4.

Therefore, we identified 11 names not previously analyzed. 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 FDA Prescription Simulation 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 $\geq 70\%$	0
Moderately similar name pair: combined match percentage score $\geq 55\%$ to $\leq 69\%$	10
Low similarity name pair: combined match percentage score $\leq 54\%$	2

^f POCA search conducted on March 16, 2023 in version 5.2.

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

Our analysis of the 12 names contained in Table 1 determined none of the names will pose a risk for confusion with iDose TR as described in Appendices C through H.

2.2.8 Communication of DMEPA's Determination

On June 1, 2023, DMEPA 1 communicated our determination to the Division of Ophthalmology (DO).

3 CONCLUSION

The proposed proprietary name, iDose TR, is conditionally acceptable.

If you have any questions or need clarifications, please contact Oyinlola Fashina, OSE project manager, at 301-796-4446.

3.1 COMMENTS TO GLAUKOS CORPORATION

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

If any of the proposed product characteristics as stated in your submission, received on March 8, 2023, 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. [§]

[§] 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, Cerner RxNorm, 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^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 a low similarity name to the moderate similarity category and review according to the moderately similar name pair checklist.

^h 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.

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?		

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.

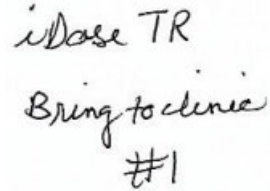
	Orthographic Checklist (Y/N to each question) - Do the names begin with different first letters? Note that even when names begin with different first letters, certain letters may be confused with each other when scripted. - Are the lengths of the names dissimilar* when scripted? *FDA considers the length 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 $\leq 54\%$).

Names with low similarity are generally acceptable unless there are data to suggest that the name might be vulnerable to confusion (e.g., prescription simulation study suggests that the name is likely to be misinterpreted as a marketed product). In these instances, we would reassign a low similarity name to the moderate similarity category and review according to the moderately similar name pair checklist.

Appendix B: Prescription Simulation Samples and Results

Figure 1. iDose TR Study (Conducted on March 24, 2023)

Handwritten Medication Order/Prescription	Verbal Prescription
<u>Medication Order:</u> 	iDose TR Bring to Clinic Dispense #1
<u>Outpatient Prescription:</u> 	
CPOE Study Sample (displayed as sans-serif, 12-point, bold font)	
iDose TR	

FDA Prescription Simulation Responses (Aggregate Report)

257 People Received

Study

89 People Responded

Study Name: iDose TR

Total

	20	25	21	23	
INTERPRETATION	INPATIENT	CPOE	VOICE	OUTPATIENT	TOTAL
EYE DOSE TR	0	0	1	0	1
EYEDOSE TR	0	0	2	0	2
HI DOSE TR	0	0	1	0	1
HYDOSE TR	0	0	1	0	1
IDASE TR	0	0	0	1	1
IDOJE TR	1	0	0	0	1
IDOS TR	0	0	1	0	1
IDOSE TR	14	25	14	22	75
I-DOSE TR	0	0	1	0	1
IDOSE TR UAD	1	0	0	0	1
IPOSE TR	4	0	0	0	4

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

No.	Proposed name: iDose TR Established name: travoprost intraocular Dosage form: implant Strength(s): 75 mcg Usual Dose: 75 mcg, released in a controlled manner. One implant inserted intracamerally.	POCA Score (%)		Orthographic and/or phonetic differences in the names sufficient to prevent confusion		
		POCA search “iDose”	POCA search “iDose <tr><tr><td>1.</td><td>N/A</td><td></td><td></td><td>Other prevention of failure mode expected to minimize the risk of confusion between these two names.</td></tr></tr>	1.	N/A	
1.	N/A			Other prevention of failure mode expected to minimize the risk of confusion between these two names.		
1.	N/A			Other prevention of failure mode expected to minimize the risk of confusion between these two names.		

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

Overlap of numerical similarity in Strength and/or Dose													
No.	Name	POCA Score (%)											
		POCA search “iDose”	POCA search “iDose <tr><td>1.</td><td>(b) (4)***</td><td></td><td>66</td></tr> <tr><td>2.</td><td>Imdelltra***</td><td></td><td>56</td></tr> <tr><td>3.</td><td>Iosat</td><td></td><td>58</td></tr>	1.	(b) (4)***		66	2.	Imdelltra***		56	3.	Iosat
1.	(b) (4)***		66										
2.	Imdelltra***		56										
3.	Iosat		58										

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

Overlap of numerical similarity in Strength and/or Dose						
No.	Proposed name: iDose TR Established name: travoprost intraocular Dosage form: implant Strength(s): 75 mcg Usual Dose: 75 mcg, released in a controlled manner. One implant inserted intracamerally.	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		
		“iDose”	“iDose <tr><tr><td>1.</td><td>Hydase</td><td>62</td><td></td><td>Orthographically, the names begin with different letters 'I' versus 'H' and the presence of the letter 'D' in the 2nd position in iDose versus the downstroke letter 'y' in the same position of Hydase provides sufficient orthographic difference. Furthermore, the “TR” letter string in iDose TR, which represents the drug constituent, affords additional orthographic difference.</td></tr></tr>		1.	Hydase
1.	Hydase	62		Orthographically, the names begin with different letters 'I' versus 'H' and the presence of the letter 'D' in the 2 nd position in iDose versus the downstroke letter 'y' in the same position of Hydase provides sufficient orthographic difference. Furthermore, the “TR” letter string in iDose TR, which represents the drug constituent, affords additional orthographic difference.		
1.	Hydase	62		Orthographically, the names begin with different letters 'I' versus 'H' and the presence of the letter 'D' in the 2 nd position in iDose versus the downstroke letter 'y' in the same position of Hydase provides sufficient orthographic difference. Furthermore, the “TR” letter string in iDose TR, which represents the drug constituent, affords additional orthographic difference.		

				Phonetically, the third and fourth syllables (tee-ar) in iDose TR <i>versus</i> the lack of a third and fourth syllable in Hydase provides phonetic difference. In addition to orthographic and phonetic differences, we note Hydase is indicated as an adjuvant in subcutaneous fluid administration, to increase the dispersion and absorption of other injected drugs, and as an adjunct in subcutaneous urography for improving resorption of radiopaque agents. There is no overlap in route of administration (intracamerally <i>versus</i> direct subcutaneous injection or added to injection solution), and for Hydase it would need to be specified whether the product is administered subcutaneously or added to the injection solution. When all the aforementioned mitigations are considered in totality, we find the risk of name confusion is adequately minimized in this case.
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Appendix F: Low Similarity Names (e.g., combined POCA score is $\leq 54\%$)

No.	Name	POCA Score (%)	
		“iDose”	“iDose ^{tr} ”
1.	(b) (4) ***	48	
2.	Detomised	47	

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
		“iDose”	“iDose <tr”< th=""></tr”<>	
1.	(b) (4) ***	62		Proposed proprietary name for ANDA 214729 found unacceptable by DMEPA (OSE# 2020-40328919 dated 11/24/2020). Subsequently, the proposed proprietary name Etyqa*** was found conditionally acceptable for ANDA 214729.
2.	(b) (4) ***	62	46	This is not a drug. (b) (4) (b) (4)
3.	Imectro		60	Veterinary Product.
4.	Estetrol		59	Name identified in RxNorm database. Product is an active ingredient in the multi-ingredient oral contraceptive available as each tablet containing drospirenone 3 mg and estetrol 14.2 mg. NDA 214154.
5.	Edotreotide		56	Name identified in RxNorm database. Unable to find product characteristics in commonly used drug databases.

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

No.	Name	POCA Score (%)			
		“iDose”	“iDose <tr><td>1.</td><td>(b) (4) ***</td><td></td><td>56</td></tr>	1.	(b) (4) ***
1.	(b) (4) ***		56		

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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