

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

761336Orig1s000

PROPRIETARY NAME REVIEW(S)

SUFFIX REVIEW FOR NONPROPRIETARY NAME

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)

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:	2/16/2024
Responsible OND Division:	Division of Oncology 1 (DO1)
Application Type and Number:	BLA 761336
Product Name and Strength:	Anktiva (nogapendekin alfa inbakicept-pmIn) solution for intravesicular use, 400 mcg/0.4 ml
Product Type:	Single Ingredient Product
Applicant/Sponsor Name:	Altor BioScience, LLC, an indirect wholly- owned subsidiary of ImmunityBio, Inc. (Altor BioScience)
Nexus NPNS ID #:	2023-211
DMEPA 2 Biologics Suffix Specialist:	Carlos M Mena-Grillasca, BS Pharm
DMEPA 2 Deputy Director:	Chi-Ming (Alice) Tu, PharmD

1 PURPOSE OF REVIEW

This review is to reassess the proposed suffix, -pmln, for BLA 761336, which was found conditionally acceptable on February 16, 2023^a, for inclusion in the nonproprietary name and communicates our recommendation for the nonproprietary name for BLA 761336.

1.1 Regulatory History

We found the proposed four-letter suffix, -pmln, acceptable for BLA 761336 on February 16, 2023^a. However, BLA 761336 received a Complete Response (CR) letter on May 9, 2023^b. Thus, Altor BioScience submitted a Class 2 Resubmission on October 21, 2023 and received on October 23, 2023.

2 ASSESSMENT OF THE NONPROPRIETARY NAME

We reassessed the previously proposed four-letter suffix, -pmln, using the principles described in the applicable guidance^c.

We note that the letters 'pm' and 'ml' in the suffix represent the medical abbreviations for 'evening' and 'milliliters', respectively. We considered whether the inclusion of the letters 'pm' and 'ml' within the suffix could be a source of confusion and errors, but we could not identify a plausible risk based on the expected use of this product or based upon known causes of medication errors.

We determined that the proposed suffix -pmln, 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.

^a Mena-Grillasca, C.M. Nonproprietary Name Suffix Review for nogapendekin alfa inbakicept-pmln (BLA 761336). Silver Spring (MD): FDA, CDER, OSE, DMEPA 2 (US); 2023 Feb 16. Nexus NPNS ID No.: 2022-194.

^b Kluetz, P.G. Complete Response (BLA 761336). Silver Spring (MD): FDA, CDER, OND, OOD (US); 2023 May 09.

^c Guidance for Industry: Nonproprietary Naming of Biological Products. 2017. Available from:

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM459987.pdf>

3 COMMUNICATION OF DMEPA 2 ANALYSIS

These findings were shared with OPDP. On February 14, 2024, OPDP did not identify any concerns that would render this suffix unacceptable. DMEPA 2 also communicated our findings to the Division of Oncology 1 (DO1) on February 16, 2024.

4 CONCLUSION

We find the suffix -pmln acceptable and recommend the nonproprietary name nogapendekin alfa inbakicept-pmln be used throughout the draft labels and labeling.

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/s/

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PROPRIETARY NAME REVIEW

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)
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:	Date
Application Type and Number:	BLA 761336
Product Name and Strength:	Anktiva (Nogapendekin alfa inbakicept-pmln ^a) solution, 400 mcg/0.4 mL
Product Type:	Single Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	Altor BioScience, LLC, an indirect wholly-owned subsidiary of ImmunityBio, Inc. (Altor BioScience)
PNR ID #:	2023-1044725431
DMEPA 2 Safety Evaluator:	Tingting Gao, PharmD
DMEPA 2 Team Leader:	Ashleigh Lowery, PharmD
DMEPA 2 Deputy Director:	Chi-Ming (Alice) Tu, PharmD

^a The nonproprietary name, Nogapendekin alfa inbakicept-pmln, was found conditionally acceptable on February 16, 2023..

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Anktiva, 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. Altor BioScience did not submit an external name study for this proposed proprietary name.

1.1 REGULATORY HISTORY

Altor BioScience previously submitted the proposed proprietary name, Anktiva, under IND 121976 on April 20, 2020, which was found conditionally acceptable.^b

Altor BioScience submitted the proposed proprietary name, Anktiva, under BLA 7613366 on September 12, 2022, which was found conditionally acceptable on December 8, 2022.^c However, BLA 7613366 received a Complete Response (CR) on February 26, 2022.^d

Thus, Altor BioScience responded to the CR and submitted the name, Anktiva, for review on October 23, 2023 under BLA 761336.

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on October 23, 2023 and the prescribing information^e received on October 23, 2023.

- Intended Pronunciation: angk-tee-vah
- Nonproprietary Name: Nogapendekin alfa inbakicept-pmln
- Indication of Use: indicated with Bacillus Calmette-Guérin (BCG) for the treatment of patients with BCG-unresponsive nonmuscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.
- Route of Administration: intravesical
- Dosage Form: solution
- Strength: 400 mcg/0.4 mL
- Dose and Frequency:

^b Gao, T. Proprietary Name Review for Anktiva (IND 121976). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2020 July 9. PNR ID No. 2020-39356772.

^c Gao, T. Proprietary Name Review for Anktiva (BLA 761336). Silver Spring (MD): FDA, CDER, OSE, DMEPA 2 (US); 2022 Dec 8. PNR ID No. 2022-1044724751.

^d Lee, C. on behalf of Paul G. Kluetz. Complete Response for Anktiva (nogapendekin alfa inbakicept-pmln) solution. Silver Spring (MD): FDA, CDER, OND, DO1 (US); 2023 May 9. BLA 761336.

^e Proposed prescribing information for Anktiva. Culver City (CA): Altor BioScience, LLC, an indirect wholly-owned subsidiary of ImmunityBio, Inc. 2023 Oct 23. Available from:

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- For induction: 400 mcg administered intravesically with BCG once a week for 6 weeks. A second induction course may be administered if complete response is not achieved.
- For maintenance: 400 mcg administered intravesically with BCG once a week for 3 weeks at months 4, 7, 10, 13 and 19. For patients with a complete response at month 25 and later, maintenance instillations may be administered once a week for 3 weeks at months 25, 31, and 37.
- How Supplied: Carton containing one single-dose vial
- Storage: Store vials under refrigeration at 2°C to 8°C (36°F to 46°F), protect from light. Do not freeze. Do not shake.

2 RESULTS

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

2.1 MISBRANDING ASSESSMENT

The determined that Anktiva would not misbrand the proposed product. The Division of Medication Error Prevention and Analysis 2 (DMEPA 2) concurred with the findings of OPDP's assessment for Anktiva. The Division of Oncology 1 (DO1) concurred with the findings of OPDP's assessment for Anktiva.

2.2 SAFETY ASSESSMENT

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

2.2.1 *United States Adopted Names (USAN) Search*

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

2.2.2 *Components of the Proposed Proprietary Name*

Altor BioScience did not provide a derivation or intended meaning for the proposed proprietary name, Anktiva, in their submission.

The proposed proprietary name, Anktiva, is comprised of a single word, and includes the letter strings; '-iv-', which is an abbreviation for, "intravenous". Although we typically discourage the inclusion of medical abbreviations in proprietary names, we determined that the abbreviation, 'iv', in the infix of the name are 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 'iv' in the infix of the proposed proprietary name.

^f USAN stem search conducted on December 5, 2023.

2.2.3 Comments from Other Review Disciplines at Initial Review

On November 24, 2023, the Division of Oncology 1 (DO1) did not forward any comments or concerns relating to Anktiva at the initial phase of the review.

2.2.4 FDA Name Simulation Studies

Sixty-four practitioners participated in DMEPA's prescription studies for Anktiva. The responses did not overlap with any currently marketed products nor did the responses sound or look similar to any currently marketed products or any products in the pipeline. Appendix B contains the results from the prescription simulation studies.

2.2.5 Phonetic and Orthographic Computer Analysis (POCA) Search Results

Our POCA search[§] identified 91 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 none of the product characteristics have changed and we agree with the findings from our previous review for the names evaluated previously. Therefore, we identified 1 name 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 external study. These name pairs are organized as highly similar, moderately similar or low similarity for further evaluation.

Table 1. Names Retrieved for Review Organized by Name Pair Similarity	
Similarity Category	Number of Names
Highly similar name pair: combined match percentage score $\geq 70\%$	0
Moderately similar name pair: combined match percentage score $\geq 55\%$ to $\leq 69\%$	1
Low similarity name pair: combined match percentage score $\leq 54\%$	0

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

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

[§] POCA search conducted on December 5, 2023 in version 5.3.

2.2.8 *Communication of DMEPA's Determination*

On December 19, 2023, DMEPA 2 communicated our determination to the Division of Oncology 1 (DO1).

3 CONCLUSION

The proposed proprietary name, Anktiva, is conditionally acceptable.

If you have any questions or need clarifications, please contact Frances Fahnbulleh, OSE project manager, at 301-796-0942.

3.1 COMMENTS TO ALTOR BIOSCIENCE, LLC, AN INDIRECT WHOLLY-OWNED SUBSIDIARY OF IMMUNITYBIO, INC.

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

If any of the proposed product characteristics as stated in your submission, received on October 23, 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.^h

^h 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 namesⁱ. 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.

ⁱ 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. Anktiva Study (Conducted on November 7, 2023)

Handwritten Medication Order/Prescription	Verbal Prescription
Medication Order: <i>Anktiva 400mg intravesically every week for 6 weeks</i>	Anktiva Bring to clinic Dispense one vial
Outpatient Prescription: <i>Anktiva</i> <i>Bring to clinic</i> <i>#1 vial</i>	
CPOE Study Sample (displayed as sans-serif, 12-point, bold font) Anktiva	

FDA Prescription Simulation Responses (Aggregate Report)

Study Name: Anktiva People Received Study: 229 People Responded: 64					
Total	18	13	18	15	64
INTERPRETATION	INPATIENT	OUTPATIENT	VOICE	CPOE	TOTAL
AMBTIVA	4	0	0	0	4
AMKTIVA	5	0	0	0	5
ANBTIVA	2	0	0	0	2
ANCTIVA	0	0	1	0	1
ANGTIVA	0	0	10	0	10
ANGTYVA	0	0	1	0	1
ANKRIVA	0	1	0	0	1
ANKTIVA	5	12	0	15	32
ANKTOVA	1	0	0	0	1
ANTAVIA	0	0	1	0	1
ANTIVA	0	0	2	0	2
ARKTIVA	1	0	0	0	1
ENTIVA	0	0	3	0	3

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

No.	Proposed name: Anktiva Established name: Nogapendekin alfa inbakicept-pmln Dosage form: solution Strength(s): 400 mcg/0.4 mL Usual Dose: 400 mcg once a week	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.
	N/A		

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

No.	Name	POCA Score (%)
	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: Anktiva Established name: Nogapendekin alfa inbakicept-pmln Dosage form: solution Strength(s): 400 mcg/0.4 mL Usual Dose: 400 mcg once a week	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
	N/A		

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

No.	Name	POCA Score (%)
	N/A	

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
	N/A		

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

No.	Name	POCA Score (%)
1.	Lantidra	58

^j 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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ASHLEIGH V LOWERY
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SUFFIX REVIEW FOR NONPROPRIETARY NAME

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)

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:	2/16/2023
Responsible OND Division:	Division of Oncology 1 (DO1)
Application Type and Number:	BLA 761336
Product Name and Strength:	Anktiva (nogapendekin alfa inbakicept-pmIn) solution for intravesical use, 400 mcg/0.4 mL
Product Type:	Single Ingredient Product
Applicant/Sponsor Name:	Altor BioScience, LLC, an indirect wholly-owned subsidiary of ImmunityBio, Inc. (Altor BioScience)
Nexus NPNS ID #:	2022-194
DMAMES Biologics Suffix Specialist:	Carlos M Mena-Grillasca, BS Pharm
DMEPA 2 Director:	Danielle Harris, PharmD

1 PURPOSE OF REVIEW

This review summarizes our evaluation of the four-letter suffix for inclusion in the nonproprietary name and communicates our recommendation for the nonproprietary name for BLA 761336.

1.1 Regulatory History

Altor BioScience was notified of the Agency's intention to designate a nonproprietary name that includes a four-letter distinguishing suffix that is devoid of meaning for their product in an Advice Letter^a.

On December 5, 2022 Altor BioScience submitted a Quality Information Amendment which included the addition of the suffix -pmln to the carton and container labels.

2 ASSESSMENT OF THE NONPROPRIETARY NAME

nogapendekin alfa inbakicept-pmln

The proposed four-letter suffix, -pmln was evaluated using the principles described in the applicable guidance^b. The suffix is comprised of 4 distinct letters. We note that the letters 'pm' and 'ml' in the suffix represent the medical abbreviations for 'evening' and 'milliliters', respectively. We considered whether the inclusion of the letters 'pm' and 'ml' within the suffix could be a source of confusion and errors, but we could not identify a plausible risk based on the expected use of this product or based upon known causes of medication errors.

We determined that the proposed suffix -pmln, 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.

^a Harris, D. General Advice Letter for BLA 761336. Silver Spring (MD): FDA, CDER, OSE, OMEPRM, DMEPA 2 (US) 2022 Jun 16.

^b Guidance for Industry: Nonproprietary Naming of Biological Products. 2017. Available from:

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM459987.pdf>

3 COMMUNICATION OF DMEPA 2 ANALYSIS

These findings were shared with OPDP. On February 15, 2023, OPDP did not identify any concerns that would render this suffix unacceptable. DMEPA 2 also communicated our findings to the Division of Oncology 1 (DO1) on February 16, 2023.

4 CONCLUSION

We find the suffix -pmln acceptable and recommend the nonproprietary name be revised throughout the draft labels and labeling to nogapendekin alfa inbakicept-pmln. DMEPA 2 will communicate our findings to the Applicant via letter.

4.1 Recommendation for Altor BioScience, LLC, an indirect wholly-owned subsidiary of ImmunityBio, Inc.

We find the nonproprietary name, nogapendekin alfa inbakicept-pmln, conditionally acceptable for your proposed product. Should your 351(a) BLA be approved during this review cycle, nogapendekin alfa inbakicept-pmln will be the proper name designated in the license. You should revise your 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 this suffix will be re-evaluated when you respond to the deficiencies. If we find the suffix unacceptable upon our re-evaluation, we will inform you of our findings.

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
02/16/2023 02:32:11 PM

DANIELLE M HARRIS
02/17/2023 10:36:21 AM

PROPRIETARY NAME REVIEW

Division of Medication Error Prevention and Analysis 2 (DMEPA 2)
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:	December 8, 2022
Application Type and Number:	BLA 761336
Product Name and Strength:	Anktiva (nogapendekin alfa inbakicept) solution for intravesical use, 400 mcg/0.4 mL
Product Type:	Single Ingredient Product
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	Altor BioScience, LLC, an indirect wholly-owned subsidiary of ImmunityBio, Inc. (Altor BioScience)
PNR ID #:	2022-1044724751
DMEPA 2 Safety Evaluator:	Tingting Gao, PharmD
DMEPA 2 Team Leader:	Ashleigh Lowery, PharmD, BCCCP
DMEPA 2 Deputy Director:	Chi-Ming (Alice) Tu, PharmD

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Anktiva, 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. Altor BioScience did not submit an external name study for this proposed proprietary name.

1.1 REGULATORY HISTORY

Altor BioScience previously submitted the proposed proprietary name, Anktiva, under IND 121976 on April 20, 2020, which was found conditionally acceptable.^a

Thus, Altor BioScience submitted the name, Anktiva, for review on September 12, 2022.

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission^b received on September 12, 2022 and amendment received on December 8, 2022^c.

- Intended Pronunciation: angk-tee-vah
- Nonproprietary Name: nogapendekin alfa inbakicept
- Indication of Use: (b) (4)
[REDACTED]
- Route of Administration: intravesical
- Dosage Form: solution for intravesical use
- Strength: 400 mcg/0.4 mL
- Dose and Frequency:
 - For induction: (b) (4)
[REDACTED]
 - For maintenance: (b) (4)
[REDACTED]

^a Gao, T. Proprietary Name Review for Anktiva (IND 121976). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2020 July 9. PNR ID No. 2020-39356772.

^b BLA 761336. Request for Withdrawal of Proposed Proprietary Name (b) (4) and Request for Acceptance of Conditionally Acceptable Proposed Proprietary Name Anktiva. Culver City (CA): Altor BioScience, LLC, an indirect wholly-owned subsidiary of ImmunityBio, Inc. 2022 Sept 12. Available from <\\CDSESUB1\EVSPROD\bla761336\0036\m1\us\118-proprietary-names\request-for-prop-name.pdf>.

^c 1.18 Amendment to Proprietary Name: Request for Review of Anktiv. Culver City (CA): Altor BioScience, LLC, an indirect wholly-owned subsidiary of ImmunityBio, Inc. 2022 Dec 8. Available from <\\CDSESUB1\EVSPROD\bla761336\0059\m1\us\118-proprietary-names\amend-req-for-prop-name-rev.pdf>.

- How Supplied: Carton containing one single dose vial
- Storage: Store vials under refrigeration at 2°C to 8°C (36°F to 46°F), protect from light. Do not freeze. Do not shake.

2 RESULTS

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

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Anktiva would not misbrand the proposed product. The Division of Medication Error Prevention and Analysis 2 (DMEPA 2) concurred with the findings of OPDP’s assessment for Anktiva. The Division of Oncology 1 (DO1) concurred with the findings of OPDP’s assessment for Anktiva.

2.2 SAFETY ASSESSMENT

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

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*

Altor BioScience did not provide a derivation or intended meaning for the proposed proprietary name, Anktiva, 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 can contribute to medication error.

2.2.3 *Comments from Other Review Disciplines at Initial Review*

On October 17, 2022, the Division of Oncology 1 (DO1) did not forward any comments or concerns relating to Anktiva at the initial phase of the review.

2.2.4 *FDA Name Simulation Studies*

Ninety-seven practitioners participated in DMEPA’s prescription studies for Anktiva.

Five voice study participants misinterpreted the proposed proprietary name as “Activa,” which is a close variation of the marketed product, “Activase”. The FDA’s Phonetic and Orthographic Computer Analysis (POCA) program calculated a combined orthographic and phonetic score of 60%, suggesting that there is moderate similarity between these names. We evaluated the name pair Activase vs. Anktiva and found that there are sufficient orthographic, phonetic, and product characteristic differences.

^d USAN stem search conducted on November 16, 2022.

Orthographically, Anktiva contains two upstroke letters in the 3rd and 4th positions, whereas Activase only contains 1 upstroke letter in the 3rd position. Activase also contains two extra letters “se” after the letter string “tiva” which provides sufficient orthographic differentiation from Anktiva.

Phonetically, the third syllables (vah vs. vase) sound different when spoken.

Additionally, the following product characteristics may provide additional differentiation: there is no direct overlap in strength (400 mcg/0.4 mL vs. 50 mg/vial and 100 mg/vial), dose (400 mcg vs. 0.9 mg/kg, not to exceed 90 mg total dose, or 100 mg), route of administration (intravesical vs. intravenous), and indication (non-muscle-invasive bladder cancer vs. acute ischemic stroke and acute myocardial infarction).

We also evaluate Activase 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^e identified 90 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 strength has changed from 0.5 mg/0.5 mL to 400 mcg/0.4 mL. All other product characteristics remain the same. We agree with the findings from our previous review for the names evaluated previously. Therefore, we identified 4 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 $\geq 70\%$	1
Moderately similar name pair: combined match percentage score $\geq 55\%$ to $\leq 69\%$	4

^e POCA search conducted on November 16, 2022 in version 5.0.

Low similarity name pair: combined match percentage score $\leq 54\%$	0
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2.2.7 Safety Analysis of Names with Potential Orthographic, Spelling, and Phonetic Similarities

Our analysis of the 5 names contained in Table 1 determined none of the names will pose a risk for confusion with Anktiva as described in Appendices C through H.

2.2.8 Communication of DMEPA's Determination

On December 8, 2022, DMEPA 2 communicated our determination to the Division of Oncology 1 (DO1).

3 CONCLUSION

The proposed proprietary name, Anktiva, is conditionally acceptable.

If you have any questions or need clarifications, please contact Frances Fahnbulleh, OSE project manager, at 301-796-0942.

3.1 COMMENTS TO ALTOR BIOSCIENCE, LLC, AN INDIRECT WHOLLY-OWNED SUBSIDIARY OF IMMUNITYBIO, INC.

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

If any of the proposed product characteristics as stated in your submission, received on September 12, 2022, 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.^f

^f 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 names⁸. 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

⁸ 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.

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.

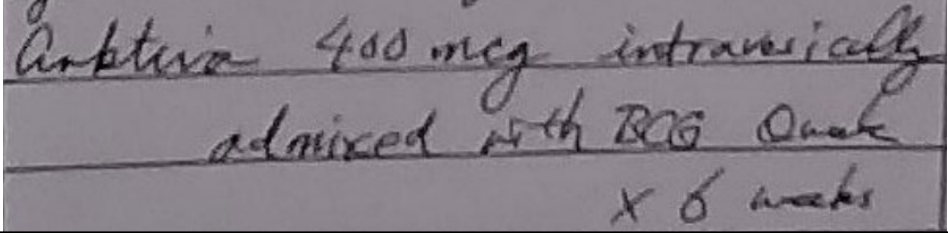
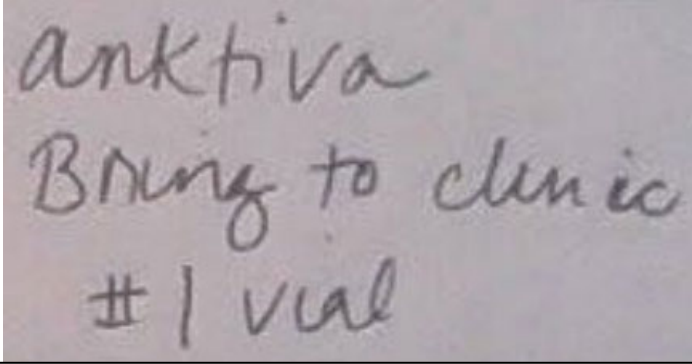
	Orthographic Checklist (Y/N to each question) - Do the names begin with different first letters? Note that even when names begin with different first letters, certain letters may be confused with each other when scripted. - Are the lengths of the names dissimilar* when scripted? *FDA considers the length 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. Anktiva Study (Conducted on October 7, 2022)

Handwritten Medication Order/Prescription	Verbal Prescription
<u>Medication Order:</u> 	Anktiva Bring to clinic Dispense one vial
<u>Outpatient Prescription:</u> 	
CPOE Study Sample (displayed as sans-serif, 12-point, bold font)	
Anktiva	

FDA Prescription Simulation Responses (Aggregate Report)

Study Name: Anktiva

As of Date 11/16/2022

265 People Received Study

97 People Responded

Total 24 24 24 25

INTERPRETATION	INPATIENT	CPOE	VOICE	OUTPATIENT	TOTAL
ACBTIVIA	1	0	0	0	1
ACTIVA	0	0	5	0	5
AMBTIVA	2	0	0	0	2
ANCTIVA	0	0	1	0	1
ANKTEVA	0	0	2	0	2
ANKTIVA	13	24	10	25	72
ANKTIVIA	0	0	1	0	1
ANKTIVO	2	0	0	0	2
ANQTIVA	0	0	1	0	1
ANTIVA	0	0	1	0	1
AOKTERIA	1	0	0	0	1
ARBTERA	1	0	0	0	1
ARBTIVA	1	0	0	0	1
AUBTIVA	1	0	0	0	1
AVBTIVA	1	0	0	0	1
EGTIVA	0	0	1	0	1
ENCTIVA	0	0	1	0	1
ENKUTIVA	0	0	1	0	1
GABTIVA	1	0	0	0	1

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

No.	Proposed name: Anktiva Established name: nogapendekin alfa inbakicept Dosage form: solution for intravesical use Strength(s): 400 mcg/0.4 mL Usual Dose: 400 mcg once a week	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.	(b) (4) ***	72	This name was the previous proposed proprietary name for BLA 761336, but the Applicant withdrew this name on September 12, 2022, and proposed the proprietary name, Anktiva, for BLA 761336, which is the subject of this 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

No.	Name	POCA Score (%)
1.	(b) (4) ***	58
2.	Entadfi	56

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: Anktiva Established name: nogapendekin alfa inbakicept Dosage form: solution for intravesical use Strength(s): 400 mcg/0.4 mL Usual Dose: 400 mcg once a week	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.	Activase	60	Orthographically, Anktiva contains two upstroke letters in the 3rd and 4th positions, whereas Activase only contains 1 upstroke letter in the 3rd position. Activase also contains two extra letters “se” after the letter string “tiva” which provides sufficient orthographic differentiation from Anktiva. Phonetically, the third syllables (vah vs. vase) sound different when spoken. Additionally, the following product characteristics may provide additional differentiation: there is no direct overlap in strength (400 mcg/0.4 mL vs. 50 mg/vial and 100 mg/vial), dose (400 mcg vs. 0.9 mg/kg, not to exceed 90 mg total dose, or 100 mg), route of administration (intravesical vs. intravenous), and indication (non-muscle-invasive bladder cancer vs. acute ischemic stroke and acute myocardial infarction).

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

No.	Name	POCA Score (%)
	N/A	

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.	(b) (4) ***	58	Proposed proprietary name for IND (b) (4) found unacceptable by DMEPA (OSE# (b) (4) dated (b) (4)). IND (b) (4) is pending and no new names have been submitted.

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

No.	Name	POCA Score (%)
	N/A	

^h 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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