# CENTER FOR DRUG EVALUATION AND RESEARCH

***APPLICATION NUMBER:***

# 761439Orig1/Orig2s000

# PROPRIETARY NAME REVIEW(S)

**SUFFIX REVIEW FOR NONPROPRIETARY NAME**
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 20, 2025 |
| **Responsible OND Division:** | Division of General Endocrinology (DGE) |
| **Application Type and Number:** | IND 146025 and BLA 761439 |
| **Product Name and Strength:** | Enoby (denosumab-qbde) injection, 60 mg/mL<br>Xtrenbo (denosumab-qbde) injection, 120 mg/1.7 mL (70 mg/mL) |
| **Product Type:** | Combination Product (Biologic-Device) |
| **Applicant/Sponsor Name:** | Hikma Pharmaceuticals USA Inc.[a] (Hikma) |
| **FDA Received Date:** | IND: February 16, 2024<br>BLA: September 27, 2024 |
| **Nexus NPNS ID #:** | 2024-269 (IND) and 2024-270 (BLA) |
| **DMEPA 1 Biologics Suffix Specialist:** | Madhuri R. Patel, PharmD |
| **DMEPA 1 Director:** | Mishale Mistry, PharmD, MPH |

## 1 Purpose of Review

This review summarizes our evaluation of the four-letter suffixes proposed by Hikma for inclusion in the nonproprietary name and communicates our recommendation for the nonproprietary name for IND 146025 and BLA 761439.

## 2 Assessment of the Nonproprietary Name

On February 16, 2024 (IND) and September 27, 2024 (BLA), Hikma submitted a list of 10 suffixes, in their order of preference, to be used in the nonproprietary name of their product.[b,c,] Hikma also provided

[a] Ownership of IND 146025 was transferred from Gedeon Richter Plc. (Gedeon) to Hikma Pharmaceuticals USA Inc. on August 1, 2024. The applicant will be referred to as Hikma Pharmaceuticals USA Inc.[a] (Hikma) henceforth. Cover Letter Change in Ownership – Acceptance. IND 146025. Budapest (Hungary): Gedeon Richter Plc.;2024 SEP 06. Available from: \\CDSESUB1\EVSPROD\ind146025\0050\m1\us\12-cover-letters\cover-0050.pdf
[b] Cover Letter Request for Review of Proposed Suffixes. IND 146025. Budapest (Hungary): Gedeon Richter Plc.; 2024 FEB 16. Available from: \\CDSESUB1\EVSPROD\ind146025\0045\m1\us\cover.pdf
[c] Biologic Proper Name Suffix. BLA 761439 Cherry Hill (NJ): Hikma Pharmaceuticals USA Inc.; 2024 SEP 27. Available from: \\CDSESUB1\EVSPROD\bla761439\0001\m1\us\118-proprietary-names\suffix-summary.pdf

findings from an external study conducted by (b) (4) evaluating the proposed four-letter suffixes in conjunction with the nonproprietary name, for our consideration. Table 1 presents the list of suffixes submitted by Hikma:

**Table 1**

| | Suffixes submitted by Hikma |
|---|---|
| 1. | qbde |
| 2. | (b) (4) |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

We reviewed Hikma ‘s proposed suffixes in the order of preference listed by Hikma, along with the supporting data they submitted, using the principles described in the applicable guidance.

### 2.1 denosumab–qbde

Hikma’s first proposed suffix, -qbde, is comprise of 4 distinct letters.

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

## 3 Communication of DMEPA 1 Analysis

These findings were shared with OPDP. On June 18, 2025, OPDP did not identify any promotional concerns that would render this proposed suffix unacceptable. DMEPA 1 also communicated our findings to the Division of General Endocrinology (DGE) on June 20, 2025.

## 4 Conclusion

We find Hikma‘s proposed suffix –qbde acceptable. DMEPA 1 will communicate our findings to the Applicant via letter.

### 4.1 Recommendations for Hikma Pharmaceuticals USA Inc.

We find the nonproprietary name, denosumab-qbde, conditionally acceptable for your proposed product. Should your 351(k) BLA be approved during this review cycle, denosumab-qbde will be the proper name designated in the license. You should revise your proposed labels and labeling accordingly and submit the

[d] Data Summary for Proposed Suffixes. IND 146025 (b) (4) 2023 JUN 12. Available from: \\CDSESUB1\EVSPROD\ind146025\0045\m1\us\cover-attachment-data-summary-for-proposed-suffixes.pdf

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

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/s/

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MADHURI R PATEL
06/20/2025 12:33:41 PM

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PROPRIETARY NAME MEMORANDUM

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)

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| | |
|---|---|
| Date of This Review: | November 4, 2024 |
| Application Type and Number: | BLA 761439 |
| Product Name, Dosage Form, and Strength: | Xtrenbo (denosumab-xxxx)[a] injection, 120 mg/1.7 mL (70 mg/mL) |
| Product Type: | Combination Product (Biologic-Device) |
| Rx or OTC: | Prescription (Rx) |
| Applicant/Sponsor Name: | Hikma Pharmaceuticals USA Inc. (Hikma) |
| PNR ID #: | 2024-1044726019 |
| DMEPA 1 Safety Evaluator: | Peggy Rahbani, PharmD, BCPS |
| DMEPA 1 Team Leader: | Yevgeniya Kogan, PharmD, BCSCP |
| DMEPA 1 Associate Director for Nomenclature and Labeling: | Idalia E. Rychlik, PharmD. |

[a] The non-proprietary name suffix for this product has not yet been determined; therefore, the placeholder denosumab-xxxx is used throughout this review to refer to the non-proprietary name and suffix for this product.

# 1 INTRODUCTION

This memorandum is to reassess the proposed proprietary name, Xtrenbo, which was found conditionally acceptable under IND 146025 on August 13, 2024.[b]

Thus, Hikma submitted the proposed proprietary name, Xtrenbo, under BLA 761439 for re-review on September 27, 2024.[c] We note that there is a change in the storage requirements; "once removed from refrigerator… must be used within (b) (4) days" to "once removed from the refrigerator…must be used within 30 days" (see Section 2.2). All other product characteristics remain the same.

# 2 DISCUSSION

## 2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Xtrenbo 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 Xtrenbo. The Division of General Endocrinology (DGE) concurred with the findings of OPDP's assessment for Xtrenbo.

## 2.2 SAFETY ASSESSMENT

For re-assessment of the proposed proprietary name, Xtrenbo, we 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 proposed proprietary name. We also evaluated previously identified names taking into account the change in storage requirements[d]. Our evaluation has not altered our previous conclusion regarding the acceptability of the proposed proprietary name, Xtrenbo.

Additionally, we searched the United States Adopted Name (USAN) stem list to determine if the proposed proprietary name contains any USAN stems as of the last USAN updates. The October 9, 2024, search of USAN stems did not find any USAN stems in the proposed proprietary name, Xtrenbo.

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[b] Rahbani P. Proprietary Name Review for Xtrenbo (IND 146025). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2024 Aug 13. PNR ID No. 2024- 1044725641.

[c] Proprietary Names Summary. Cherry Hill (NJ): Hikma Pharmaceuticals USA Inc.; 2024 Sep 27. Available from: \\CDSESUB1\EVSPROD\bla761439\0001\m1\us\118-proprietary-names\prop-name-summary.pdf .

[d] Under IND 146025, the proprietary name submission stated that the product should be used within (b) (4) days and if not used within (b) (4) ays, it should be discarded. Under BLA 761439, the Prescribing Information states that the product should be used within 30 days and if not used within the 30 days, it should be discarded.

## 2.3 DISCUSSION OF DUAL PROPRIETARY NAME

Hikma Pharmaceuticals USA Inc. intends to market denosumab-xxxx under two different proprietary names: Xtrenbo (BLA 761439) and Enoby*** (BLA 761439).

Table 1 compares the two proposed proprietary names and their respective product characteristics.

| Table 1. Relevant Product Information for Xtrenbo and Enoby*** | | |
|---|---|---|
| Product Name | Xtrenbo | Enoby*** |
| Initial Approval Date | N/A | N/A |
| Intended Pronunciation | ex tren' boe | eh noe' bee |
| Nonproprietary Name | Denosumab-xxx | |
| Indication | Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors.<br><br>Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.<br><br>Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy | Treatment of postmenopausal women with osteoporosis at high risk for fracture.<br><br>Treatment to increase bone mass in men with osteoporosis at high risk for fracture.<br><br>Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture.<br><br>Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer.<br><br>Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. |

| Table 1. Relevant Product Information for Xtrenbo and Enoby*** | | |
|---|---|---|
| Product Name | Xtrenbo | Enoby*** |
| Route of Administration | subcutaneous | |
| Dosage Form | injection | |
| Strength | 120 mg/1.7 mL (70 mg/mL) | 60 mg/mL |
| Dose and Frequency | Multiple Myeloma and Bone Metastasis from Solid Tumors: Administer 120 mg every 4 weeks as a subcutaneous injection<br>Giant Cell Tumor of Bone & Hypercalcemia of Malignancy: Administer 120 mg every 4 weeks with additional 120 mg doses on Days 8 and 15 of the first month of therapy | 60 mg subcutaneously every 6 months |
| How Supplied | 120 mg/1.7 mL single-dose vial, 1 vial per carton | 60 mg/mL single-dose prefilled syringe, 1 syringe per carton |
| Reference Product | Proposed biosimilar interchangeable to US-licensed Reference Product Xgeva (denosumab) BLA 125320 | Proposed biosimilar interchangeable to US-licensed Reference Product, Prolia (denosumab) BLA 125320 |

The Applicant did not provide a rationale of the proposal to use a dual proprietary name for this product. However, we note that US-licensed Reference Products, Prolia and Xgeva (BLA 125320), also use a dual proprietary naming strategy.

We have evaluated the risks associated with the proposed dual proprietary name strategy and do not object to the use of a dual proprietary name in this case.

## 2.4 COMMUNICATION OF DMEPA'S DETERMINATION

On November 4, 2024, DMEPA 1 communicated our determination to the Division of General Endocrinology (DGE).

# 3 CONCLUSION

Our re-assessment did not identify any names that represent a potential source of drug name confusion. Therefore, we maintain that the proposed proprietary name, Xtrenbo, is conditionally acceptable.

## 3.1 COMMENTS TO HIKMA PHARMACEUTICALS USA INC.

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

If any of the proposed product characteristics as stated in your submission, received on September 27, 2024, are altered prior to approval of the marketing application, the proprietary name must be resubmitted for review.

## 4 REFERENCE

1. *United States Adopted Names (USAN) Stems*

USAN Stems List contains all the recognized USAN stems, available at https://www.ama-assn.org/about/united-states-adopted-names/united-states-adopted-names-approved-stems.

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/s/

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PEGGY M RAHBANI
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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: | November 13, 2024 |
| Application Type and Number: | BLA 761439 |
| Product Name, Dosage Form, and Strength: | Enoby (denosumab-xxxx)[a] injection, 60 mg/mL |
| Product Type: | Combination Product (Biologic-Device) |
| Rx or OTC: | Prescription (Rx) |
| Applicant/Sponsor Name: | Hikma Pharmaceuticals USA Inc. (Hikma) |
| PNR ID #: | 2024-1044726010 |
| DMEPA 1 Safety Evaluator: | Peggy Rahbani, PharmD, BCPS |
| DMEPA 1 Team Leader: | Yevgeniya Kogan, PharmD, BCSCP |
| DMEPA 1 Associate Director for Nomenclature and Labeling: | Idalia E. Rychlik, PharmD. |

[a] The non-proprietary name suffix for this product has not yet been determined; therefore, the placeholder denosumab-xxxx is used throughout this review to refer to the non-proprietary name and suffix for this product.

# Table of Contents

# 1 INTRODUCTION

This review evaluates the proposed proprietary name, Enoby, 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. Hikma submitted an external name study, conducted by (b) (4) for this proposed proprietary name[b]. The submitted external name study was previously reviewed under IND 146025 (see Section 1.1 below).

## 1.1 REGULATORY HISTORY

Hikma previously submitted the proposed proprietary name, Enoby, under IND 146025 on July 7, 2023, and we found the name conditionally acceptable on January 2, 2024.[c]

## 1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on September 27, 2024[d] and the prescribing information received on November 1, 2024[e].

| Table 1. Relevant Product Information for Enoby | |
|---|---|
| Intended pronunciation: | eh noe' bee |
| Active ingredient: | denosumab-xxxx |
| Indication: | Treatment of postmenopausal women with osteoporosis at high risk for fracture.<br>Treatment to increase bone mass in men with osteoporosis at high risk for fracture.<br>Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture.<br>Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer.<br>Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. |

[b] Proprietary Names Safety Summary for Enoby. (b) (4) 2023 Jun 26. Available from: \\CDSESUB1\EVSPROD\ind146025\0039\m1\us\proprietary-name-safety-summary-enoby.pdf

[c] Rahbani P. Proprietary Name Review for Enoby (IND 146025). Silver Spring (MD): FDA, CDER, OSE, DMEPA (US); 2024 Jan 2. PNR ID No. 2023-1044725230.

[d] Proprietary Names Summary. Cherry Hill (NJ): Hikma Pharmaceuticals USA Inc.; 2024 Sep 27. Available from: \\CDSESUB1\EVSPROD\bla761439\0001\m1\us\118-proprietary-names\prop-name-summary.pdf.

[e] Proposed prescribing information for Enoby (BLA 761439). Cherry Hill (NJ): Hikma Pharmaceuticals USA Inc.; 2024 Nov 1. Available from: \\CDSESUB1\EVSPROD\bla761439\0003\m1\us\114-labeling\draft\labeling\1ml-proposed-insert-track-changes-word.docx

| Table 1. Relevant Product Information for Enoby | |
|---|---|
| Dosage Form: | injection |
| Strength: | 60 mg/mL |
| Route of administration: | subcutaneous |
| Dose and frequency: | 60 mg subcutaneously every 6 months |
| How Supplied: | 60 mg/mL in a single-dose prefilled syringe, 1 syringe per carton. |
| Storage: | Store in a refrigerator at 2°C to 8°C (36°F to 46°F) in the original carton. Do not freeze. Prior to administration, may be allowed to reach room temperature (up to 25°C/77°F) in the original container. Once removed from the refrigerator, must not be exposed to temperatures above 25°C/77°F and must be used within 30 days. If not used within the 30 days, should be discarded. Do not use after the expiry date printed on the label.<br>Protect from direct light and heat.<br>Avoid vigorous shaking. |
| Reference Product: | Enoby (denosumab-xxxx) is a proposed interchangeable biosimilar to US-licensed Reference Product, Prolia (denosumab) BLA 125320. |

## 2 DISCUSSION

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

### 2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Enoby 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 Enoby. The Division of General Endocrinology (DGE) concurred with the findings of OPDP's assessment for Enoby.

### 2.2 SAFETY ASSESSMENT

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

#### 2.2.1 UNITED STATES ADOPTED NAMES (USAN) SEARCH

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

[f] USAN stem search conducted on October 9, 2024.

### 2.2.2 COMPONENTS OF THE PROPOSED PROPRIETARY NAME

Hikma did not provide a derivation or intended meaning for the proposed proprietary name, Enoby, 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

The Division of General Endocrinology (DGE) did not forward any comments or concerns relating to Enoby at the initial phase of the review.

### 2.2.4 FDA PRESCRIPTION SIMULATION STUDIES

One hundred (n= 100) practitioners participated in DMEPA's prescription simulation studies for Enoby. 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[g] identified 27 names with a combined score of ≥55% or an individual orthographic or phonetic score of ≥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 also evaluated previously identified names taking into account the changes in storage conditions from "once removed from refrigerator… must be used within (b) (4) days" to "once removed from the refrigerator… must be used within 30 days". Our evaluation has not altered our previous conclusion regarding the acceptability of the proposed proprietary name, Enoby. Therefore, we identified one name not previously analyzed. This name is included in Table 2 below.

### 2.2.6 NAMES RETRIEVED FOR REVIEW ORGANIZED BY NAME PAIR SIMILARITY

Table 2 provides the number of names retrieved from our POCA search. These name pairs are organized as highly similar, moderately similar, or low similarity for further evaluation.

| Table 2. Names Retrieved for Review Organized by Name Pair Similarity | |
|---|---|
| Similarity Category | Number of Names |
| Highly similar name pair:<br>combined match percentage score ≥70% | 0 |
| Moderately similar name pair:<br>combined match percentage score ≥55% to ≤ 69% | 1 |
| Low similarity name pair:<br>combined match percentage score ≤54% | 0 |

[g] POCA search conducted on October 9, 2024, in version 5.9.

### 2.2.7 SAFETY ANALYSIS OF NAMES WITH POTENTIAL ORTHOGRAPHIC, SPELLING, AND PHONETIC SIMILARITIES

Our analysis of the one name contained in Table 2 determined it will not pose a risk for confusion with Enoby as described in Appendices C through H.

### 2.2.8 DISCUSSION OF DUAL PROPRIETARY NAME

Hikma Pharmaceuticals USA Inc. intends to market denosumab-xxxx under two different proprietary names: Enoby (IND 146025) and Xtrenbo*** (IND 146025).

Table 3 compares the two proposed proprietary names and their respective product characteristics.

| Table 3. Relevant Product Information for Enoby and Xtrenbo *** | | |
|---|---|---|
| Product Name | Enoby | Xtrenbo*** |
| Initial Approval Date | N/A | N/A |
| Intended Pronunciation | eh noe' bee | ex tren' boe |
| Nonproprietary Name | denosumab-xxxx | |
| Indication | Treatment of postmenopausal women with osteoporosis at high risk for fracture.<br>Treatment to increase bone mass in men with osteoporosis at high risk for fracture.<br>Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture.<br>Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer.<br>Treatment to increase bone mass in women at high risk for fracture receiving | Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors.<br>Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.<br>Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy |

| Table 3. Relevant Product Information for Enoby and Xtrenbo *** | | |
|---|---|---|
| Product Name | Enoby | Xtrenbo*** |
| | adjuvant aromatase inhibitor therapy for breast cancer. | |
| Route of Administration | subcutaneous | |
| Dosage Form | injection | |
| Strength | 60 mg/mL | 120 mg/1.7 mL (70 mg/mL) |
| Dose and Frequency | 60 mg subcutaneously every 6 months | Multiple Myeloma and Bone Metastasis from Solid Tumors: Administer 120 mg every 4 weeks as a subcutaneous injection<br>Giant Cell Tumor of Bone & Hypercalcemia of Malignancy: Administer 120 mg every 4 weeks with additional 120 mg doses on Days 8 and 15 of the first month of therapy |
| How Supplied | 60 mg/mL single-dose prefilled syringe, 1 syringe per carton | 120 mg/1.7 mL single-dose vial, 1 vial per carton |
| Reference Product | Proposed biosimilar interchangeable to US-licensed Reference Product, Prolia (denosumab) BLA 125320 | Proposed biosimilar interchangeable to US-licensed Reference Product Xgeva (denosumab) BLA 125320 |

The Applicant did not provide a rationale of the proposal to use a dual proprietary name for this product. However, we note that US-licensed Reference Products, Prolia and Xgeva (BLA 125320), also use a dual proprietary naming strategy.

We have evaluated the risks associated with the proposed dual proprietary name strategy and do not object to the use of a dual proprietary name in this case.

### 2.2.9 COMMUNICATION OF DMEPA'S DETERMINATION

On November 13, 2024, DMEPA 1 communicated our determination to the Division of General Endocrinology (DGE).

## 3 CONCLUSION

The proposed proprietary name, Enoby, is conditionally acceptable.

### 3.1 COMMENTS TO HIKMA PHARMACEUTICALS USA INC.

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

If any of the proposed product characteristics as stated in your submission, received on September 27, 2024, and the Prescribing Information received on November 1, 2024, are altered prior to approval of the marketing application, the proprietary name must be resubmitted for review.

## 4 REFERENCES

*1. United States Adopted Names (USAN) Stems*

USAN Stems List contains all the recognized USAN stems, available at https://www.ama-assn.org/about/united-states-adopted-names/united-states-adopted-names-approved-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 https://www.fda.gov/drugs/drug-approvals-and-databases/drugsfda-glossary-terms).

*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).

*Purple Book*

The Purple Book is an online database that contains information about biological products, including biosimilar and interchangeable biological products, licensed (approved) by the FDA under the Public Health Service (PHS) Act. See Purple Book: Lists of Licensed Biological Products with Reference Product Exclusivity and Biosimilarity or Interchangeability Evaluations, available at https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/purple-book-lists-licensed-biological-products-reference-product-exclusivity-and-biosimilarity-or.

*Division of Medication Errors Prevention and Analysis pending proprietary name requests*

This is a list of proposed and pending names that is generated by the Division of Medication Error Prevention and Analysis.

# 5 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, the Office of Prescription Drug Promotion (OPDP) assesses the name for misbranding concerns. For over-the-counter (OTC) drug products, the misbranding assessment of the proposed name is conducted by the Office of Non-Prescription Drugs (ONPD). OPDP or ONPD 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 ONPD 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 3*. 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]

| *Table 3. Prescreening Checklist for Proposed Proprietary Name<br>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. |

[h] National Coordinating Council for Medication Error Reporting and Prevention. https://www.nccmerp.org/about-medication-errors. Last accessed 10/05/2020.

| *Table 3. Prescreening Checklist for Proposed Proprietary Name<br>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 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, Purple Book, and names in the review pipeline using a 55% threshold in POCA. DMEPA reviews the combined orthographic and phonetic matches and group the names into one of the following three categories:

- Highly similar pair: combined match percentage score ≥70%.
- Moderately similar pair: combined match percentage score ≥55% to ≤ 69%.
- Low similarity: combined match percentage score ≤54%.

Using the criteria outlined in the check list (Table 4-6) 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 4).
- 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[i]. 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 5).

- Names with low similarity that have no overlap or similarity in strength and dose are generally acceptable (See Table 6) unless there are data to suggest that the name might be vulnerable to confusion (e.g., prescription simulation study suggests that the name is likely to be misinterpreted as a marketed product). In these instances, we would reassign a low similarity name to the moderate similarity category and review according to the moderately similar name pair checklist.

c. FDA Prescription Simulation Studies: DMEPA also conducts 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), Office of Generic Drugs (OGD), and/or Office of Pharmaceutical Quality (OPQ) 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-

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

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 OPQ 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 Safety Evaluator 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 4. Highly Similar Name Pair Checklist (i.e., combined Orthographic and Phonetic score is ≥ 70%). | | | |
|---|---|---|---|
| Answer the questions in the checklist below. Affirmative answers to some of these questions suggest that the pattern of orthographic or phonetic differences in the names may render the names less likely to confusion, provided that the pair does not share a common strength or dose. | | | |
| Orthographic Checklist | | Phonetic Checklist | |
| Y/N | Do the names begin with different first letters?<br>*Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.* | Y/N | Do the names have different number of syllables? |
| Y/N | Are the lengths of the names dissimilar* when scripted?<br>**FDA considers the length of names different if the names differ by two or more letters.* | Y/N | Do the names have different syllabic stresses? |
| Y/N | Considering variations in scripting of some letters (such as *z* and *f*), is there a different number or placement of upstroke/downstroke letters present in the names? | Y/N | Do the syllables have different phonologic processes, such vowel reduction, assimilation, or deletion? |
| Y/N | Is there different number or placement of cross-stroke or dotted letters present in the names? | Y/N | Across a range of dialects, are the names consistently pronounced differently? |
| Y/N | Do the infixes of the name appear dissimilar when scripted? | | |
| Y/N | Do the suffixes of the names appear dissimilar when scripted? | | |

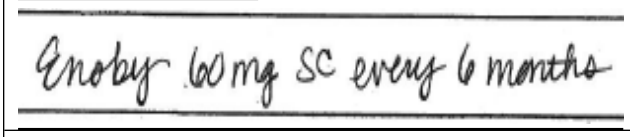
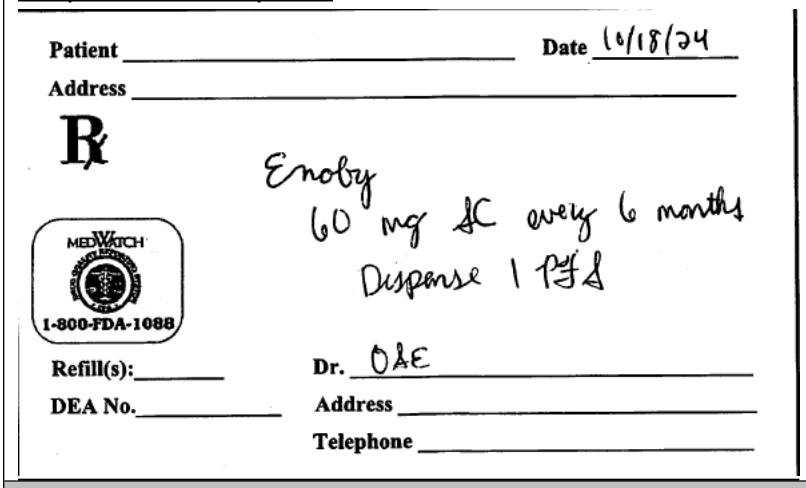
<table>
<tr><th colspan="3">Table 5: Moderately Similar Name Pair Checklist (i.e., combined score is ≥55% to ≤69%).</th></tr>
<tr><td>Step 1</td><td colspan="2">Review the DOSAGE AND ADMINISTRATION and HOW SUPPLIED/STORAGE AND HANDLING sections of the prescribing information (or for OTC drugs refer to 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.<br>For single strength products, also consider circumstances where the strength may not be expressed.<br>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.<br>To determine whether the strengths or doses are similar to your proposed product, consider the following list of factors that may increase confusion:<br>• 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.<br>• Trailing or deleting zeros: 10 mg is similar in appearance to 100 mg which may potentiate confusion between a name pair with moderate similarity.<br>• Similar sounding doses: 15 mg is similar in sound to 50 mg</td></tr>
<tr><td>Step 2</td><td colspan="2">Answer the questions in the checklist below. Affirmative answers to some of these questions suggest that the pattern of orthographic or phonetic differences in the names may reduce the likelihood of confusion for moderately similar names with overlapping or similar strengths or doses.</td></tr>
<tr><td></td><td>Orthographic Checklist (Y/N to each question)<br>• Do the names begin with different first letters?<br>• Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.<br>• Are the lengths of the names dissimilar* when scripted?<br>• *FDA considers the length of names different if the names differ by two or more letters.<br>• Considering variations in scripting of some letters (such as z and f), is there a different number or</td><td>Phonetic Checklist (Y/N to each question)<br>• Do the names have different number of syllables?<br>• Do the names have different syllabic stresses?<br>• Do the syllables have different phonologic processes, such vowel reduction, assimilation, or deletion?<br>• Across a range of dialects, are the names consistently pronounced differently?</td></tr>
</table>

| Table 5: Moderately Similar Name Pair Checklist (i.e., combined score is **≥55%** to **≤69%).** | | |
|---|---|---|
| | placement of upstroke/downstroke letters present in the names?<br>• Is there different number or placement of cross-stroke or dotted letters present in the names?<br>• Do the infixes of the name appear dissimilar when scripted?<br>• Do the suffixes of the names appear dissimilar when scripted? | |

| Table 6. Low Similarity Name Pair Checklist (i.e., combined score is **≤54%).** |
|---|
| Names with low similarity are generally acceptable unless there are data to suggest that the name might be vulnerable to confusion (e.g., prescription simulation study suggests that the name is likely to be misinterpreted as a marketed product). In these instances, we would reassign a low similarity name to the moderate similarity category and review according to the moderately similar name pair checklist. |

APPENDIX B. PRESCRIPTION SIMULATION SAMPLES AND RESULTS

Figure 1. Enoby Study (Conducted on 10/18/2024)

| Handwritten Medication Order Prescription | Verbal Prescription |
|---|---|
| Medication Order:<br>  <br> | Enoby<br>60 mg subcutaneously every 6 months<br>Dispense # 1 prefilled syringe |
| Outpatient Prescription:<br>  <br> | |
| CPOE Study Sample (displayed as sans-serif, 12-point, bold font) | |
| **Enoby** | |

| FDA Prescription Simulation Responses (Aggregate Report) | | | | | |
|---|---|---|---|---|---|
| Study Name: Enoby<br>People Received Study: 187<br>People Responded: 100 | | | | | |
| Total | 23 | 27 | 22 | 28 | 100 |
| INTERPRETATION | INPATIENT | OUTPATIENT | VOICE | CPOE | TOTAL |
| ANNOBI | 0 | 0 | 1 | 0 | 1 |
| ANNOBY | 0 | 0 | 1 | 0 | 1 |
| ANOBI | 0 | 0 | 2 | 0 | 2 |
| ANOBY | 0 | 0 | 1 | 0 | 1 |
| ANOOBI | 0 | 0 | 1 | 0 | 1 |
| EMOBY | 0 | 1 | 0 | 0 | 1 |
| ENOBEE | 0 | 0 | 1 | 0 | 1 |
| ENOBI | 0 | 0 | 8 | 0 | 8 |
| ENOBY | 21 | 24 | 3 | 27 | 75 |
| ENOBYY | 1 | 0 | 0 | 0 | 1 |
| ENOFY | 0 | 2 | 0 | 0 | 2 |
| ENOKY | 1 | 0 | 0 | 0 | 1 |
| INOBI | 0 | 0 | 1 | 0 | 1 |
| NA | 0 | 0 | 0 | 1 | 1 |
| NNOBEE | 0 | 0 | 1 | 0 | 1 |
| OBNOBI | 0 | 0 | 1 | 0 | 1 |
| VANOBI | 0 | 0 | 1 | 0 | 1 |

APPENDIX C. HIGHLY SIMILAR NAMES (e.g., combined POCA score is **≥70%)** N/A

APPENDIX D. MODERATELY SIMILAR NAMES (e.g., combined POCA score is **≥55%** to **≤69%)** with no overlap or numerical similarity in Strength and/or Dose N/A

APPENDIX E. MODERATELY SIMILAR NAMES (e.g., combined POCA score is **≥55%** to **≤69%)** with overlap or numerical similarity in Strength and/or Dose N/A

APPENDIX F: LOW SIMILARITY NAMES (e.g., combined POCA score is **≤54%)** N/A

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

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

| No. | Name | POCA Score (%) |
|---|---|---|
| 1. | Onyda | 55 |

[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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/s/

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