

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

761458Orig1s000

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:	September 25, 2025
Responsible OND Division:	Division of Pulmonology, Allergy, and Critical Care (DPACC)
Application Type and Number:	BLA 761458
Product Name and Strength:	Exdensur (depemokimab-ulaa) injection, 100 mg/mL
Product Type:	Combination Product (Biologic-Device)
Applicant/Sponsor Name:	GlaxoSmithKline LLC (GlaxoSmithKline)
FDA Received Date:	December 16, 2024
Nexus NPNS ID #:	2024-285
DMEPA 1 Biologics Suffix Specialist:	Madhuri R. Patel, PharmD
DMEPA 1 Deputy Director:	Jason Flint, MBA, PMP

1 Purpose of Review

This review summarizes our evaluation of the four-letter suffixes proposed by GlaxoSmithKline for inclusion in the nonproprietary name and communicates our recommendation for the nonproprietary name for BLA 761458.

2 Assessment of the Nonproprietary Name

On December 16, 2024, GlaxoSmithKline submitted a list of 10 suffixes, in their order of preference, to be used in the nonproprietary name of their product.^a Table 1 presents the list of suffixes submitted by GlaxoSmithKline:

Table 1

Suffixes submitted by GlaxoSmithKline	
1.	(b) (4)
2.	(b) (4)
3.	ulaa
4.	(b) (4)
5.	(b) (4)
6.	(b) (4)
7.	(b) (4)
8.	(b) (4)
9.	(b) (4)
10.	(b) (4)

We reviewed GlaxoSmithKline's proposed suffixes in the order of preference listed by GlaxoSmithKline, using the principles described in the applicable guidance.^b

2.1 depemokimab- (b) (4)

GlaxoSmithKline's first proposed suffix, -(b) (4), is comprised of (b) (4) distinct letters.

However, the proposed suffix - (b) (4)

This similarity is supported by the FDA's Phonetic and Orthographic Computer Analysis (POCA) system, which calculates an orthographic POCA score of 75%, indicating that the suffixes are orthographically highly similar. Therefore, we find the proposed suffix (b) (4) inconsistent with the principle outlined in the Nonproprietary Naming of Biological Products guidance that a suffix should not be too similar to any other FDA-designated nonproprietary name suffix.

^a Biological Proper Name Suffix BLA 761458. Philadelphia (PA): GlaxoSmithKline LLC; 2024 DEC 16. Available from: <\\CDSESUB1\EVSPROD\bla761458\0001\m1\us\118-proprietary-names\biological-proper-suffix.pdf>

^b Guidance for Industry: Nonproprietary Naming of Biological Products. 2017. Available from: <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM459987.pdf>

2.2 depemokimab- (b) (4)

GlaxoSmithKline's second proposed suffix, (b) (4), is comprised of (b) (4) distinct letters. We note that (b) (4). We considered whether the inclusion of the letters (b) (4) 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 note that (b) (4)

Thus, we find the proposed suffix (b) (4) is not devoid of meaning (b) (4) and is therefore inconsistent with the principle described in the Nonproprietary Naming of Biological Products guidance.

2.3 depemokimab-ulaa

GlaxoSmithKline's third proposed suffix, -ulaa, is comprised of 3 distinct letters (u, l, a). We note that the letters 'la' and 'aa' within the suffix represent the medical abbreviation for 'long acting' and 'affected area' and 'of each', respectively. We considered whether the inclusion of the letters 'la' and 'aa' 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 -ulaa, 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 September 24, 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 Pulmonology, Allergy, and Critical Care (DPACC) on September 24, 2025.

4 Conclusion

We find GlaxoSmithKline's proposed suffix -ulaa acceptable. DMEPA 1 will communicate our findings to the Applicant via letter.

4.1 Recommendations for GlaxoSmithKline LLC

We find the nonproprietary name, depemokimab-ulaa, conditionally acceptable for your proposed product. Should your 351(a) BLA be approved during this review cycle, depemokimab-ulaa 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 your proposed suffix will be re-evaluated. If we find your suffix unacceptable upon our re-evaluation, we will inform you of our findings.

We also note that following proposed suffixes are unacceptable for the following reason(s):

1. depemokimab- (b) (4)

The proposed suffix (b) (4)

This similarity is supported by the FDA's Phonetic and Orthographic Computer Analysis (POCA) system, which calculates an orthographic POCA score of 75%, indicating that the suffixes are orthographically highly similar. Therefore, we find the proposed suffix (b) (4) inconsistent with the principle outlined in the Nonproprietary Naming of Biological Products

guidance that a suffix should not be too similar to any other FDA-designated nonproprietary name suffix.

2. depemokimab- (b) (4)

(b) (4)

Thus, we find the proposed suffix (b) (4), is not devoid of meaning (b) (4) and is therefore inconsistent with the principle described in the Nonproprietary Naming of Biological Products guidance.

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/

MADHURI R PATEL
09/26/2025 11:16:47 AM

JASON A FLINT
09/29/2025 08:47:00 AM

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)

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Date of This Review:	February 24, 2025
Application Type and Number:	BLA 761458
Product Name, Dosage Form, and Strength:	Exdensur (depemokimab-xxxx) ^a injection, 100 mg/mL
Product Type:	Combination Product (Biologic-Device)
Rx or OTC:	Prescription (Rx)
Applicant/Sponsor Name:	GlaxoSmithKline, LLC (GSK)
PNR ID #:	2024-1044726172
DMEPA 1 Safety Evaluator:	Sarah K. Vee, PharmD
DMEPA 1 Team Leader:	Damon Birkemeier, PharmD, FISMP, NREMT
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 depemokimab-xxxx is used throughout this review to refer to the non-proprietary name and suffix for this product.

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Exdensur, 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. GSK submitted an external name study, conducted by (b) (4)^b for this proposed proprietary name. The submitted external name study was previously reviewed under IND 146742 (see Section 1.1 below).

1.1 REGULATORY HISTORY

GSK previously submitted the proposed proprietary name, Exdensur, under IND 146742 on September 27, 2023, and we found the name conditionally acceptable on January 30, 2024.^c

1.2 PRODUCT INFORMATION

The following product information is provided in the proprietary name submission received on December 18, 2024 and the prescribing information received on December 15, 2024.^d

Table 1. Relevant Product Information for Exdensur	
Intended pronunciation:	ex den' sur
Nonproprietary name:	depemokimab-xxxx
Indication:	Add-on maintenance treatment of asthma in adult and pediatric patients aged 12 years and older with type 2 inflammation characterized by an eosinophilic phenotype on medium- to high-dose inhaled corticosteroids (ICS) plus another asthma controller. (b) (4)
Dosage Form:	injection
Strength:	100 mg/mL
Route of administration:	Subcutaneous injection

^b Proprietary Name Safety Summary for Exdensur. (b) (4) 2023 FEB 21. Available from: \\CDSESUB1\EVSPROD\bla761458\0002\m1\us\118-proprietary-names\ (b) (4) proprietary-name-safety-summary-exdensur.pdf.

^c Vee, S. Proprietary Name Review for Exdensur (IND 146742). Silver Spring (MD): FDA, CDER, OSE, DMEPA 1 (US); 2024 JAN 30. PNR ID No. 2023-1044725355.

^d Proposed prescribing information for Exdensur. Philadelphia (PA): GlaxoSmithKline, LLC; 2024 DEC 15. Available from: \\CDSESUB1\evsprod\BLA761458\0001\m1\us\114-labeling\1141-draft\draft-clean.docx.

Table 1. Relevant Product Information for Exdensur	
Dose and frequency:	Asthma: 100 mg administered subcutaneously once every 6 months. (b) (4)
How Supplied:	100 mg/mL, single-dose, pre-filled pen with attached 29-gauge, half-inch needle in cartons of 1 100 mg/mL, single-dose, pre-filled syringe with attached 29-gauge, half-inch needle with a needle guard in cartons of 1
Storage:	The recommended storage condition is 36°F to 46°F (2°C to 8°C), protected from light. Do not freeze. Do not shake. Avoid exposure to heat. The pre-filled pen and pre-filled syringe can be removed from the refrigerator and kept in the unopened carton, protected from light for up to 7 days at room temperature up to 86°F (30°C). Discard if left out of the refrigerator for more than 7 days. The pre-filled pen or pre-filled syringe must be administered within 8 hours once the carton is opened. Discard if not administered within 8 hours.

2 DISCUSSION

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

2.1 MISBRANDING ASSESSMENT

The Office of Prescription Drug Promotion (OPDP) determined that Exdensur 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 Exdensur. The Division of Pulmonology, Allergy, and Critical Care (DPACC) did not comment on the findings of OPDP's assessment for Exdensur.

2.2 SAFETY ASSESSMENT

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

2.2.1 UNITED STATES ADOPTED NAMES (USAN) SEARCH

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

^e USAN stem search conducted on January 10, 2025.

2.2.2 COMPONENTS OF THE PROPOSED PROPRIETARY NAME

GSK did not provide a derivation or intended meaning for the proposed proprietary name, Exdensur, 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 errors.

2.2.3 COMMENTS FROM OTHER REVIEW DISCIPLINES AT INITIAL REVIEW

The Division of Pulmonology, Allergy, and Critical Care (DPACC) did not forward any comments or concerns relating to Exdensur at the initial phase of the review.

2.2.4 FDA PRESCRIPTION SIMULATION STUDIES

Eighty-five (n=85) practitioners participated in DMEPA's prescription simulation studies for Exdensur. 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^f identified forty-five names with a combined score of $\geq 55\%$ or an 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. However, 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: combined match percentage score $\geq 70\%$	0
Moderately similar name pair: combined match percentage score $\geq 55\%$ to $\leq 69\%$	0
Low similarity name pair: combined match percentage score $\leq 54\%$	1

^f POCA search conducted on January 10, 2025 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 none of the names will pose a risk for confusion with Exdensur as described in Appendices C through H.

2.2.8 COMMUNICATION OF DMEPA'S DETERMINATION

On February 24, 2025, DMEPA 1 communicated our determination to the Division of Pulmonology, Allergy, and Critical Care (DPACC).

3 CONCLUSION

The proposed proprietary name, Exdensur, is conditionally acceptable.

3.1 COMMENTS TO GLAXOSMITHKLINE, LLC

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

If any of the proposed product characteristics as stated in your submission, received on December 18, 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.⁹

Table 3. 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.

⁹ 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	
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 $\geq 70\%$.
- 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 (Tables 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 that 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.
 - o Name attributes: We note that the beginning of the drug name plays a significant role in contributing to confusion. Additionally, drug name pairs that start with the same first letter and contain a shared letter string of at least 3 letters in both names are major contributing factor in

the confusion of drug names^h. We evaluate all moderately similar names retrieved from POCA to identify the above attributes. These names are further evaluated to identify overlapping or similar strengths or doses.

- o 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 and ask for any clinical issues that may impact the DMEPA review during the initial phase of the name review.

^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

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 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 $\geq$ 70%).			
Orthographic Checklist		Phonetic Checklist	
Y/N	Do the names begin with different first letters? <i>Note that even when names begin with different first letters, certain letters may be confused with each other when scripted.</i>	Y/N	Do the names have different number of syllables?
Y/N	Are the lengths of the names dissimilar* when scripted? <i>*FDA considers the length of names different if the names differ by two or more letters.</i>	Y/N	Do the names have different syllabic stresses?
Y/N	Considering variations in scripting of some letters (such as z and f), is there a different number or placement of upstroke/downstroke letters present in the names?	Y/N	Do the syllables have different phonologic processes, such as vowel reduction, assimilation, or deletion?
Y/N	Is there different number or placement of cross-stroke or dotted letters present in the names?	Y/N	Across a range of dialects, are the names consistently pronounced differently?
Y/N	Do the infixes of the name appear dissimilar when scripted?		

Y/N	Do the suffixes of the names appear dissimilar when scripted?		
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Table 5: 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 with overlapping or similar strengths or doses.	
	Orthographic Checklist (Y/N to each question) - Do the names begin with different first letters? - Note that even when names begin with different first letters, certain letters may be confused with each other when scripted. - Are the lengths of the names dissimilar* when scripted? *FDA considers the length of names different if the names differ by two or more letters. - Considering variations in scripting of some letters (such as z and f), is	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 as vowel reduction, assimilation, or deletion? - Across a range of dialects, are the names consistently pronounced differently?

Table 5: Moderately Similar Name Pair Checklist (i.e., combined score is $\geq 55\%$ to $\leq 69\%$).

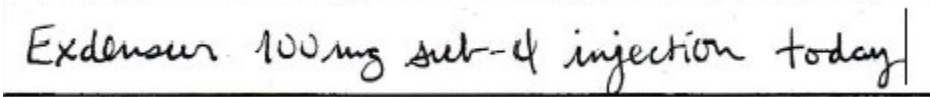
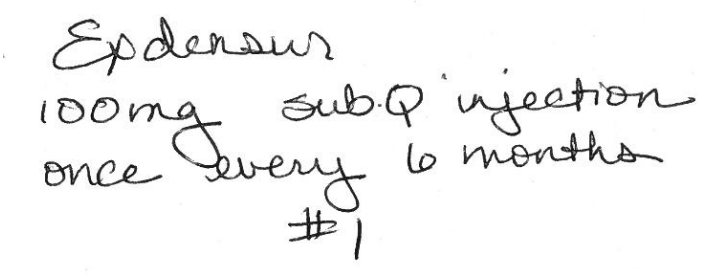
	there a different number or placement of upstroke/downstroke letters present in the names? • Is there different number or placement of cross-stroke or dotted letters present in the names? • Do the infixes of the names appear dissimilar when scripted? • Do the suffixes of the names appear dissimilar when scripted?	
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Table 6. 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. Exdensusur Study (Conducted on 1/10/2025)

Handwritten Medication Order Prescription	Verbal Prescription
<u>Medication Order:</u> 	Exdensusur 100 mg sub-Q injection once every 6 months. Dispense #1
<u>Outpatient Prescription:</u> 	
CPOE Study Sample (displayed as sans-serif, 12-point, bold font)	
Exdensusur	

FDA Prescription Simulation Responses (Aggregate Report)					
Study Name: Exdensusur					
People Received Study: 167					
People Responded: 85					
Total	21	23	16	25	85
INTERPRETATION	INPATIENT	OUTPATIENT	VOICE	CPOE	TOTAL
EPDENSUR	0	2	0	0	2
EPDERSUR	0	1	0	0	1
EXDEMOUR	1	0	0	0	1
EXDENSER	0	0	1	0	1
EXDENSOR	0	0	1	0	1
EXDENSUR	18	20	0	25	63
EXDERNSUR	1	0	0	0	1
EXSTENSER	0	0	1	0	1
EXTENSAR	0	0	1	0	1

EXTENSER	0	0	1	0	1
EXTENSOR	0	0	8	0	8
EXTENSUR	1	0	0	0	1
XTENSER	0	0	1	0	1
XTENSOR	0	0	2	0	2

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%**)

No.	Name	POCA Score (%)
1.	Dexedrine Spansule	51

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 confusionⁱ – N/A

ⁱ Shah, M, Merchant, L, Chan, I, and Taylor, K. Characteristics That May Help in the Identification of Potentially Confusing Proprietary Drug Names. Therapeutic Innovation & Regulatory Science, September 2016.

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