

July 22, 2005

Reference: Docket No. 2005D-0169

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Dear Sir/Madam:

The National Council on Patient Information and Education (NCPIE) submits the following comments on the Food and Drug Administration's (FDA) *Draft Guidance on Useful Written Consumer Medication Information* (Federal Register: May 26, 2005, Volume 70, Number 101; Page 30467-30469). These comments do not necessarily reflect those of individual members of the National Council on Patient Information and Education (NCPIE).

While NCPIE commends FDA for attempting to define for publishers, pharmacies and other stakeholders what, in the agency's view, is "useful" CMI, NCPIE has significant concerns with regard to the Draft Guidance and the potential impact of FDA's recommendations on the subsequent operationalization / implementation of current efforts to achieve the goals of the Action Plan for the Provision of Useful Consumer Medicine Information (Action Plan) based on such Agency recommendations.

Since January 2003, in response to a request from the FDA, NCPIE has brought together a broad base of nearly two dozen key private sector stakeholder organizations to work collaboratively to better ensure that the final goals of the Action Plan (per P.L. 104-180) are achieved.

NCPIE, as one of the original members of the committee appointed by HHS Secretary Shalala in 1996 to develop the Action Plan, is pleased that the FDA has provided its draft guidance on *Useful Written Consumer Medicine Information*. Nevertheless, it must be pointed out that the guidance is provided so late in the 10-year timeframe delineated in the Action Plan, and that the Agency's views on what constitutes "useful" CMI are so broad as to be problematic for both stakeholders working to operationalize the Action Plan goals and consumers who would receive such CMI.

Additionally, some proposed requirements in FDA's draft guidance – such as the need for “useful” CMI to include all indications, all contraindications, all precautions, and all warnings listed in the Package Insert (PI) – goes beyond what was called for in the Action Plan, will add complexity to production of CMI, create even longer documents that consumers are unlikely to read, and will likely increase the pharmacy's cost of doing business – which will undoubtedly be passed on to consumers.

The NCPIE CMI Initiative and individual stakeholders have requested specific advice from FDA regarding operationalization and implementation of the Action Plan since 2002. More recent requests by NCPIE for such advice were made:

- 1) At an “all-hands” stakeholder meeting with FDA in March 2004 (Carnegie Endowment for International Peace, Washington, DC).
- 2) At a meeting with FDA between drug information publishers and other members of the CMI Criteria Committee on June 17, 2004 (Parklawn Building, Rockville, MD).
- 3) Upon submission by NCPIE of a draft document to FDA entitled, *A Guide for Determining the Usefulness of Consumer Medicine Information* (September 17, 2004).

NCPIE Guide for Determining the Usefulness of Consumer Medicine Information

This document was prepared by the Criteria Committee of the NCPIE CMI Initiative. Its intended use, subsequent to review by FDA, was to provide detailed guidance to stakeholders on how to interpret and operationalize the Action Plan's *Guidelines for Useful [Written] Prescription Medicine Information*, i.e., Chapter 3 and Appendix G of the Action Plan, for the purposes of developing and evaluating written CMIs for “usefulness.” However, to date, we have not received the agency's feedback on our document, and have thus not distributed the Guide. A copy of NCPIE's *A Guide for Determining the Usefulness of Consumer Medicine Information* is included here as Attachment A.

FDA is urged to work in partnership with NCPIE to immediately finalize and adopt NCPIE's *Guide* as the basis for operationalizing the Action Plan in lieu of a final guidance document. Otherwise, more time will elapse until the Agency finalizes the guidance, and stakeholders will still be without a concise operationalization guide.

Draft Guidance Overly Broad

NCPIE is concerned about FDA's interpretation of the Action Plan wherein it recommends that for CMI to be useful, it must include all indications, all contraindications, all warnings, and all precautions from the prescribed drug's FDA-approved package insert (PI). FDA is calling for essentially the same information currently required in the brief summary that must accompany most prescription drug print advertising. The draft guidance goes even further than FDA's brief summary regulations, requiring for instance, information on route of administration, monitoring of therapy, and other details.

The brief summary required in print advertisements has been shown repeatedly to be an ineffective tool for communicating useful drug information to consumers. Including additional information (all indications, contraindications, warnings, and precautions) means also that CMI, when formatted to conform to design and layout recommendations (Appendix G of the Action Plan), will require significant additional space to print. Additionally, requiring all such information in CMI goes beyond requirements for Medication Guides. Thus a higher standard is proposed for CMI than FDA requires for itself.

As FDA personnel know from participating in numerous NCPIE CMI Initiative committee conference calls and stakeholders' meetings, expanding further the amount of text in the CMI monographs directly affects the complexity of programming and capacity of existing pharmacy system hardware to produce Action-Plan-compliant CMI and the resulting length of the CMI itself. Requiring yet more information will result in CMI that is potentially very lengthy and therefore likely not to be either consumer friendly or useful.

A True Partnership

NCPIE still believes it can successfully lead the effort to meet these goals, as originally requested by the FDA, but only if the FDA is committed to working with NCPIE's CMI coalition and other stakeholders in a true partnership. Particularly during the next 18 months, and beyond, FDA is asked to provide technical advice as needed and flexibility to support stakeholders' efforts to achieve the goals of the Action Plan by, for example:

- 1) Providing comments on NCPIE's *Guide for Assessing the Usefulness of Consumer Medicine Information* and adopting it as the Agency's recommendations for operationalizing the Action Plan.

- 2) Providing specific examples of Action Plan-compliant CMI incorporating design and readability recommendations. As previously requested by NCPIE (March 2004), multiple examples are requested, to represent a range of medications, including, for example, a medication with a significant risk profile; a medicine used to treat a chronic condition, and a medicine used for an acute illness.
- 3) Providing more guidance with relevant examples of “patient-friendly” language describing various topics/conditions, e.g., warnings and precautions. For example, orthostatic hypotension could be described by the following terms, even though the etiologies of these symptoms may or may not be related to hypotension: orthostasis, lightheadedness, dizziness, or lightheadedness (dizziness) upon standing. Providing this type of guidance will help to ensure that information is communicated in a consistent manner by CMI publishers for the same product(s).
- 4) Providing feedback of publishers’ CMI monographs through 2010 [see 6) below].
- 5) Publishing well in advance the specific research design that FDA will use to conduct its 2007 assessment and seeking comment on that design from stakeholders.
- 6) Using the Agency’s 2007 CMI assessment to establish mid-course progress toward meeting Healthy People 2010 Objective 17-4 (see below), and continuing to partner with stakeholders to ensure this Healthy People 2010 goal is met. Assuming significant progress is demonstrated by the private sector pursuant to FDA’s 2007 assessment, the final assessment of CMI would be conducted in 2010 to coincide with a final assessment of progress toward meeting the goals of HP 2010 Objective 17-4, for which FDA has lead federal agency status. Objective 17-4 states:

17-4. Increase the proportion of patients receiving information that meets guidelines for usefulness when their new prescriptions are dispensed (guidelines here refers to the Action Plan).

Beyond its 2001 assessment of CMI, FDA has not conducted a mid-course assessment of progress toward meeting Objective 17-4. Its ongoing assessment of consumers’ reported receipt of prescription drug information (consumer telephone surveys) does not evaluate the quality of written drug information received.

Inclusion of Mail Order Pharmacies

NCPIE believes that any final guidance on useful CMI should specify that mail order pharmacies will be included in subsequent assessments of CMI conducted by FDA.

General Area(s) for FDA Clarification or Consideration

The proposed CMI does not offer guidance on providing useful information to a significant percent of the population that have challenges with literacy or disabilities (e.g., elderly dementia, blindness, etc.). Guidance on supplying CMI to special populations (e.g., illiterate or disabled) may be warranted, as well as feedback on how FDA would assess such information.

Specific Areas Requiring FDA Clarification or Consideration (line references refer to draft CMI guidance document)

Line 114: “However, the average usefulness of the information was only about 50 percent.” At a June 2004 meeting of NCPIE’s CMI criteria committee with FDA, this conclusion was refuted by an American Society of Health-Systems Pharmacists (ASHP) analysis of the study’s methodology and findings.

Line 127-129: FDA considers meeting the criteria of the Action Plan as the "minimum" appropriate characteristics of useful CMI. Since the agency does not share what would be an improvement over the Action Plan.

Lines 166-169: The draft guidance includes the eight criteria that were used in the FDA-sponsored University of Wisconsin-Madison’s 2001 evaluation of CMI. The document states that FDA believes the list provides the factors for determining if CMI is useful. The document continues to state that information that “substantially” satisfies each of the criterion will be deemed useful; however, FDA fails to define the term substantially.

When CMI is evaluated against the criteria, what rating will indicate a “passing grade?” Must CMI be rated a four or five on a five-point scale to “substantially” meet the criteria?

- Lines 181 – 183: “Established name and brand name (e.g., the trademark or proprietary name) of the drug and the phonetic spelling (pronunciation) of the established name...” Guidance does not specifically address generic drug products that do not have a brand (or proprietary) name. FDA’s Guidance, unlike the Action Plan, would now require that the phonetic spelling be included for brand names. This creates a higher standard that would be difficult to meet for two reasons: 1) there is no standard pronunciation for brand names (there is for generic names (i.e., USAN), and 2) some drugs have so many brand names as to make this extremely burdensome.
- Lines 189 – 192: “..how to monitor for therapeutic effectiveness...” Effectiveness of medication should be determined by the healthcare professional as determined through patient-provider communication. Some drugs are palliative and not curative, others may be effective without subjective improvement or change in clinical symptoms. Bulleted statement (line 189) may benefit if expanded to address comment.
- Line 219: It is unclear what FDA means when they say the CMI must be a stand-alone document. This raises such questions as: Does all the information on prescription vial labels (e.g., Directions for use) have to also be in the CMI?
- Lines 224-227: If detailed instructions describing how to administer the medication (instructions for use) are included in the manufacturer’s patient labeling for the product...” How does this differ from “Specific directions about how to use the medication?” If CMI is to be considered a stand-alone document, as stated in previous bullet (line 219), this item becomes contradictory.
- Lines 229 – 230: “A statement should be included in the CMI to stress the importance of adhering to the dosing instructions prescribed by the healthcare provider.” What if the prescribed dose is outside the dosing range of the FDA-approved label? Does this become an off-label use? Will this warrant a customized CMI?
- Line 232-233: Guidance about "route of administration" here implies to always state the route, whereas the Action Plan specifies to describe "any special instructions on how to administer (e.g., route)." This is a very different interpretation by FDA. For example, "Take with food or milk" does not explicitly "state the route."

- Lines 240-241: “Describe what patients can do if they miss a scheduled dose, if this information is in the P.I.” If this information were not included in the P.I., would it not be important to include some general advice for the patient in the CMI?
- Lines 280 - 282: “If the P.I. states that the product can cause drowsiness... While patients must be informed of this risk, consider providing some perspective on this recommendation. A search of the on-line Physician’s Desk Reference shows that over 550 PIs contain the words “somnolence” or “drowsiness.” In some cases, these terms may be in a Table of adverse events with a rate that is similar to placebo. Is it the intent of the Agency that CMI for each of these products carry such precautionary language? If so, will this diminish the intended impact of such precautions because so many products will carry this language?
- Lines 285 – 286: The FDA also recommends that for all drugs with unknown risks, CMI should include a statement such as, “*Talk to your doctor if you are pregnant or breast-feeding...*” NCPIC recommends that the first sentence be amended to read, “Talk to your doctor or pharmacist....”
- Lines 298 – 299: “... the symptoms of at least the 5 to 9 most frequently occurring (common) adverse reactions.” What if the 5 to 9 most frequently occurring reactions are not common? Without quantitative definitions (for such qualitative terms as “common”) this will continue to be an extremely subjective criterion.
- Lines 320 – 327: FDA recommends that the CMI include a statement encouraging discussion with a health care professional about the prescription medicine. The example used by the FDA, “*If you would like more information, talk with your doctor,*” excludes the pharmacist supplying CMI. NCPIC recommends that the statement be revised to read: “If you would like more information, talk with your doctor or pharmacist.”

Docket No. 2005D-0169
July 22, 1005 / Page 8

Lines 391-404: FDA gives its favored headings/order, but says this is not the only appropriate headings/order. The draft guidance does not even refer to example CMI's in Appendix G of the Action Plan. As requested in prior discussions with FDA, NCPIE requests that FDA provide examples that it deems to be Action Plan-compliant CMI.

NCPIE is pleased to have this opportunity to comment.

Sincerely,

Wm. Ray Bullman
Executive Vice President

Attachment: *NCPIE Guide to Assessing the Usefulness of Consumer Medicine Information (2004)*

DRAFT

**A Guide for Determining the Usefulness
of
Consumer Medicine Information (CMI)**

**Prepared by the
Criteria Committee, CMI Initiative
National Council on Patient Information and Education (NCPIE)**

September 2004

**National Council on Patient Information and Education
4915 Saint Elmo Avenue, Suite 505
Bethesda, MD 20814-6082
(301) 656-8565 – phone
(301) 656-4464 – fax**

www.talkaboutrx.org

Attachment A

DRAFT – page 1

A Guide for Determining the Usefulness of Consumer Medicine Information (CMI)

Purpose

This Guide for Determining the Usefulness of Consumer Medicine Information (CMI) is intended for database publishers who prepare monographs of written prescription drug information for consumers, for pharmacy systems vendors who incorporate this information into software delivered to pharmacies, for pharmacies that dispense written information with prescriptions to patients, and for regulators (and their contractors) who evaluate the usefulness of written information about prescription drugs dispensed by pharmacies to patients. The Guide provides detailed guidance on how to interpret and operationalize the Keystone Committee’s *Guidelines for Useful [Written] Prescription Medicine Information*, i.e., Chapter 3 and Appendix G of the Keystone Action Plan, for the purposes of developing and evaluating written CMIs for “usefulness.”

The goal of this document is to provide guidance to developers and evaluators of CMIs to achieve compliance with the Keystone Action Plan for the provision of useful written prescription drug information. There may be more effective ways to provide useful written information to consumers than was recommended in the Keystone Action Plan. It is not our intent to stifle more innovative ways to inform and educate consumer about their prescription medications.

This Guide was developed by the Criteria Committee of the National Council on Medication Information and Education’s (NCPIE) CMI Initiative in collaboration with the US Food and Drug Administration.

Criteria for CMIs

Per the Keystone Action Plan:

CMIs will be 1) scientifically accurate; 2) unbiased in content and tone; 3) sufficiently specific and comprehensive; 4) presented in an understandable and legible format that is readily comprehensible to consumers; 5) timely and up-to-date; and 6) useful.

General Guidance

- CMIs will be evaluated for content and format in determining usefulness.
- CMIs will be evaluated using ONLY the FDA-approved professional labeling.
- CMIs for generalized distribution may contain RISK information not in FDA-approved labeling if supported by the weight of the available scientific evidence.

DRAFT – page 2

- CMI for generalized distribution should NOT contain off-label use information, but customizable CMI may contain this information.

Acceptable Layouts

The Keystone Action Plan described four possible layouts for the provision of useful written consumer medicine information. Layout 1 is described on pages 24-25 of Chapter 3 of the Action Plan. Layouts 2, 3, and 4 are taken from the examples provided in Appendix G of the Action Plan. Developers and evaluators of written CMI should consider these layouts acceptable for providing useful written information. The headings listed in these layouts are intended as concepts. Alternative layouts may be acceptable for useful CMI.

Layout 1

- Personalized information (optional)
- Established name and brand name
- Black Box Warning (if applicable)
- “This medicine is used for...”
- “Do not take this medicine if you are...”
- “How to take this medicine...”
- “Side effects include...”
- General Information

Layout 2

- Personalized information (optional)
- Established name and brand name
- Black Box Warning (if applicable)
- “Why is XXXX prescribed?”
- “Before taking your medicine...”
- “While you are taking your medicine...”
- General Information

Layout 3

- Personalized information (optional)
- Established name and brand name
- Black Box Warning (if applicable)
- “What is XXXX?”
- “Who should not take XXXX?”
- “How should I take XXXX?”
- “What are the possible side effects of XXXX?”

DRAFT – page3

- “How should I store XXXX?”
- General Information

Layout 4

- Personalized information (optional)
- Established name and brand name
- Black Box Warning (if applicable)
- Summary (optional)
- Uses
- General Cautions
- Proper Use
- Possible Side Effects
- Storage
- General Information

Components of Useful Information to be Included

Drug Name

- Established (generic) name should be included.
- Phonetic spelling of established (generic) name should be included.
- Brand name should be included if applicable, e.g., if a brand name drug was dispensed.

Black Box Warning (if applicable)

(Note: See “Precautions and Warnings” section below for other warnings)

- Drugs that have a black box warning in FDA-approved professional labeling that is relevant to the consumer should contain a scientifically accurate warning in the CMI. This black box warning should be displayed prominently in words that the consumer will understand. Two examples of black box warnings that are consumer oriented are:
 - Carbamazepine can have side effects in your blood, and in rare cases this can cause death. Your doctor should do blood tests to check for these side effects.
 - Rarely, lamotrigine can cause life-threatening skin rash. This is more common in children than adults. If you get a skin rash, stop taking lamotrigine and contact your doctor immediately.

Indication(s) for Use

- This information should be included under the following sections for the various layouts:
 - Layout 1 – “This medicine is used for...”
 - Layout 2 – “Why is XXXX prescribed?”

 - Layout 3 – “What is XXXX?”
 - Layout 4 – Uses

- From the Indications section of the FDA-approved professional labeling, the CMI should list the FDA-approved indications for the drug, presented in words that the consumer will understand (e.g., high blood pressure for hypertension).

- When all possible uses of the drug are not included in this section, a general statement should be included that the drug may be used for other indications. For example:
 - “Medicines are sometimes prescribed for uses other than those listed in this leaflet. If you have any questions, please call your doctor.”

- It is optional to include information about the therapeutic or pharmacologic class, or about the mechanism of action of the drug.

Contraindications

- This information usually will be included under the following sections for the various layouts:
 - Layout 1 – “Do not take this medication if you are...”
 - Layout 2 – “Before taking your medicine...”
 - Layout 3 – “Who should not take XXXX?”
 - Layout 4 – General Cautions

- From the Contraindications section of the FDA-approved professional labeling, include information on circumstances (e.g., pre-existing disease, drug interactions, pregnancy, allergy, etc.) under which the drug should not be used for its labeled indication(s); this information should be presented in words that the consumer will understand (e.g., over active thyroid for hyperthyroidism).

- Based on the FDA-approved labeling, include directions to the consumer on what to do (e.g., “contact your doctor”) if any of the contraindications apply; a general statement, such as “Talk to your doctor before taking this medication if any of these apply to you,” may be sufficient.

Proper Use

- This information usually will be included under the following sections for the various layouts:
 - Layout 1 – “How to take this medicine if you are...”
 - Layout 2 – “While you are taking your medicine...”
 - Layout 3 – “How should I take XXXX?”
 - Layout 4 – Proper Use

- Include directions about how to use the drug and other advice to optimize the effectiveness of the drug; information will usually come from the Dosage and Administration section of FDA-approved professional labeling and from Keystone Chapter 3.

- Per Keystone Chapter 3, this section of the CMI should contain statements on the following:
 - The importance of adherence to the dosing instructions prescribed by your doctor.
 - What to do in case of a missed dose.
 - Any specific instructions on how to administer the drug (e.g., route of administration, with or without food and/or water, at specific times per day, et cetera).
 - If determined to be important, information on overdose, including signs/symptoms (consumer-friendly language), and directions on what the patient should do (e.g., call an emergency number or poison control center). (Note: This information usually will come from the Overdosage section of FDA-approved professional labeling.)
 - If not in another section of the CMI, directions on proper storage of the drug.

Precautions and Warnings

(Note: For purposes of compliance with the Keystone Action Plan, this section may include information from precautions, warnings, and [possibly] contraindications sections of FDA-approved professional labeling.

- This information usually, but not always, will be included under the following sections for the various layouts:
 - Layout 1 – “Do not take this medicine if you are...” OR “How to take this medicine...”
 - Layout 2 – “Before taking your medicine...” OR “While you are taking your medicine...”
 - Layout 3 – “Who should not take XXXX?” OR “How should I take XXXX?”
 - Layout 4 – General Cautions

DRAFT – page 6

- In Layouts 1, 2, and 3, the appropriate placement of a precaution should depend on whether it is applicable before the drug is taken or during the course of therapy. Occasionally, a precaution more appropriately may be placed in another section of the CMI, e.g., Proper Use, to enhance the usefulness of the information.
- From the Precautions and Warnings sections of the FDA-approved professional labeling (and using Keystone Chapter 3 as a guide), include information on circumstances under which use of the drug for the labeled indication(s) could result in

serious adverse consequences for the patient, or in circumstances where the drug has the potential to cause a particularly serious adverse reaction; this information should be presented in words that the consumer will understand (e.g., low blood sugar for hypoglycemia).

- Keystone Chapter 3 encourages statements of precautions in “serious situations.” Preparers of CMIs should use their judgment on what to include.
- Keystone Chapter 3 recommends that this information be presented as statement(s) of precautions the consumer should take to ensure proper use of the medicine. Examples (NOT all inclusive) are as follows:
 - Because XXXX may cause drowsiness, avoid driving a motor vehicle.
 - Because XXXX may cause your skin to burn, avoid sunbathing or unnecessary exposure to sunlight.
 - Call your doctor immediately if you experience ZZZZ. [Where ZZZZ are symptoms suggesting a serious adverse reaction.]
 - Talk to your doctor if you are taking the following medications, YYYY or ZZZZ. [Because XXXX may interact with YYYY and ZZZZ.]
 - Do not eat the following foods, AAAA or BBBB, while taking XXXX. [Because XXXX may interact with AAAA and BBBB.]
 - Do not consume alcohol while taking XXXX. [Because XXXX interacts with alcohol.]
 - Tell your doctor if you have AAAA. [Where AAAA is a pre-existing disease.]
 - If you are pregnant, talk to your doctor before taking XXXX.
 - If you are breast feeding, talk to your doctor before taking XXXX.
 - For pregnancy and breast feeding, Keystone also will allow a general statement if the risks are unknown, such as “When taken during pregnancy, labor, and breast-feeding, the effects of XXXX on the development of the exposed offspring are unknown.”
 - For children under the age of HH, XXXX has been associated with DDDD. Talk to your doctor if there are any questions.
 - For other identifiable patient populations, (e.g., geriatric patients) additional precautions that apply to the safe and effective use of the medicine in that population.

DRAFT – page 7

- Do not stop taking XXXX suddenly as it may cause EEEE. Gradual dose reduction may be needed. Talk to your doctor.
 - Talk to your doctor if you have any of the following diseases or conditions, FFFF or GGGG. [Because XXXX must be used cautiously in these patients, although it is not contraindicated.]
- For some drugs, a general statement, such as “Talk to your doctor before taking this medication if any of these apply to you,” may be sufficient.

Possible Adverse Reactions

- This information usually will be included under the following sections for the various layouts:
 - Layout 1 – “Side effects include...”
 - Layout 2 – “While you are taking your medicine...”
 - Layout 3 – “What are the possible side effects of XXXX?”
 - Layout 4 – Possible Side Effects
- From the Adverse Reactions section of the FDA-approved professional labeling, the CMI should contain the symptoms of serious or frequent adverse reactions and, when appropriate, inform the consumer what to do; this information should be presented in words that the consumer will understand (e.g., muscle aches for myalgias).
- Keystone Chapter 3 encourages the inclusion of adverse reactions that are serious and/or occur frequently. Preparers of CMIs should use their judgment on what to include.
- Keystone Chapter 3 provides some latitude on how information about adverse reactions is to be organized and explained. The information can be organized by organ system, severity, or frequency, or a combination of these approaches, or using other appropriate means. The sample CMIs in Appendix G provide examples.
- Information about an adverse reaction should be presented as “symptoms,” using words that the consumer will understand. For example:
 - For orthostatic hypotension, symptoms such as “dizziness or lightheadedness, especially when getting up from a sitting or lying position.”
- When an adverse reaction requires the attention of the prescriber, a statement should be included. For example:
 - “Call your doctor if the following side effects occur.”

DRAFT – page 8

Tolerance/Physical Dependence and Withdrawal/Drug Abuse

- For drugs that are subject to abuse and which have a section in FDA-approved professional labeling on Drug Abuse and Dependence (e.g., opioids, barbiturates, benzodiazepines, and amphetamines), information on tolerance, physical dependence, and withdrawal, and drug abuse should be included in the CMI.
- This information usually will be included under the following sections for the various layouts:
 - Layout 1 – “How to take this medicine...”
 - Layout 2 – “While you are taking your medicine...”
 - Layout 3 – “How should I take XXXX?”
 - Layout 4 – General Cautions
- From the Drug Abuse and Dependence section of the FDA-approved labeling, or when available from a section that provides Information for Patients specific to drug abuse and dependence, information should be included in the CMI to get across the concepts of tolerance, physical dependence, withdrawal, and drug abuse, when any of these may be applicable to the drug. As appropriate, include directions to the consumer on what to do. This information should be presented in words that the consumer will understand.

Proper Storage

- For Layouts 1 and 2, include instructions on proper storage of the drug in the sections entitled, “How to take this medicine...” and “While you are taking your medicine...,” respectively.
- For Layouts 3 and 4, include instructions on proper storage of the drug in the sections entitled, “How should I store XXXX?” and Storage, respectively.

General Information

- The Keystone Action Plan recommends that CMIs have some “General Information” statements. Each of the Layouts 1-4 has a section at the end entitled, “General Information,” in which the following information should be included:
 - A statement encouraging discussion with a health care professional about the prescription medicine.
 - A statement that the medicine should only be used by the patient for whom it is prescribed and is not to be given to other persons. (Note: While not required by Keystone, a statement to “Keep all medications out of reach of children.” may be included.)

DRAFT –page 9

- The name of the publisher of the information.
- The date of publication or most recent revision or review for adequacy and accuracy of content.
- In addition, the Keystone Action Plan also requires a “disclaimer” statement that contains the following concepts:
 - The materials are summaries and do not contain all possible information about the medicine.
 - The health care professional who has prescribed the medicine has more information.
 - The health care professional’s information addresses both the medicine and the patient’s specific health needs.
 - The health care professional can provide and answer questions about the information in the professional labeling.

Optional Components of Useful Information

- Personalized Information (optional): Personalized information may be included. If personalized information is included, then the CMI is considered customized and is not acceptable for generalized distribution.
- Per Chapter 3 of the Keystone Action Plan, a Summary section (containing the medicine’s approved indications, critical aspects of proper use, significant warnings, precautions, contraindications, serious adverse reactions, and potential safety hazards) is optional. Layout 4, and the sample leaflet in Appendix G that uses this layout, provides an example of a Summary section.
- Per Chapter 3 of the Keystone Action Plan, providing a toll-free number to a service which provides information for consumers with impaired vision, marginal or no literacy, or whose first language is not English is optional.

Information is Scientifically Accurate, Unbiased in Content and Tone, and Timely and Up-to-date

To meet these three criteria, as mandated by the Keystone Action Plan (Chapter 3) for CMIs to be considered useful, the requirements listed in the study by Svarstad et al, “Evaluation of Written Prescription Information Provided in Community Pharmacies, 2001,” should be satisfied. These are:

- The information presented in the CMI should be neutral [unbiased] in tone and content. Based on Keystone Chapter 3, this means:
 - The information represents fair balance between descriptions of the benefits and descriptions of the risks of the drug.

DRAFT – page 10

- The information is explanatory, neutral, without comparative adjectives, without untruthful claims about the benefit of the product, and without hyperbole.
- The information is not associated with any promotional or other information provided to the patient.
- The presentation and content of the information should meet the accepted standards of scientific literature.

(Note: See the sample leaflets in Appendix G for examples of neutral tone and content.)

- No information about indications or uses that are not in the FDA-approved labeling, i.e., off-label uses, can be included in generalized CMI. (Note: Customizable CMIs may include off-label use information).
- The CMI cannot contain any promotional messages about a specific brand of drug, a manufacturer, or a distributor.
- Consistent with FDA-approved professional labeling, the CMI should not contain inaccurate or outdated claims about benefits or risks of a drug and should not contain other inaccurate or outdated information.
- Developers of CMI information should rely on the most recent FDA-approved professional labeling and make changes to CMIs, consistent with changes to professional labeling, in a timely manner. Pharmacy system vendors and pharmacies should incorporate the most current CMIs into their systems in a timely manner.

Information is Readily Comprehensible and Legible

To meet this criterion, as mandated by the Keystone Action Plan (Chapter 3) for CMIs to be considered useful, the information provided in Chapter 3 and Appendix G of the Keystone Action Plan, as well as the requirements listed in the study by Svarstad et al, “Evaluation of Written Prescription Information Provided in Community Pharmacies, 2001,” were considered. The following recommendations are made:

- The information should be well organized and easy to find. Specific suggestion:
 - A standardized format, e.g., Layouts 1-4 described above, should be adopted by database publishers so that information is presented in the same order for all drugs.
- Headings should be differentiated from text. Specific suggestions:
 - Use “sans serif” font, bold-face type, and larger point type for headings; use “serif” font, primarily light-face type (see below for exceptions), and smaller (but at least 10-point) type for text.
 - Differentiating headings from text in a similar manner to any of the sample leaflets in Appendix G will satisfy this requirement.

DRAFT – page 11

- Short paragraphs and bullets should be used where possible to enhance readability (see the sample leaflets in Appendix G).
- The use of bold-face type or boxed text is encouraged to prominently display particularly important information.
- Ornate typefaces and italics, which are hard to read, should not be used. Suggestion:
 - As discussed above, use “sans serif” font for headings and “serif” font for text (per Appendix G).
- Upper and lower case lettering should be used.
- CMIs should be printed in no smaller than 10-point type.
- There should be adequate space between letters, lines, and paragraphs to enhance readability. Suggestions (per Appendix G):
 - Space between letters – no more than -3 kerning.
 - Space between lines – use 12-point leading with 10-point type
 - Space between paragraphs or between headings and text - Keystone does not specify other than that adequate space between paragraphs and space above and below headings can facilitate reading. Adhering to what was done in sample leaflets in Appendix G should satisfy this requirement.
 - Line length – optimal line length is approximately 40 letters long (in 10-point or 12-point type) per Appendix G.
- There should be good contrast between the ink and paper colors because good contrast will facilitate reading. Suggestions:
 - Black, dark blue or brown ink on pale yellow or white paper provides the best contrast and is recommended in Appendix G.
 - The following combinations should be avoided because they provide insufficient contrast – brown on gold, blue on green, and red on pink.
 - Information should be printed on uncoated paper, as recommended in Appendix G.
- CMIs preferably should be written at the sixth- through eighth-grade reading levels.

End