Drug packaging in 2008: not enough progress

● Among the packaging systems that Prescrire analysed in 2008, very few met all of our quality criteria. Unsuitable packaging, which could put patients at risk, is often the result of choices made by manufacturers.

● The risk of error is higher in certain products intended for self-medication, children, partially sighted patients, pregnant women, use in hospitals and other institutions.

● There are even some rather disturbing trends: labelling of blister packs that sacrifices the legibility of the international nonproprietary names (INNs) for the sake of multilingualism, excerpts from the package leaflet printed on the back of the box.

● We found improvements in many packaging items again this year: this should motivate health professionals concerned about high-quality care to choose the better ones and to push for more progress.


In 2007, the Prescrire packaging workshop noted an overall improvement in the packaging for drugs marketed in France (1).

What was the verdict for 2008?

Not enough progress. The packaging that Prescrire analysed in 2008 satisfies regulatory requirements. However, packaging design sometimes does not adequately take into account quality of care and patient safety. Packaging very rarely met all of our quality criteria (see the 2008 Packaging Awards in April 2009 issue). Yet again, drug packaging in 2008 reflects the fact that manufacturers are making the same old choices:

– labelling that emphasises commercial details (the invented name, company graphics and logos) instead of information that is useful for patient care. The international nonproprietary name (INN) is often less prominently displayed, particularly on blister packs (montelukast-Singular® la revue Prescrire 295; pseudoephedrine-cetirizine-Humex Rhinite Allergique® la revue Prescrire 295; ritagrip-tan-Maxalt® la revue Prescrire 300). Occasionally the INN is not even printed on the blister pack (ketotifen-Zaditen® capsules la revue Prescrire 297; ambroxol-Lysopadol® Prescrire International 100). The INN is not printed on the external surface of some transdermal patches, which means they cannot be identified once they are applied to the skin (testosterone-Testopatch® la revue Prescrire 293; nicot-otine-Niquitin® la revue Prescrire 301);
– ambiguous labelling of the concentration for injectable drugs (oxycodone-Oxy-norm® la revue Prescrire 291; temsirolimus-Torisel® la revue Prescrire 297);
– problems with devices used for dose preparation: no dosing device provided (dextromethorphan-Vicks toux sèche miel® la revue Prescrire 299; mecamertin-Increlex®, this issue p.111); inappropriate dosing devices, such as those graduated in ml rather than in mg for the active ingredient (fosamprenavir-Telzir® oral suspension la revue Prescrire 295; hydroxyzine-Atarax® syrup la revue Prescrire 291); complex dosing devices, such as the fentanyl-Ionsys® iontophoretic transdermal device, which was withdrawn from the market shortly after its introduction (this issue page 110); absence of a safety cap on bottles containing dangerous substances: for example, an easy-to-open cap for a product containing sufficient doses of quinine to be fatal for a child (quinine-cratagus (dry hawthorn extract)-Okimus® la revue Prescrire 297);
– package leaflets that lack details (levothyroxine L-Thyroxine Serb® la revue Prescrire 299) or that are overly complex (urokinase-Actosolv®, this issue p.118).

These drawbacks can lead to confusion between drugs, errors during dose preparation or even accidental poisoning (1).

Packaging unsuitable for at-risk patients. Sometimes packaging is inappropriate for particular patient populations, certain types of therapy or the method of supply:
– unsuitable for children (dangerous illustration on the package leaflet showing the administration of fentanyl-Durogesic® la revue Prescrire 292; inappropriate dose strength for succimer-Succicaptal® la revue Prescrire 292);
– unsuitable for blind or partially sighted patients (la revue Prescrire 304);
– unsuitable for therapy that requires the use of single-dose units, particularly in hospitals or other institutions (la revue Prescrire 296; la revue Prescrire 297);
– unsuitable for self-medication (la revue Prescrire 295; cetirizine-Actifed Allergie Cétirizine® la revue Prescrire 296; illegible INN on blister packs: pholcodine-Valda-Ver qui- tome sèche sans sucre® and paracetamol-pseudoephedrine-vitamin C-Valda Rhume® la revue Prescrire 302: trivialisation of the risks by the use of herbal medicine labelling);
– unsuitable for women of child-bearing age (ambiguous information in package leaflets about the risks of non-steroidal antiinflammatory drugs (NSAIDs) during the first trimester of pregnancy (ibupro- fen-Advilcaps® and Adviltab® Prescrire International n° 100)) (2).

New concerns. A worsening trend in 2008: several cases in which the labelling spans more than one unit dose and is particularly difficult to read. Particulars are printed in several language and in small, thick lettering, sacrificing the legibility of the INN in favour of multilingualism, for marginal savings in manufacturing costs (18 languages with siaglitap-Januvia® la revue Prescrire 295 and siaglitap-Xelevisa® la revue Prescrire 299; 13 languages for dalesetine-Cymbalt® la revue Prescrire 300).

Another striking observation: dangerous statements or illustrations were found in some package leaflets. In addition to the examples mentioned above for some self-medication products and the fentanyl-Durogesic® patch, a misleadingly reassuring statement minimises the adverse effects of nilotinib-Tasigna®: “most of the side effects are mild to moderate and will

Outlook

Translated from Rev Prescrire February 2009; 29 (304): 144-145
Counterfeit drugs: recognising the real issues

- Despite the lack of reliable data on the true extent of drug counterfeiting, media reports are becoming increasingly frequent and alarming.
- Confusion is sometimes deliberately maintained between counterfeit drugs and defective products, legal drug copies (including generics) and parallel imports.
- The priorities, particularly in poor countries, are to enforce stricter regulation of the legal drug supply system and to guarantee all patients access to high-quality drugs at reasonable prices.


For more details on the Prescrire in English website, see the inside back cover and outside back cover of this issue.

Access to Braille has expanded and many package leaflets refer to the French association Handicapzéro, which supplies package leaflets and labels in Braille. This improvement should become more widespread in 2009.

In practice: keep up the pressure.

In the 28 years that *Prescrire* has been evaluating drug packaging, one has to admit that examples of high-quality packaging have been rare.

Healthcare professionals and patients therefore need to continue to remain vigilant and to maintain the pressure so that manufacturers improve the quality of their packaging for drugs and devices. Health authorities also need to demand higher standards.