

European directive: drug packaging provisions finally transposed into French law

● In 2008, the patient-friendly drug packaging provisions of Directive 2004/27/EC, including the expanded use of the INN system and Braille, were finally transposed into French law. However, this success does not mean that all the dangers have been eliminated.

In France, European Directive 2004/27/EC on human medicines was transposed in a piecemeal fashion (1,2). In 2008, provisions dealing with drug packaging were transposed by decree. They mainly concern marketing applications submitted to the French Health Products Safety Agency (Afsapps) (3,4). Provisions relating to drug labelling and to the use of Braille must be applied by 7 May 2009 at the latest (3).

Welcome use of the INN. A French decree states that by 7 May 2009 at the latest, drug companies will have to print the international nonproprietary name (INN (a)) after the brand name on the primary packaging (blister packs, vials, bottles, syringes) and on the secondary packaging (the box) when a drug contains between 1 and 3 active ingredients. This applies to all packaging, even for small volumes (b)(3). Previously, when a product contained more than one active ingredient, the company did not have to print the INN after the brand name on the packaging.

It should now be easier for patients to identify the INN, provided it is printed clearly. Generally, this is not the case: INNs are often less visible than brand names (5).

End-user evaluation of patient information leaflets. The French decree states that companies must now include the results of an end-user evaluation of the patient information leaflet in their marketing applications, ensuring that it is "legible, clear and easy to use". This also applies to applications for marketing authorisation renewal and for "major" variations (c)(3,4,6).

It remains to be seen whether this provision will lead to greater clarity and better information in patient leaflets, and whether these end-user evaluations will really focus on the patient and on the quality of care (5).

Braille labelling and information leaflets: a step in the right direction.

The same decree states that by 7 May 2009 at the latest, the brand name and the dose strength must be written in Braille on boxes of drugs and herbal remedies registered with Afsapps (3,7).

Afsapps has specified the Braille character size, the use of the Antoine numbering system (d), etc. The provision of other information in Braille, such as the pharmaceutical form and route of administration, is optional. In addition, the use of Braille is not mandatory for drugs that are only administered by professional caregivers (7).

Consequently, when the INN is not part of the brand name, the INN will not be always be printed in Braille on the box. However, some brand names, especially those of "umbrella brands", are ambiguous. This potentially serious source of confusion can represent a risk for patients (5,8).

The decree only requires Braille inscriptions on the box. Organisations for the blind and partially sighted provide some adhesive Braille labels that can be placed on the primary packaging.

The marketing authorisation holder must "ensure that the package information leaflet is made available on request from patients' organisations in formats appropriate for the blind and partially-sighted" (3). In France, organisations such as Handicapzéro (e), already provide many leaflets in Braille or large print. But their distribution currently depends on the goodwill of drug companies. As of 8 May 2009, companies will no longer be able to refuse to distribute Braille leaflets. Note that the decree does not require Afsapps to provide Braille leaflets (3).

What about packaging assessment by the French agency?

The decree states that companies must include mock-ups or samples of the primary and secondary packaging in their marketing applications (3).

This does not concern all the packaging items for a given product, however. It would be better if companies were required to submit all of the packaging, including any measuring devices, which can lead to dosing errors if poorly designed (5). At the time of writing (8 January 2009) the Afsapps website provided no information on how the packaging of new products is evaluated.

In summary: still room for improvement.

These provisions were long overdue and should improve the quality of the information that patients receive concerning the drugs they use, but they will not prevent all accidents. Guidelines are still needed to ensure that the INN is visible on drug labelling, that drug concentrations are expressed in standard fashion, and that measuring devices are accurate and convenient to use.

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a- Some old drugs have no official INN, only simple common names.

b- Previously, companies were authorised to abbreviate the labelling on small packaging (blister packs and vials), sometimes leaving out the INN (ref 9).

c- According to Afsapps, this corresponds to a modification of certain sections of the summary of product characteristics (Indications, Contraindications, Special Warnings, Serious and/or Frequent Adverse Effects) (ref 6).

d- The Antoine numbering system is a way of transcribing numbers for the visually impaired. In France it is used for technical documents and teaching aids (ref 10).

e- In France, the Pharmabaille website (www.pharmabaille.fr) of the Handicapzéro organisation provides access to about 3000 leaflets in Braille (using a specialised keyboard), large print, or audio format. According to the Valentin Haiiy Association, it takes about 8 months for a sighted person to learn to transcribe a novel into Braille. The organisation provides a leaflet showing the alphabet and numbers in Braille. With a little training it is possible to read the Braille inscriptions on drug packaging in order to check for accuracy.

Selected references from Prescrire's literature search.

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