
Instructions for Use — Patient Labeling for Human Prescription Drug and Biological Products and Drug-Device and Biologic-Device Combination Products — Content and Format

Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Chris Wheeler, 301-796-0151, or (CBER) Office of Communication, Outreach and Development, 800-835-4709 or 240-402-8010.

**U.S. Department of Health and Human Services
Food and Drug Administration
Office of Combination Products (OCP)
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)**

**July 2019
Labeling**

Instructions for Use — Patient Labeling for Human Prescription Drug and Biological Products and Drug-Device and Biologic-Device Combination Products — Content and Format Guidance for Industry

*Additional copies are available from:
Office of Communications, Division of Drug Information
Center for Drug Evaluation and Research
Food and Drug Administration
10001 New Hampshire Ave., Hillandale Bldg., 4th Floor
Silver Spring, MD 20993-0002
Phone: 855-543-3784 or 301-796-3400; Fax: 301-431-6353
Email: druginfo@fda.hhs.gov*

<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>

and/or

*Office of Communication, Outreach and Development
Center for Biologics Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave., Bldg. 71, Room 3128
Silver Spring, MD 20993-0002
Phone: 800-835-4709 or 240-402-8010
Email: ocod@fda.hhs.gov*

<https://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>

**U.S. Department of Health and Human Services
Food and Drug Administration
Office of Combination Products (OCP)
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)**

**July 2019
Labeling**

TABLE OF CONTENTS

- I. INTRODUCTION..... 1**
- II. BACKGROUND 3**
- III. CONTENT..... 3**
 - A. General Content Recommendations..... 3**
 - 1. Consistency With the FDA-Approved Prescribing Information 3*
 - 2. Language and Readability..... 4*
 - 3. Headings 4*
 - B. Specific Content Recommendations 5**
 - 1. Title 5*
 - 2. Product Title 5*
 - 3. Purpose Statement 6*
 - 4. Visual of Drug Product..... 7*
 - 5. Important Information for Patients..... 7*
 - 6. Preparation Instructions..... 9*
 - 7. Administration Instructions 10*
 - 8. Storage Instructions 11*
 - 9. Disposal Instructions 11*
 - 10. Additional Information..... 12*
- IV. FORMAT..... 13**
 - A. Typeface Styling Recommendations..... 13**
 - 1. Font and Font Size 13*
 - 2. Letter Case..... 13*
 - 3. Bold, Italicized, or Underlined Text 13*
 - B. Page Layout and Design Recommendations..... 14**
 - 1. Step-by-Step Instructions 14*
 - 2. Visuals for Step-by-Step Instructions..... 15*
 - 3. Spacing..... 15*
 - 4. Color 15*
- REFERENCES..... 16**
- APPENDIX — INSTRUCTIONS FOR USE:
RECOMMENDED ORDER OF INFORMATION..... 17**

Contains Nonbinding Recommendations

Draft — Not for Implementation

1 **Instructions for Use — Patient Labeling for Human Prescription**
2 **Drug and Biological Products and Drug-Device and Biologic-Device**
3 **Combination Products — Content and Format**
4 **Guidance for Industry¹**
5

6
7 This draft guidance, when finalized, will represent the current thinking of the Food and Drug
8 Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not
9 binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the
10 applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible
11 for this guidance as listed on the title page.
12

13
14
15 **I. INTRODUCTION**
16

17 This guidance provides recommendations for developing the content and format of an
18 Instructions for Use (IFU) document for human prescription drug and biological products and
19 drug-device or biologic-device combination products submitted under a new drug application
20 (NDA) or a biologics license application (BLA).^{2,3} The IFU is developed by applicants for
21 patients⁴ who use drug products that have complicated or detailed patient-use instructions. The
22 recommendations in this guidance are intended to help develop consistent content and format

¹ This guidance has been prepared by the Office of Medical Policy in the Center for Drug Evaluation and Research in cooperation with the Center for Biologics Evaluation and Research and the Office of Combination Products at the Food and Drug Administration.

² In this guidance, the terms *drug*, *product*, and *product* refer to human prescription drug and biological products that are regulated as drugs, except when there is a difference in the regulation. In such cases, the term *biological products* is used. These terms also refer to drug-device or biologic-device combination products.

³ For information specific to abbreviated new drug application (ANDA) submissions, please refer to the guidance for industry *Acceptability of Draft Labeling to Support ANDA Approval* (October 2015). We update guidances periodically. For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>. An ANDA is required to contain information to show that the labeling proposed for the generic drug is the *same* as the labeling for the reference listed drug (RLD), except for changes required because of differences approved under a suitability petition (see section 505(j)(2)(C) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and 21 CFR 314.93) or because the generic drug and the RLD are produced or distributed by different manufacturers (see section 505(j)(2)(A)(v) of the FD&C Act).

⁴ In this guidance, the terms *patient* and *patients* also refer to caregivers. Some patients are unable to self-administer their drug products because of their age (such as infants and young children) or because of health-related conditions. In such instances, it is important that caregivers be adequately informed on how to safely and effectively administer a drug product to a patient.

Contains Nonbinding Recommendations

Draft — Not for Implementation

23 across IFUs and to help ensure that patients receive clear, concise information that is easily
24 understood for the safe and effective use of such prescription products.⁵ Thus, the
25 recommendations in this guidance are ultimately intended to enhance patients' understanding of
26 IFUs and facilitate the development and approval of IFUs that are clear and helpful to patients.

27
28 The recommendations in this guidance do not apply to labeling for standalone medical devices
29 legally marketed under medical device application types^{6,7} (i.e., devices that are not constituent
30 parts of drug-device or biologic-device combination products) or to labeling intended for use by
31 health care providers.⁸ The recommendations in this guidance also do not apply to devices
32 regulated under a BLA, such as devices associated with blood collection and processing
33 procedures.

34
35 This guidance is one of several documents FDA is issuing to fulfill the performance goals under
36 the fifth reauthorization of the prescription drug user fee program, the Prescription Drug User
37 Fee Act (PDUFA) VI. In particular, this guidance relates to the PDUFA VI performance goal
38 regarding guidance on patient-oriented labeling (e.g., instructions-for-use).

39
40 In general, FDA's guidance documents do not establish legally enforceable responsibilities.
41 Instead, guidances describe the Agency's current thinking on a topic and should be viewed only
42 as recommendations, unless specific regulatory or statutory requirements are cited. The use of
43 the word *should* in Agency guidances means that something is suggested or recommended, but
44 not required.

45
46

⁵ The IFU is considered part of the product user interface. As such, additional data, such as data from Human Factors (HF) studies, could be utilized to inform the development of the IFU for an NDA or BLA product. The discussion of HF considerations is outside the scope of this guidance. For additional information on development of the user interface and human factors considerations, see the draft guidance for industry and FDA staff *Human Factors Studies and Related Clinical Study Considerations in Combination Product Design and Development* (February 2016). When final, this guidance will represent FDA's current thinking on this topic.

⁶ See generally sections 510(k), 513(f) and 515 of the FD&C Act.

⁷ For information on developing patient labeling for medical devices, including in vitro diagnostic products, please see 21 CFR parts 801 and 809 and the FDA web page at <https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview/DeviceLabeling/default.htm>.

⁸ FDA also approves IFUs intended specifically for use by health care providers. These documents include instructions on how to administer a product safely and effectively to patients. However, the recommendations provided in this guidance apply to IFUs intended for use by patients and do not apply to IFUs intended specifically for use by health care providers.

Contains Nonbinding Recommendations

Draft — Not for Implementation

47 **II. BACKGROUND**

48
49 The IFU is a form of prescription drug labeling for an NDA, BLA, or abbreviated new drug
50 application (ANDA).⁹ The IFU is developed by applicants for patients who use drug products
51 that have complicated or detailed patient-use instructions. For example, an IFU may be
52 appropriate for a drug product with one set of dosing instructions for adult patients and another
53 set for pediatric patients. The IFU is developed by the applicant, reviewed and approved by
54 FDA, and provided to patients when the drug product is dispensed.

55
56 Applicants should submit true representations of both the content and format of the IFU,
57 including page layout, graphic design, and color, for FDA’s review and approval.¹⁰ In general,
58 before implementing and distributing changes to an FDA-approved IFU, applicants should refer
59 to 21 CFR 314.70 or 601.12 for the requirements on submitting changes to previously approved
60 labeling. When the IFU is submitted for FDA review and approval, FDA also requests that the
61 applicant submit the currently approved prescribing information.

62 63 64 **III. CONTENT**

65 **A. General Content Recommendations**

66
67
68 The primary purpose of an IFU is to provide detailed, action-oriented, step-by-step written and
69 visual instructions in a patient-friendly manner. The IFU guides the patient on how to use a
70 prescription drug product and commonly includes instructions on preparation, administration,
71 handling, storage, and disposal. Visuals can complement written instructions and, for some
72 users, can increase comprehension.

73 74 *1. Consistency With the FDA-Approved Prescribing Information*

75
76 When reviewing the contents of an IFU, FDA looks for scientific accuracy and consistency with
77 the FDA-approved prescribing information (PI) for the drug product. The IFU must not be false
78 or misleading and must be updated when new information causes the IFU to become inaccurate,
79 false, or misleading.¹¹

80
81 FDA recommends that the IFU include pertinent information from the PI that describes how to
82 use the drug product. FDA also recommends that the IFU include additional details not typically
83 discussed in the PI where those details are important for the safe and effective use of the drug
84 product by patients (for example, how to administer the drug product using a co-packaged
85 syringe).

⁹ The IFU may be created in addition to a Medication Guide or a patient package insert.

¹⁰ See 21 CFR 314.50(e)(2).

¹¹ See section 502(a) of the FD&C Act (21 U.S.C. 352(a)).

Contains Nonbinding Recommendations

Draft — Not for Implementation

86
87 The following sections of the PI¹² will generally contain the pertinent information for the IFU:
88

- 89 • DOSAGE AND ADMINISTRATION
- 90
- 91 • HOW SUPPLIED/STORAGE AND HANDLING
- 92
- 93 • PATIENT COUNSELING INFORMATION
- 94

95 Information from other sections of the PI may also be useful to include in the IFU.
96

97 2. *Language and Readability*

98

99 FDA recommends that the IFU be written in nontechnical language and clearly state the actions a
100 patient should take to use the product. FDA also recommends that the IFU be written in active
101 voice and command language and start sentences or phrases with an action verb when possible.
102 For instance, the IFU can state “Wash your hands” (rather than “You should wash your hands”)
103 and “Shake the vial well” (rather than “You should shake the vial well”). FDA suggests writing
104 the IFU in terms that patients are likely to understand, including those with low literacy skills.
105 Overly technical language may deter patients from reading and understanding important
106 information in the IFU.
107

108 In general, FDA recommends avoiding abbreviations in the IFU because they may be
109 misinterpreted, which could result in mistakes that may harm a patient. The Agency also
110 recommends writing dose designations (amount and volumetric units) clearly, to avoid
111 medication errors. For instance, FDA suggests avoiding trailing zeros after a decimal point for
112 doses expressed in whole numbers (e.g., state 1 mg rather than 1.0 mg).¹³
113

114 3. *Headings*

115

116 Standardized headings in patient labeling materials enhance readability and usefulness (Lorch
117 et al. 2001; Kools et al. 2008; Cowburn and Stockley 2004). Thus, FDA recommends that
118 headings clearly identify the focus of each topic. FDA also generally recommends using
119 subheadings to group related tasks that accomplish a single objective.
120

121 Headings and subheadings help organize and differentiate topics so patients can quickly locate
122 information. Section III.B of this guidance provides recommended headings to organize content

¹² The labeling sections noted are pertinent to drug product labeling that must meet the content and format requirements of the final rule “Requirements on Content and Format of Labeling for Human Prescription Drug and Biological Products,” (71 FR 3922, January 24, 2006), available at <https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/LawsActsandRules/ucm084159.htm>. (See also 21 CFR 201.56 and 201.57.)

¹³ See also dosage designation information on the List of Error-Prone Abbreviations at the Institute for Safe Medication Practices website (<https://www.ismp.org/recommendations/error-prone-abbreviations-list>).

Contains Nonbinding Recommendations

Draft — Not for Implementation

123 in the IFU. The appendix lists the recommended order of all headings described in Section III.B.
124 Additional headings and subheadings can also be useful to include.

125
126 FDA recommends tailoring information to each heading such that, in general, specific topics are
127 included under only a single heading.

B. Specific Content Recommendations¹⁴

130
131 FDA recommends that the following information appear in the order listed to ensure consistency
132 and to help patients become familiar with the type and location of information in the IFU.

1. Title

133
134
135
136 FDA recommends that the title “**INSTRUCTIONS FOR USE**” appear centered prominently at
137 the top of the first page of the IFU, in bold uppercase letters, as follows:

INSTRUCTIONS FOR USE

2. Product Title

138
139
140
141
142
143 FDA recommends that the product title in the IFU include the product’s proprietary name,¹⁵
144 nonproprietary name,¹⁶ dosage form,¹⁷ and route of administration (ROA).¹⁸ The Agency also
145 recommends that the product title appear beginning on the line immediately below the title
146 INSTRUCTIONS FOR USE and that the product title appear centered in bold letters across one,
147 two, or three lines.

148
149 For drug products *with a proprietary* name, FDA recommends that the information appear in the
150 following order:

151
152 Line 1: Proprietary name in uppercase letters, followed by the pronunciation spelling in
153 brackets

154 Line 2: Nonproprietary name in lowercase letters in parentheses

¹⁴ Text appearing in brackets in the examples indicates a placeholder and should be replaced with the appropriate product-specific information.

¹⁵ In this guidance, *proprietary name* refers to both the proprietary name of a drug product and to the trade name of a biological product. FDA recognizes that not all products have a proprietary name.

¹⁶ In this guidance, the *nonproprietary name* refers to the established name of the drug, if any, or, for biological products licensed under section 351 of the Public Health Service Act, the proper name. (See section 502(e)(3) of the FD&C Act (21 U.S.C. 352(e)(3)); 21 CFR 600.3(k)). For more information related to biological products, see also the guidance for industry *Nonproprietary Naming of Biological Products: Update* (March 2019).

¹⁷ For drug products, the dosage form is part of the nonproprietary name; however, for biological products, the nonproprietary name (proper name) does not include the dosage form.

¹⁸ For some drug products, the route of administration is also part of the nonproprietary name.

Contains Nonbinding Recommendations

Draft — Not for Implementation

155 Line 3: Dosage form in lowercase letters (if the nonproprietary name does not include
156 the dosage form, such as biological products) followed by the ROA in lowercase
157 letters (if the nonproprietary name does not include the ROA)
158

159 **Example A:** For the fictitious drug product MYDRUG (drugoxide injection), for
160 intramuscular use, FDA recommends that the product title read as follows:
161

162 **MYDRUG [mye-drug]**
163 **(drugoxide injection)**
164 **for intramuscular use**
165

166 **Example B:** For the fictitious biological product MYBIOLOGIC (replicamab-cznm)
167 injection, for subcutaneous use, FDA recommends that the product title read as follows:
168

169 **MYBIOLOGIC [my-bye-oh-LAH-jik]**
170 **(replicamab-cznm)**
171 **injection, for subcutaneous use**
172

173 For drug products *without a proprietary* name, FDA recommends that the product title appear in
174 the following order:
175

176 Line 1: Nonproprietary name in title case letters, followed by the pronunciation spelling
177 of the chemical portion of the nonproprietary name in brackets

178 Line 2: Dosage form in lowercase letters (if the nonproprietary name does not include
179 the dosage form, such as biological products), followed by the ROA in lowercase
180 letters (if the nonproprietary name does not include the ROA)
181

182 **Example C:** For the fictitious drug product Drugoxide Injection, for intramuscular use,
183 which does not have a proprietary name, FDA recommends that the product title read as
184 follows:
185

186 **Drugoxide Injection [drug-OX-ide]**
187 **for intramuscular use**
188

189 **Example D:** For the fictitious product Drugoxide Transdermal System, FDA
190 recommends that the product title read as follows:
191

192 **Drugoxide Transdermal System [drug-OX-ide]**
193

194 3. *Purpose Statement*
195

196 FDA recommends that the following purpose statement appear below the product title, flush with
197 the left margin:
198

Contains Nonbinding Recommendations

Draft — Not for Implementation

199 This “Instructions for Use” contains information on how to [insert applicable action
200 verb¹⁹] [insert Drug Name²⁰].

201
202 For example:

203
204 This “Instructions for Use” contains information on how to inject MYDRUG.

205 206 4. *Visual of Drug Product*

207
208 Following the purpose statement, FDA recommends that the IFU display a visual of the drug
209 product and, if applicable (i.e., the drug is a constituent of a combination product), the device(s)
210 used to administer the drug. Choose the best type of visual that clearly depicts the drug product,
211 such as a photograph, simple illustration, or line drawing. If a drug product consists of multiple
212 parts, FDA recommends to visually identify and clearly label each part of the drug product
213 including the device, if applicable. In some cases, it can also be useful to include further
214 explanation of the purpose or function of the parts of the drug product, including the device.

215
216 Generally, FDA recommends that IFUs include a visual of a drug product in an oral dosage form
217 (such as a capsule, tablet, solution, or suspension) where manipulation is necessary to prepare
218 and administer a dose (for example, opening and sprinkling the contents of a capsule). In other
219 instances of drug products in oral dosage forms, patients could likely comprehend the
220 instructions without a visual of the drug product.

221
222 If a drug product is dispensed with multiple components (such as cartridges, blister cards, or
223 packs), FDA recommends that the IFU provide information about all the components and include
224 the following, if applicable:

- 225
- 226 • A list of all components dispensed with the drug product
 - 227 • A visual or visuals of the components, clearly identified and labeled
 - 228 • Information explaining the purpose or use of the components

229 230 5. *Important Information for Patients*

231
232 FDA recommends that important information for patients to know before using the drug product
233 be described under the following heading:

234

¹⁹ Insert the appropriate action verb as determined by the product’s dosage form; for example, “take” (oral products), “use” (inhalation, ear or eye products), “inject” (injectable products), “apply” (topical or transdermal products), or “insert” (suppositories).

²⁰ Drug Name is either the proprietary name (if any) or the nonproprietary name of the drug product.

Contains Nonbinding Recommendations

Draft — Not for Implementation

235 **Important Information You Need to Know Before [Insert Applicable Action Verb²¹]**
236 **[Insert Drug Name]**

237
238 For example, FDA recommends that the heading for this section of the IFU for the fictitious drug
239 product MYDRUG appear as follows:

240
241 **Important Information You Need to Know Before Injecting MYDRUG**

242
243 FDA recommends that the IFU include this heading when patients should take specific actions to
244 prepare, administer, store, or dispose of the drug product to prevent or reduce potentially
245 dangerous consequences that might occur if the specific action is not followed. FDA
246 recommends that information under this heading highlight critical instructions and information to
247 alert patients about the appropriate uses, techniques, and routes of administration that, if not
248 followed, could result in injury.

249
250 If confusion could occur about the route of administration based on the dosage form, such as
251 capsules for inhalation that may be mistaken for oral capsules, FDA recommends that the first
252 statement in this section explain how the drug product should be administered. For example:

- 253
- 254 • **For oral use only** (take by mouth)
 - 255
 - 256 • **For subcutaneous injection only** (inject directly into fatty layer under the skin)
 - 257
 - 258 • **For topical use only** (apply on top of skin)
 - 259

260 Subsequent content that FDA recommends be placed under this heading includes, but is not
261 limited to, the following:

- 262
- 263 • The timing of a dose relative to a behavior or action specified in labeling; for example:
264
 - 265 – Take [Insert Drug Name] 1 hour before eating.
 - 266 – Take [Insert Drug Name] with a meal.
 - 267 – Apply [Insert Drug Name] after bathing.
 - 268
 - 269 – Wait at least 2 hours after applying [Insert Drug Name] before showering or
 - 270 swimming.
 - 271
 - 272
 - 273
 - 274 • Safety information or other important instructions specifically related to administration.
275 For example:

²¹ Insert the appropriate action verb ending in “ing” as determined by the product’s dosage form; for example, “taking” (oral products), “using” (inhalation, ear or eye products), “injecting” (injectable products), “applying” (topical or transdermal products), or “inserting” (suppositories).

Contains Nonbinding Recommendations

Draft — Not for Implementation

- 276
- 277 – Swallow tablet whole. Do not cut, crush, or chew tablet.
- 278
- 279 – Inject [Insert Drug Name] into the thigh. Do not inject [Insert Drug Name] into any
- 280 other area of the body.
- 281
- 282 • Instructions to prevent or mitigate the risk of secondary exposure to a drug; for example:
- 283
- 284 – To prevent the transfer of [Insert Drug Name] from your body to others, avoid direct
- 285 skin contact or cover the areas of your body where [Insert Drug Name] has been
- 286 applied.

287 6. *Preparation Instructions*

288

289

290 FDA recommends that instructions on preparing the drug product for use be described under the

291 following heading:

292 **Preparing to [Insert Applicable Action Verb²²][Insert Drug Name]**

293

294

295 For example, FDA recommends that the heading for this section of the IFU for the fictitious drug

296 product MYDRUG appear as follows:

297 **Preparing to Inject MYDRUG**

298

299

300 Content that FDA recommends be placed under this heading includes, but is not limited to, the

301 following:

- 302
- 303 • Information about supplies and materials for administering the dose (for example, a bowl
- 304 and spoon for mixing a drug product with food; alcohol wipes to prepare an injection; an
- 305 adhesive bandage to cover an injection site)
- 306
- 307 • Information about the amount of time required to warm a refrigerated product to room
- 308 temperature or the maximum amount of time the product may remain unrefrigerated
- 309 before use
- 310
- 311 • Instructions to check the drug product for particles or discoloration and to check the
- 312 expiration date on the product's label
- 313
- 314 • Directions for assembling parts or components of the product at the time of first use, and
- 315 if applicable, assembly instructions for subsequent uses
- 316
- 317 • Instructions for priming topical or inhaled products for first use or priming for subsequent
- 318 use

²² See footnote 19.

Contains Nonbinding Recommendations

Draft — Not for Implementation

319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359

- Directions for products requiring reconstitution or dilution
- Directions for drawing medication into a syringe
- Instructions on how to insert a co-packaged bottle adaptor

7. Administration Instructions

FDA recommends that instructions for administering the drug product be described under the following heading:

[Insert Applicable Action Verb²³] [Insert Drug Name]

For example, FDA recommends that the heading for this section of the IFU for the fictitious drug product MYDRUG appear as follows:

Injecting MYDRUG

FDA recommends that information appear as logically ordered, detailed, step-by-step instructions so that patients can safely and effectively take or administer the drug product.

For drug products with more than one method of administration (for example, sprinkle capsule contents into food or drink; administer by feeding tube for patients who have difficulty swallowing), FDA recommends using distinct sections to separate the instructions for each administration method.

Content that FDA recommends be placed under this heading includes, but is not limited to, the following:

- Instructions for preparing the body for administration including, but not limited to, instructions and illustrations specifying which areas of the body are appropriate and inappropriate for potential injection sites
- Instructions for injecting the drug product
- Instructions for rotating the site of application or injection, such as describing the manner of rotation and the importance of keeping track of injection sites to ensure an injection is not given in the same spot for consecutive doses
- Instructions on how to actuate an inhaler to ensure appropriate dosing

²³ Insert the appropriate action verb ending in “ing” concerning administration as determined by the product’s dosage form; for example, “taking” (oral products), “using” (inhalation, ear or eye products), “injecting” (injectable products), “applying” (topical or transdermal products), or “inserting” (suppositories).

Contains Nonbinding Recommendations

Draft — Not for Implementation

- 360
- 361
- Instructions on how to use an auto-injector
- 362
- Instructions on how to apply a transdermal patch
- 363
- 364

8. *Storage Instructions*

365

366

367 FDA recommends that instructions on appropriate storage be described under the following

368 heading:

369

Storing [Insert Drug Name]

370

371

372 For example, FDA recommends that the heading for this section for the fictitious drug product

373 MYDRUG appear as follows:

374

Storing MYDRUG

375

376

377 Content that FDA recommends be placed under this heading includes, but is not limited to, the

378 following:

379

- Instructions on how to prepare the product for storage (for example, disassembly instructions, washing or cleaning)
- 381
- A description of storage conditions (for example, refrigerating the drug product or storing away from light)
- 382
- 383
- 384
- 385

9. *Disposal Instructions*

386

387

388 FDA recommends that disposal instructions be described under the following heading:

389

Disposing of [Insert Drug Name]

390

391

392 For example, FDA recommends that the heading for this section of the IFU for the fictitious drug

393 product MYDRUG appear as follows:

394

Disposing of MYDRUG

395

396

397 FDA recommends including this heading when there are specific disposal instructions to prevent

398 the risk of unintended exposure to or harm from products (for example, certain transdermal

399 patches). Under this heading, FDA recommends that the IFU explain how to dispose of the drug

400 product when it is no longer needed, has expired, or is otherwise unusable.

401

402 Content that FDA recommends be placed under this heading includes, but is not limited to, the

403 following:

404

Contains Nonbinding Recommendations

Draft — Not for Implementation

- 405
- 406
- 407
- 408
- 409
- 410
- 411
- 412
- 413
- 414
- 415
- 416
- For items that present a risk of needle stick injury or infection (for example, auto-injectors, pens, syringes), this section should include the appropriate safe sharps disposal language.²⁴
 - For drug products that require special disposal procedures (for example, outpatient chemotherapeutic drug products), this section should provide specific information for patients on how to appropriately dispose of these drug products.
 - For drug products that do not require special disposal procedures, this section should include recommendations for common disposal procedures, such as take-back programs or initiatives, recycling options, or disposal in household trash.

10. Additional Information

417

418

419 At the bottom of the last page of the IFU, FDA recommends that the following information be

420 placed in the order listed below:

- 421
- 422 (1) Resources for additional information on how to use the drug product, if applicable
- 423 (for example, a telephone number that patients can call to speak with a customer
- 424 service representative).
- 425
- 426 (2) For drug products, include the name and place of business of the manufacturer,
- 427 packer, or distributor.
- 428
- 429 (3) For biological products, include the name and place of business of the
- 430 manufacturer or distributor.
- 431
- 432 (4) On the last line of the IFU, include the following:
- 433
- 434 a. The verbatim statement, written as follows:
- 435
- 436 This “Instructions for Use” has been approved by the U.S. Food and Drug
- 437 Administration.
- 438
- 439 b. The verbatim statement is followed by **either** (1) the date of initial FDA
- 440 approval of the IFU (for example, Approved: January 2019) *or* (2) the date of
- 441 subsequent FDA approval if the IFU is revised (for example, Revised: May
- 442 2019).
- 443

²⁴Appropriate language to include for safe sharps disposal is available at www.fda.gov/safesharpsdisposal.

Contains Nonbinding Recommendations

Draft — Not for Implementation

444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488

IV. FORMAT

Formatting has a large effect on understanding and use of prescription drug information (Koo et al. 2003). The following formatting recommendations are intended to make the IFU easier for patients to read and to help them use prescription drug products safely and effectively (Buck 1998; Koo et al. 2003).

A. Typeface Styling Recommendations

1. Font and Font Size

FDA recommends using a sans-serif font for all text in the IFU, because sans serif is easier to read than a serif type font (American Foundation for the Blind 2017). Recommended sans-serif fonts include, but are not limited to, Verdana and Arial. FDA recommends avoiding the use of any reverse type (such as white or neutral color type on a darker color background), lightface, shading, highlighting, condensed type, or narrow fonts. These techniques can make reading more difficult for patients (Raynor and Dickinson 2009).

Recommendations on font size are intended for easier readability (Buck 1998). Overall, FDA recommends that the font size be no smaller than 10 points (1 point equals 0.0138 inches) for any section of the IFU, except that FDA recommends the following sections appear in font no smaller than 8 points:

- The name and place of business of the manufacturer, packer, or distributor.
- The verbatim statement: This “Instructions for Use” has been approved by the U.S. Food and Drug Administration.
- The date of FDA approval *or* revision of the IFU.

2. Letter Case

FDA recommends that the title “**INSTRUCTIONS FOR USE**” appear in all uppercase letters. FDA also recommends that the letter case of the proprietary name or nonproprietary name used in the body of the IFU (excluding the IFU product title) match its appearance in the PI. All other headings in the IFU are recommended to appear in title case. FDA suggests avoiding the use of all uppercase letters in the body of the IFU. The abundant use of uppercased text is difficult to read (Hoffman and Worrall 2004).

3. Bold, Italicized, or Underlined Text

FDA recommends that the following information appear in bold type: **INSTRUCTIONS FOR USE; product title, including drug name(s), pronunciation spelling, dosage form, and route of administration; headings; step numbers; and figure titles.** Bolded headings can provide

Contains Nonbinding Recommendations

Draft — Not for Implementation

489 emphasis that help patients find information quickly and easily (Raynor and Dickinson 2009).
490 However, FDA suggests that bolding, italicizing, and underlining in the body of the IFU be used
491 sparingly and be limited to critical phrases or concepts (for example, important information for
492 patients to know before using the drug product, such as “**For Oral Use Only**”).

493

494 **B. Page Layout and Design Recommendations**

495

496 *1. Step-by-Step Instructions*

497

498 FDA recommends that instructions be sequentially numbered, with each step heading appearing
499 in bold type and noted as “**Step 1, Step 2,**” etc. FDA also recommends using continuous
500 numbering throughout the document. For example, FDA suggests avoiding more than one
501 instance of Step 1.

502

503 The Agency recommends that action-oriented instruction (for example, “check appearance of
504 liquid following reconstitution”) appear before any supporting information particular to
505 performing a step. The Agency also suggests that supporting information appear in bulleted text
506 on a separate line immediately following the corresponding step.

507

508 For example:

509

510 **Step 4.** Check the liquid by looking through the viewing window (**Figure F**).

511

512 • The liquid should be yellow and should have no lumps or particles.

513

514 • You may see air bubbles. This is normal.

515

516 If a patient needs to skip a specific step or set of steps that are not necessary for each dose, FDA
517 recommends that the IFU refer the patient to the next appropriate step. If a patient needs to
518 repeat a step or steps, FDA recommends that the IFU, if appropriate, refer the patient back to the
519 listed step or steps (for example, “Repeat **Steps 10 to 13**, then continue to **Step 14**”).

520

521 For example:

522

523 **Step 6.** Close your eye for one minute and gently press at the corner of your eye by your
524 nose.

525

526 **Step 7.** If you have been instructed by your health care provider to use drops in both
527 eyes, repeat **Steps 3 to 6** in the other eye. If not, skip to **Step 8**.

528

Contains Nonbinding Recommendations

Draft — Not for Implementation

529 2. *Visuals for Step-by-Step Instructions*

530
531 Visuals help patients comprehend instructions (Wolf et al. 2010). Thus, FDA recommends that
532 visuals accompany steps classified as critical tasks.²⁵ Visuals can also be useful for other action
533 tasks and informational text that help a patient understand and safely prepare, administer, store,
534 or dispose the drug product. FDA recommends that visuals be easy to understand, be of
535 adequate size to allow patients to see the focal point, and demonstrate one concept, single idea,
536 or point of information. Photographs can be compelling because they show the most accurate
537 visual representation of a product. However, in some instances, the use of line drawings and
538 sketch illustrations may be most helpful to simplify complexities and highlight key components
539 or avoid distracting details.

540
541 FDA recommends that visuals be placed immediately adjacent to the related instructional step.
542 The Agency also recommends that visuals be labeled alphabetically in bold type (such as
543 “**Figure A, Figure B,**” etc.). Steps with corresponding figures are recommended to reference the
544 appropriate figure or figures at the end of the step.

545
546 For example:

547
548 **Step 10.** Attach the needle to the pen (see **Figure G**).

549

Visual corresponding to Step 10

Figure G

550
551
552
553 3. *Spacing*

554
555 FDA recommends that the IFU maintain a sufficient balance of text, visuals, and white space.
556 White space can be used carefully to keep the document from appearing cramped,
557 overwhelming, or too spread out (for example, at a minimum, FDA recommends adding a single
558 line before each heading). To aid in reading ease, FDA suggests using white space between
559 blocks of text to separate concepts and to indicate change. Additionally, consider increasing the
560 amount of white space around important text and visuals for emphasis.

561 4. *Color*

562
563
564 FDA recommends that the IFU be presented in black type on a white background to facilitate
565 readability. This combination maximizes contrast and legibility and also facilitates uniform
566 reprinting of the document. Colored text and visuals may be useful where all text and visuals
567 maintain clarity and remain legible when the IFU is printed in black and white or in grayscale.

568

²⁵ For information on visuals and critical tasks, see the draft guidance for industry and FDA staff *Human Factors Studies and Related Clinical Study Considerations in Combination Product Design and Development*. When final, this guidance will represent FDA’s current thinking on this topic.

Contains Nonbinding Recommendations

Draft — Not for Implementation

REFERENCES

- 569
570
571 American Foundation for the Blind, 2017, Guidelines for Prescription Labeling and Consumer
572 Medication Information for People With Vision Loss, A Collaborative Project of American
573 Society of Consultant Pharmacists Foundation and American Foundation for the Blind, available
574 at [http://www.afb.org/info/programs-and-services/public-policy-center/health-and-safety/rx-](http://www.afb.org/info/programs-and-services/public-policy-center/health-and-safety/rx-label-enable-campaign/guidelines-for-prescription-labeling/12345)
575 [label-enable-campaign/guidelines-for-prescription-labeling/12345](http://www.afb.org/info/programs-and-services/public-policy-center/health-and-safety/rx-label-enable-campaign/guidelines-for-prescription-labeling/12345).
576
577 Buck ML, 1998, Providing Patients With Written Medication Information, *Ann Pharmacother*,
578 32 (9):962–969, <https://doi.org/10.1345/aph.17455>.
579
580 Cowburn, G and L Stockley, 2004, Consumer Understanding and Use of Nutrition Labelling: A
581 Systematic Review, *Public Health Nutrition*, 8(1): 21–28, <https://doi.org/10.1079/PHN2004666>.
582
583 Hoffmann, T and L Worrall, 2004, Designing Effective Written Health Education Materials:
584 Considerations for Health Professionals, *Disabil Rehabil*, 26(19):1166–1173,
585 <https://dx.doi.org/10.1080/09638280410001724816>.
586
587 Koo, MM, I Krass, and P Aslani, 2003, Factors Influencing Consumer Use of Written Drug
588 Information, *Ann Pharmacother*, 37(2):259–267, <https://doi.org/10.1177/106002800303700218>.
589
590 Kools, M, RA Ruiters, MWJ van de Wiel, G Kok, 2008, The Effects of Headings in Information
591 Mapping on Search Speed and Evaluation of a Brief Health Education Text, *Journal of*
592 *Information Science*, 34(6):833–844, <https://doi.org/10.1177/0165551508089719>.
593
594 Lorch Jr, RF, EP Lorch, K Ritchey, L McGovern, D Coleman, 2001, Effects of Headings on
595 Text Summarization, *Contemporary Educational Psychology*, 26(2):171–191,
596 <https://doi.org/10.1006/ceps.1999.1037>.
597
598 Raynor, DK and D Dickinson, 2009, Key Principles to Guide Development of Consumer
599 Medicine Information--Content Analysis of Information Design Texts, *Ann Pharmacother*,
600 43(4):700–706, <https://doi.org/10.1345/aph.1L522>.
601
602 Wolf, MS, TC Davis, PF Bass, LM Curtis, LA Lindquist, JA Webb, MV Bocchini, SC Bailey,
603 RM Parker, 2010, Improving Prescription Drug Warnings to Promote Patient Comprehension,
604 *Arch Intern Med*, 170(1):50–56, doi: [10.1001/archinternmed.2009.454](https://doi.org/10.1001/archinternmed.2009.454).
605
606
607

Contains Nonbinding Recommendations

Draft — Not for Implementation

**APPENDIX — INSTRUCTIONS FOR USE:
RECOMMENDED ORDER OF INFORMATION**

608
609
610
611 Numbers in parentheses correspond to items 1 through 10 in Section III.B, Specific Content
612 Recommendations. The main body of this guidance contains detailed information about each
613 item. The example used is for a drug product.

(1) **INSTRUCTIONS FOR USE**
(2) **[Insert Product Title]**

614
615
616
617
618
619 (3) This “Instructions for Use” contains information on how to [insert applicable action verb¹] **[Insert Drug**
620 **Name²]**

621
622 (4) [Insert visual of drug product]

623
624 (5) **Important Information You Need to Know Before [Insert Applicable Action Verb³] [Insert Drug**
625 **Name]**

626
627 (6) **Preparing to [Insert Applicable Action Verb⁴] [Insert Drug Name]**

628
629 (7) **[Insert Applicable Action Verb⁵] [Insert Drug Name]**

630
631 (8) **Storing [Insert Drug Name]**

632
633 (9) **Disposing of [Insert Drug Name]**

634
635 (10) [Insert resources for additional information on how to use the drug product (for example, a telephone
636 number that patients can call to speak with a customer service representative)]

637
638 (10) [Insert name and place of business of manufacturer, packer, or distributor of drug product]

639
640 (10) This “Instructions for Use” has been approved by the U.S. Food and Drug Administration. Approved: [insert Month Year]
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000

¹ Insert the appropriate action verb as determined by the product’s dosage form; for example, “take” (oral products), “use” (inhalation, ear or eye products), “inject” (injectable products), “apply” (topical or transdermal products), or “insert” (suppositories).

² Drug Name is either the proprietary name (if any) or the nonproprietary name of the drug product.

³ Insert the appropriate action verb ending in “ing” as determined by the product’s dosage form; for example, “taking” (oral products), “using” (inhalation, ear or eye products), “injecting” (injectable products), “applying” (topical or transdermal products), or “inserting” (suppositories).

⁴ See footnote 1.

⁵ Insert the appropriate action verb ending in “ing” concerning administration as determined by the product’s dosage form; for example, “taking” (oral products), “using” (inhalation, ear or eye products), “injecting” (injectable products), “applying” (topical or transdermal products), or “inserting” (suppositories).