IPAC-RS
International Pharmaceutical Aerosol Consortium on Regulation & Science

1500 K Street NW • Washington DC • 20005
Telephone +1 202 230 5607 • Fax +1 202 842 8465
Email info@ipacrs.org • Web www.ipacrs.org

August 28, 2019

IPAC-RS Comments on FDA Draft Guidance for Industry "Instructions for Use — Patient Labeling for Human Prescription Drug and Biological Products and Drug-Device and Biologic-Device Combination Products — Content and Format"[1]

The International Pharmaceutical Aerosol Consortium on Regulation & Science (IPAC-RS) welcomes the publication of the FDA Draft Guidance for Industry "Instructions for Use — Patient Labeling for Human Prescription Drug and Biological Products and Drug-Device and Biologic-Device Combination Products — Content and Format" (dated July 2019).

IPAC-RS is an association of companies that develop, manufacture or market orally inhaled and nasal drug products (OINDPs), which are drug-device combinations, and as such are affected by this draft guidance. A list of current IPAC-RS members and further information are available at http://ipacrs.org.

IPAC-RS members have considerable experience of designing Instructions for Use (IFUs) for drug-device combination products and in the human factors engineering (HFE) that supports IFU development. The comments provided here are based on that experience.

IPAC-RS would be grateful to have an opportunity to discuss these comments with FDA in a meeting or a phone call, or provide further explanations, if needed.

General Comments

1. IPAC-RS Welcomes IFU Recommendations

IPAC-RS welcomes the content recommendations, design recommendations and, in particular, the recognition in the draft guidance of the important contribution of page layout and white space to the effectiveness of an IFU.

[1] FDA, OCP, CDER, CBER. Draft Guidance for Industry "Instructions for Use — Patient Labeling for Human Prescription Drug and Biological Products and Drug-Device and Biologic-Device Combination Products — Content and Format, July 2019 https://www.fda.gov/regulatory-information/search-fda-guidance-documents/instructions-use-patient-labeling-human-prescription-drug-and-biological-products-and-drug-device ; Docket No. FDA-2019-D-1615.

2. **Human Factors Engineering Should Drive IFU Design and Testing**

More generally, this guidance should recognize that user interface design and development, which IFU development is one part of, is governed by human factors engineering. Guidance on IFU design should explicitly reference and conform with existing FDA HFE guidance, especially from CDRH.

a) The application of HFE to medical device development is a key element of risk management processes and is itself a risk-based process. The assessment of the appropriateness of an IFU design is also a risk-based one.

b) The guidance needs to integrate human-factors, health literacy, and risk-management principles, and reference other applicable guidances and standards.

c) The guidance should stress that the IFU should be tested with individuals representative of intended users, unless existing relevant empirical data exists and is available

IPAC-RS would prefer, therefore, that guidance emphasize that specific empirical data from human factors (HF) studies carry more weight that the general design principles outlined in this draft. It is important that general principles act as guides to, not as limits on, the development of excellent IFUs. We believe this is the spirit intended and that it would be good to make this message explicit. Otherwise, situations may arise where the general rules are followed but the resulting IFU is inappropriate, for example:

- Labeling next to figures can make for a cluttered IFU. The layout may be able to tie figure and text together more efficiently and more clearly for the user.

- Black-and-white maximizes contrast, and this is valuable, but purposeful and well considered use of color also helps.

- Font size 10 is a good guide, but in certain cases the use of smaller fonts may be more effective in the context of the overall design and layout of the IFU (limited amounts of smaller font where appropriate)

- Reverse type may sometimes make reading more difficult, but not necessarily, and sometimes could be used effectively to convey messages more clearly than in other ways.

3. **IFU Formats and Layouts**

a) The guidance should clarify allowable physical formats (e.g., IFUs can be booklets, folded sheets, they can be separate or integrated with Package Insert or other patient information materials). Clarify options regarding how IFU is placed within the suite of patient information.

b) Consider mentioning in the guidance 'dynamic' layouts, i.e., those using digital media. For example, the user may click on hyperlinks within an electronic IFU and access a different layer or images or other resources.

c) Increase scope to include quick reference guides (QRGs) and similar resources, since they also intend to instruct users.

d) Line 56: "*Applicants should submit true representations of both the content and format of the IFU, including page layout, white space, graphic design, and color, for FDA's review and approval*." IPAC-RS suggests that true representations of approved IFUs be routinely made available on the FDA website, which will aid in the learning, sharing and lifting the quality of IFUs across the board – which in turn would promote standardization and thereby would provide an important and helpful public service.

*** *** ***