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To: All U.S. Pharmacies

From: Dan Langdon, President
AccessaMed, Inc.

Prescription Drug Container Label Information Accessible to Persons Who are Blind or Visually-Impaired or Who are Elderly.

The above title is a direct quote from the United States Access Board's *Best Practices* from July 10, 2013. The U.S. Access Board's stance has raised as many questions as it has answered. Having recently attended the National Association of Chain Drug Stores Total Show Expo, AccessaMed has become keenly aware of certain misconceptions and misinformation within the pharmacy industry. Various vendors are now attempting to provide solutions to satisfy the requirements of the law and the best practices as defined by the U.S. Access Board. The intent of this white paper is to acquaint the user with the facts and supporting documents so that the pharmacies might make informed decisions as to how to address the upcoming requirements regarding prescription drug labeling for the blind, visually-impaired and elderly communities.

BACKGROUND:

On July 9, 2012, President Obama signed into law the Food and Drug Administration Safety and Innovation Act.¹ The law promotes drug safety and improves FDA procedures when reviewing new medicines and medical devices. A provision of the Act, Section 904, authorized the U.S. Access Board to convene a stakeholder working group to develop best practices for making information on prescription drug container labels accessible to people who are blind or visually-impaired or who are elderly.

The law calls for the U.S. Access Board working group to develop and report within one year of the enactment of the Act, the best practices for pharmacies to ensure that blind, visually-impaired and elderly communities have safe, consistent, reliable, and independent access to the information of prescription drug container labels. These findings were published July 10, 2013 by the U.S. Access Board and a copy is included with this report along with the website address as to where it may be found on the internet (Example 3).

¹ U.S. Food and Drug Administration, Food and Drug Administration Safety and Innovation Act (2012)
<http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAct/SignificantAmendmentstotheFDCAct/FDASIA/default.htm>

THE LAW AND THE ENFORCEMENT:

To be clear, at this time the U.S. Access Board's published best practices are not codified into law, are not mandatory, and are not to be construed as guidelines or standards. However, in carefully worded language, the U.S. Access Board's findings make it equally clear that nothing in Section 904 is to be construed to limit any action or remedy that might be taken under the Americans with Disabilities Act of 1990. Therein lies the potential, if not likely, enforcement for law mandating *Prescription Drug Container Label Information Accessible to Persons Who are Blind or Visually-Impaired or Who are Elderly*. AccessaMed's involvement and interaction with focus groups from the various blind communities indicate that this course of action will be certain. An examination of the history of challenges to the Americans with Disabilities Act by the blind and visually-impaired communities will prove this to be true.

The important question AccessaMed recommends those in the pharmacy industry evaluate is whether to be on the front end of the likely enforcement and capture this relatively large market early, or wait until the law and the requirements are further defined. The blind and visually-impaired market is reported that 21.2 million people are blind and millions more have low vision.² The best practices, as well as any anticipated enforcement, will apply equally to the elderly, which is an even larger market.

A CLOSER LOOK AT THE BEST PRACTICES:

It might be interesting to note, when the U.S. Access Board was tasked with determining the best practices for prescription Drug Labeling for the blind, visually-impaired, and elderly communities, no consideration was intentionally given to cost, practicality, efficiency, or user acceptance of any of the recommendations. This evaluation will be left up to the pharmacy industry to determine.

The U.S. Access Board included three delivery methods in its report on best practices: braille, large print, and audible formats. Some of the best practices mentioned are common to all accessible formats including:

- Follow universal patient centered prescription drug container label standards.
- Make available options for accessible prescription labels in audible, braille, and large print formats.
- Ensure accessible labels preserve the integrity of the printed prescription container label, meaning do not cover up the original pharmacist's label.
- Maintain sufficient inventory of supplies to support timely provision of accessible labels in various formats.
- Provide accessible prescription drug labels ***in the same time frame*** as labels would be provided to patients without visual impairments.
- For all accessible formats, ensure that ***all required information contained on the print prescription label is provided on the accessible label*** and in the same sequence.
- Refrain from imposing surcharges or extra fees to cover the cost of providing accessible prescription labels.

² American Foundation for the Blind, Statistical Snapshots from the American Foundation for the Blind (2011) <http://www.afb.org/section.aspx?SectionID=15>

FORMAT SPECIFIC BEST PRACTICES:

Braille Prescription Drug Container Labels (See Example 1):

- The report describes acquiring on-site braille embossers or partnering with a pharmacy that has a braille embosser.

Authors Note: One of the requirements states the accessible label must be provided in the same time frame as a non-accessible label. This may be difficult to accomplish using an off-site braille embosser. Typical commercial grade braille embossers are up to \$5000 plus supplies.³

- The report also states to not fold braille labels.

Authors Note: According to the U.S. Access Board, the accessible braille label must contain all the information provided on the pharmacist's non-accessible label. A braille label containing all the required label information in the proper sequence is attached to this white paper report for the reader's reference in order to illustrate the actual size of the braille label. Pharmacists may want to consider the difficulty in permanently attaching the braille label to the average size prescription container without folding the label.

Authors Note: According to a report by the National Federation of the blind, fewer than 10 percent of blind or visually-impaired individuals read braille.⁴ The numbers continue to decline annually as other alternatives become common practice. Pharmacists may want to consider how small this braille reading market actually is when considering braille as a solution to reaching this market and satisfying the likely legal requirement.

Large Print Labels (See Example 2):

- Print label in 18-point bold font.

Authors Note: According to the U.S. Access Board, the accessible large print label must contain all the information provided on the pharmacist's non-accessible label. A large print label containing all the required information in the proper sequence is attached to this white paper report for the reader's reference in order to illustrate the required size of the large print label. The pharmacist may want to consider the difficulty in permanently attaching the large print label to the average size prescription container. However, unlike the braille label, there is nothing stated in the best practices indicating the large print label cannot be folded.

Authors Note: Of the estimated 21.2 million blind or visually-impaired individuals, large print may not be a viable solution to the accessible prescription drug labeling requirement. When an individual is blind or even moderately visually-impaired, print no matter what size, provides no solution. Many of the same

³ American Foundation for the Blind, Braille Technology (Current)
<http://www.afb.org/section.aspx?DocumentID=1282>

⁴ Megan Verlee, Braille Under Siege as Blind Turns to Smartphones (All Tech Considered, NPR, February 13, 2012)
<http://www.npr.org/blogs/alltechconsidered/2012/02/13/146812288/braille-under-siege-as-blind-turn-to-smartphones>

arguments can be made for the elderly community and their ability to adequately comprehend large print.

Audible Prescription Drug Labels:

- With respect to providing accessible prescription drug labeling information in audible formats, the best practices report recognizes that prescription label information can be translated through the use of digital recorders, radio-frequency identification (RFID) chips, quick response (QR) codes or any number of new technologies available. The report does not designate a preferred approach.
- For dedicated equipment, select devices that provide independent, easy to use stop/start operation.
- Record information in a setting that minimizes background noise and maintains patient privacy.

Author's Note: Various audible prescription drug label solutions include the use of Smartphones, QR codes, or solutions that require the use of dedicated equipment to scan bar codes. These solutions may require some level of additional expense and assistance.

Author's Note: The number of blind, visually-impaired, and elderly communities who are skilled at using Smartphones is an insignificant number. Given the small number of blind users in this arena, such proposed solutions, would appear to be so limited as to not be a viable solution. This was verified with focus groups conducted by the author.

Author's Note: At the U.S. Access Board meeting in Washington DC in January 2013, discussion with various pharmacy industry representatives stressed they did not want pharmacy personnel to orally record a prescription message onto any audible format. Whether this was for the sake of the recording clarity or privacy was not determined. As a result, AccessaMed reconfigured its Digital Audio Label from an oral recording device to a text to speech device, thus eliminating both potential issues. As part of this reconfiguration, a permanent copy of the recorded accessible prescription label is retained as back up.

CONCLUSION:

There are currently 21.2 million blind and visually-impaired individuals. The U.S. Access Board's report was broadly written to include the elderly, which is an even larger portion of the population. There is an eighteen month window to study and evaluate the best practices and the progress of the pharmacy industry. The legislation, as written, has no enforcement provision and this fact will not likely change with the final revision. The enforcement will be left up to challenges to the Americans with Disabilities

Act by any affected group. The National Federation of the Blind⁵, American Foundation of the Blind⁶ and others are organizing to make such demands. History has repeatedly demonstrated that these groups present a powerful lobby when it comes to securing equal access. The pharmacy industry should anticipate that such enforcement on the part of the pharmacies of this country to provide equal access to prescription drug labeling for the blind and visually-impaired will at some point be required.

There are solutions currently on the market that address this opportunity. Some are in line with the U.S. Access Board's published best practices and some are not. The solutions vary in cost, complexity, and effectiveness. Some are suitable for only certain segments of the blind, visually-impaired, and elderly communities and some are broad enough to serve all. Remember the U.S. Access Board's recommendations of best practices by intention did not consider costs, complexity, efficiency, or market acceptance. This is left up to industry to determine.

The three mentioned best practices included braille, large print, and audible solutions.

As we have pointed out in the Author's notes, braille is only a partial solution that reaches less than 10 percent of the blind and visually-impaired market. The pharmacy cannot fold the large braille label in order to permanently attach it to the prescription container. A braille commercial embosser may run in the neighborhood of \$5,000 per store, rendering Braille as an expensive solution to reach a very small market segment. The braille label must be provided to the patient in the same time frame as a printed label, rendering offsite printing of the braille label impractical.

Large print labels may be folded in order to permanently attach the label to the prescription container, but may be of little value to the vast majority of the 21.2 million blind and visually-impaired individual. Any individual who is blind cannot read large print no matter the size of the font. Again, this best practice will only reach a small part of the blind, visually-impaired, and elderly communities.

The accessible prescription drug label solution to reach the broadest portion of the blind, visually-impaired, and elderly communities would appear to be one of the audible solutions. The developers of the AccessaMed Digital Audio Label have worked with the various blind and visually-impaired organizations and seniors groups to develop a product that works for them. A simple push of the button on the Digital Audio Label provides the user with an audible version of the pharmacist's entire printed label. The recorded message is clear and robust and will repeat up to 400 times. The AccessaMed Digital Audio label is a single solution that serves the needs for all aspects of the blind, visually-impaired, and elderly communities. It is simple, cost effective, and meets the requirements as presented by the U.S. Access Board. The user needs no assistance to use the AccessaMed Label, thus allowing the user to maintain their independence in taking prescriptions.

According to the law as presented, pharmacies will be required to provide accessible prescription drug labeling and must refrain from imposing surcharges or extra fees to cover the cost of doing so.

⁵ National Federation of the Blind. The largest nationwide membership organization of blind people in the United States. Founded in 1940, NFB advocate for civil rights and equality in blind Americans, and develops innovative education, technology, and training programs to provide the blind the tools needed to be independent and successful. <http://nfb.org>

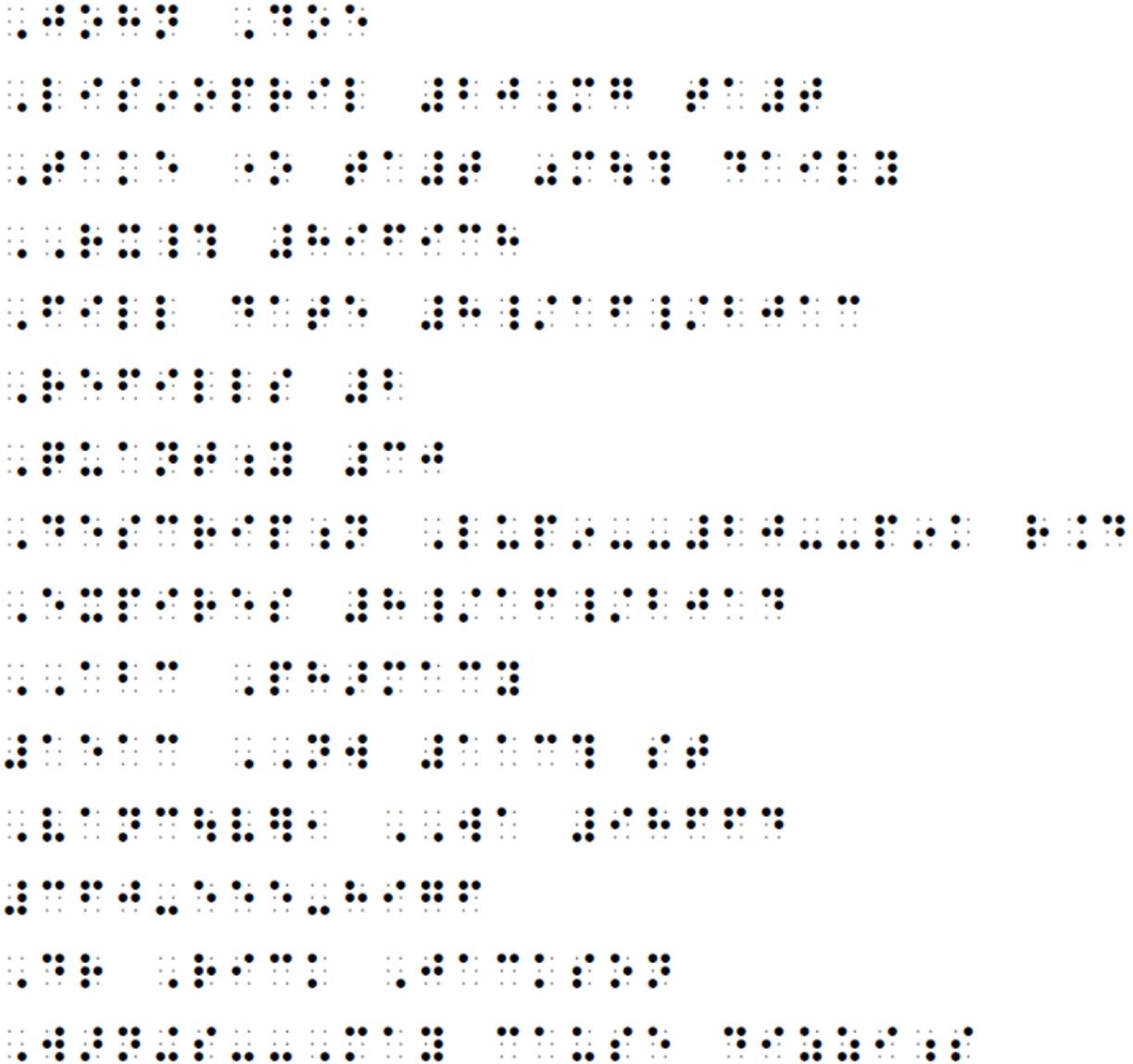
⁶ American Foundation of the Blind. A leader in expanding possibilities for the 20 million Americans living with vision loss, the AFB was founded in 1921. As a national nonprofit, the AFB champion's access and equality for people with vision loss and their families. <http://www.afb.org>

However, insurance companies may be pressed to cover the accessible label cost as they currently do for other alternative prescription packaging. There is currently a law working its way through the Massachusetts State Senate⁷ that will require insurance companies to cover the cost of accessible prescription drug labeling. As of yet, it is uncertain whether the provision will be part of the Affordable Care Act.

AccessaMed is looking for a business partner to roll out the new Digital Audio Label to the blind, visually-impaired and elderly communities. We want to be the leader in capturing this market and address the need now rather than wait until such a law dictates that the industry must. Our product is new, innovative, and exciting. For more information about the AccessaMed Digital Audio Label solution, contact Linda Oliver or Chad Hazen at 360-696-5955 or visit www.accessamed.com.

⁷ The 188th General Court of the Commonwealth of Massachusetts, Bill H. 1937. (Current) An Act relevant to requiring that blind and cross-disability agencies receiving state funding from the MA state fiscal budget work in conjunction with pharmacies and pharmacists across the Commonwealth of MA to set practices to put information contained on prescription medication labels into accessible format for those who are print challenged. <https://malegislature.gov/Bills/188/House/H1937>

Example 1: Actual size of prescription details in braille. The braille label cannot be folded and must be permanently attached.



Example 2: Actual size of large print of prescription details. Font size must be no smaller than 18 and must be permanently attached.

John Doe

Take one tablet by mouth daily

RX# 896938

Fill date 8/16/2013

Refills 2

Quantity 30

Description Lupin I 20 I pink round

Expires 8/16/2014

ABC Pharmacy

1513 NW 113th Street

Vancouver, Washington 98664

360-555-8976

Dr. Rick Jackson

Warning – May cause dizziness

Example 3: Best Practices for Making Prescription Drug Container Label Information Accessible to Persons Who are Blind or Visually-Impaired or Who are Elderly

Working Group Recommendations

Access Board Working Group on Accessible Prescription Drug Container Labels

July 10, 2013

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Legislative Background:

On July 9, 2012, President Obama signed into law the Food and Drug Administration Safety and Innovation Act (Pub. L. 112-144, 126 Stat. 993). The law includes measures to promote drug safety and to improve FDA procedures for reviewing new medicines and medical devices.

A provision of the Act, [Section 904](#), authorizes the Access Board to convene a stakeholder working group to develop best practices for making information on prescription drug container labels accessible to people who are blind or visually-impaired or who are elderly. (See 29 U.S.C. 792.) Under the law, representation within the working group must be divided equally between consumer and industry advocates. The Act exempts the working group from the Federal Advisory Committee Act.

The law calls for the working group to develop, no later than 1 year after the date of the enactment of this Act, best practices for pharmacies to ensure that blind and visually-impaired individuals have safe, consistent, reliable, and independent access to the information on prescription drug container labels.

According to Section 904, the best practices are not mandatory. They are not to be construed as accessibility guidelines or standards of the Access Board, nor do they confer any rights or impose any obligations on working group participants or other persons. The law makes it clear that nothing in Section 904 is to be construed to limit or condition any right, obligation, or remedy available under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) or any other federal or state law requiring effective communication, barrier removal, or nondiscrimination on the basis of disability.

The law also provides that the working group may make this best practices report publicly available through the internet websites of working group participant organizations, and through other means, in a manner that provides access to interested individuals, including individuals with disabilities. The National Council on Disability will conduct an informational and educational campaign in cooperation with the stakeholder working group to inform the public, including people with disabilities and pharmacists, of the best practices. The Government Accountability Office will undertake a review beginning 18 months after the date of this report to assess the extent to which

pharmacies are following the best practices and to what extent barriers to information on prescription drug container labels remain.

Working Group Participant Organizations

In October 2012, the Access Board formed an 18-member working group with representation from national organizations advocating for individuals who are blind, visually-impaired, and older adults, as well as industry groups representing retail, mail order, and independent community pharmacies.

The working group is comprised of representatives of the following organizations:

- AARP
- American Council of the Blind (ACB)
- American Foundation for the Blind (AFB)
- Blinded Veterans Association (BVA)
- Council of Citizens with Low Vision International (CCLVI)
- Express Scripts
- Metropolitan Washington Association of the Deaf Blind (MWADB)
- National Association of Chain Drug Stores
- National Community Pharmacists Association
- National Council on Aging (NCOA)
- National Council on Independent Living (NCIL)
- National Federation of the Blind (NFB)
- National Council on Patient Information and Education (NCPPIE)
- Rite-Aid
- Target
- US Pharmacopeia (USP)
- Walgreens
- Wal-Mart

The working group met in person in Washington, DC, on January 10 and 11, 2013, and subsequently via five teleconferences. The working group explored various alternatives, including braille, large print labels, and various auditory technologies such as "talking bottles" and radio frequency identification devices. The working group also considered whether there are technical, financial, manpower, or other factors unique to pharmacies with 20 or fewer retail locations which may pose significant challenges to the adoption of the best practices.

Why Are Best Practices Needed?

Persons with visual impairments who cannot read print prescription drug container labels all too often report inadvertently taking the wrong medication, the wrong amount, at the wrong time, and under the wrong instructions, thereby endangering the health and safety of themselves and family members for whom they are caregivers. Without having ready access to their prescription drug container label information, persons with visual impairments are also at risk of taking expired medications, of not being able to obtain refills in a timely manner, and of being unable to detect pharmacy errors. The majority of persons who become blind or visually-impaired do so after age 60, a time when multiple medications are often prescribed and when persons may experience physical and cognitive conditions which heighten the necessity for safe, consistent, reliable, and independent access to prescription drug container label information.

In recent years, various organizations, including US Pharmacopeia (USP), the National Association of Boards of Pharmacy, and the National Council on Patient Information and Education, have recommended the adoption of

patient-centered pharmacy practices to improve patient understanding and safe, effective use of prescription medication. Inherently inclusive, patient-centered pharmacy practices promote accessibility, while a one-size-fits-all approach typically creates barriers.

In the context of this report, the term "best practice" refers to a set of working methods that the working group believes is most effective in providing access to prescription drug container label information to customers with blindness and visual impairments, including older adults.

The goal of the best practices for accessible prescription drug container labels is to offer guidance to pharmacies on how to provide accessible prescription drug container labels to patients with visual impairments to enable them to manage their medications independently and privately and have the confidence that they are taking their medications safely, securely, and as prescribed.

What Is a Prescription Drug Container Label?

A prescription drug container label is a legal document that must be prepared by the pharmacist filling the prescription. The pharmacist must ensure the accuracy of the prescription drug container label, and include on the label all elements required by applicable state law.

In 2009, USP determined optimal prescription label content and format to promote safe medication use by critically reviewing factors that promote or distract from patient understanding of prescription drug container label instructions. USP created universal prescription drug container label standards for format, appearance, content, and language (see: [U.S. Pharmacopeial Convention](#)). The best practices in this report build upon the USP universal patient-centered prescription drug container label standards.

Delivery Methods for Providing Accessible Prescription Drug Container Labels

A variety of delivery methods are available for producing accessible prescription drug container labels in audible, braille, and large print formats. Delivery methods include:

- **Hard copy braille and large print:** A pharmacist filling prescriptions produces hard copy braille and large print labels upon request, and affixes the accessible labels to the prescription drug containers.
- **Dedicated electronic equipment:** Some equipment is designed specifically to provide accessible prescription drug container labels. Some dedicated electronic methods can be used with containers of various sizes, shapes, and materials. Examples of dedicated electronic methods include:
 - **Digital Voice or Text-to-Speech Recorder:** This is a small electronic device that a pharmacist affixes to a prescription drug container. When activated by pushing a button on the device, the patient hears the information printed on the prescription drug container label. One device is affixed to each prescription drug container. Some devices also have a USB drive.
 - **Radio Frequency Identification Device (RFID):** A pharmacist places an RFID tag on a prescription drug container. A patient who is blind or visually-impaired is equipped with a small, dedicated device that, when a container with an RFI Tag is placed over the device, audibly announces the text on the prescription drug container label. This technology may also provide prescription drug container label information in large print, and has a USB drive.
 - **Smart devices and computers:** Many patients with visual impairments use their own computers and smart devices equipped with electronic braille, large print, and audio technology to access electronic text. Visually impaired computer users, particularly those who are deaf-blind, may request access to prescription drug container labels using their computers and smart devices, either via internet applications (apps) or in combination with dedicated equipment equipped with a USB drive. Methods include pharmacists placing on the prescription drug container a QR code, RFI tag, or other small, electronic unit encoded with the prescription drug container label in electronic text, which visually

impaired patients receive on smart devices or computers in electronic braille, large print, or audible format. Note that using this delivery method does not involve pharmacists embossing a braille label; rather, pharmacists use an electronic delivery method that encodes the prescription drug container label text, which can be displayed via a computer screen, speakers, or an electronic braille display.

Some electronic prescription drug container label delivery methods may also have the capacity to include supplemental information about the prescription medications. In addition, some may have capability to translate prescription drug container label information into several languages.

The key to providing accessible prescription drug container labels is patient-centered communication between pharmacists and patients with blindness and visual impairment and patient representatives. Because the extent of visual impairment varies from person to person, some patients may need prescription drug container labels in an audible format, while others may need braille, and still others may need large print. Additionally, it is important to keep in mind that visually impaired patients who are not computer savvy may need hard copy braille or large print labels, or a dedicated electronic method that is easy to operate.

Best Practices to Use for All Formats

The following best practices promote access to prescription drug container label information in all formats, including audible, braille, and large print labels.

- One of the best things pharmacists can do is to encourage patients and patient representatives to communicate their needs to pharmacists:
 - Advertise a local or, when possible, a toll-free telephone number to promote communication between patients and pharmacists;
 - If pharmacy websites and applications (apps) are made available to patients, ensure website and app accessibility; and
 - When a pharmacist observes a patient or patient representative having reading difficulty, offer education and counseling in a setting that maintains patient privacy.
- Follow universal patient-centered prescription drug container label standards.
- Make available options for accessible prescription drug container labels in audible, braille, and large print formats via methods using, for example, hard copy, dedicated devices, and computers or smart devices.
- Explain to the patient the available accessible prescription drug container label format options, and provide the prescription drug container label in the format option selected by the patient.
- Ensure that duplicate accessible labels preserve the integrity of the print prescription drug container label.
- Subject accessible prescription drug container labels to the same quality control processes used for print labels to ensure accuracy and patient safety.
- Maintain patient privacy in accordance with the Health Insurance Portability and Accountability Act (HIPAA) rules when preparing accessible prescription drug container labels, e.g., record audible labels in a location where patient information cannot be overheard by unauthorized persons.
- In advance, make arrangements to provide accessible prescription drug container labels. For example, maintain a sufficient inventory of supplies necessary to support timely provision of prescription drug container labels in accessible label formats.
- Provide prescription medication with an accessible prescription drug label within the time frame the same prescription would be provided to patients without visual impairments.
- Do not impose a surcharge or extra fee to an individual to cover the cost of providing an accessible drug container label and equipment dedicated for prescription drug container label access.
- Ensure the durability of accessible label format options until the expiration date specified on the prescription drug container label.
- Select a container that best supports the type of accessible label provided.

- For all accessible label formats, including audible formats, ensure that all required information contained on the print prescription drug container label is provided on the accessible label in the same sequence as the print label.
- Include in accessible prescription drug container labels the information on warning labels added to the container at the pharmacist's discretion.

Format-Specific Best Practices

In addition to the best practices listed above, please note the following format-specific best practices.

Audible Prescription Drug Labels

For dedicated equipment, select devices that provide independent, easy to use, start/stop operation, with volume control, and ear bud access for privacy.

If using a voice recorder:

- speak in a clear voice;
- record information in a setting that minimizes background noise and maintains patient privacy.

Offer to show the patient how to operate the audible prescription drug container label.

Braille Prescription Drug Container Labels

Electronic delivery method: Acquire an electronic delivery method using RFI tags, QR codes, or other processes to provide electronic text of the prescription drug container label upon request. Consumers with electronic braille equipment may then access electronic text in braille format.

Note that, as required, the working group considered significant challenges that pharmacies may face in producing drug labels in accessible formats, such as hard copy braille. The working group recognizes that mail order and online pharmacies, because of their centralized structure, large volume, and mail delivery process, may be better equipped than local stores to provide hard copy braille prescription drug container labels. Many mail order and online pharmacies have established a unit with the necessary computer software and braille embossers to produce hard copy braille labels and a protocol to develop pharmacists' proficiency in printing accurate braille labels.

- If a local pharmacy store has a high demand for hard copy braille prescription drug container labels, acquire on-site braille embosser capacity and proficiency.
- If a local pharmacy store receives infrequent or occasional requests for hard copy braille prescription drug container labels, partner with a pharmacy that has braille prescription drug container labeling capacity to provide a hard copy braille prescription drug container label.

When embossing hard copy braille prescription drug container labels:

- Use contracted (Grade 2) braille.
- Emboss braille labels on transparent material in order to preserve the legibility of print container labels. Affix braille label to the prescription drug container with strong adhesive.
- Do not fold braille labels.

Printing Large Print Labels (hard copy):

- Print label in 18-point bold font.
- Use non-glossy paper or other material that is durable and a size that is easy to manipulate.
- Use print with highest possible contrast between text and background color (ideally black text on a white or pale yellow background). If printing on both sides, use material that does not print bleed-through from one side to the other.
- Use sentence case, with the initial capital letter followed by lower-case characters.

- Use non-condensed, san-serif font, such as Arial.
- Provide 1.5 line spacing.
- Use horizontal text only.
- Securely affix the large print label to the prescription drug container.
- When covering a large print label with protective tape, use non-glossy, transparent tape.

Resources

USP Patient-Centered Prescription Label Standards

UMS White Paper, The National Council for Prescription Drug Programs Work Group (WG), 2013

Working Group Participant Organizations

- AARP
- American Council of the Blind (ACB)
- American Foundation for the Blind (AFB)
- Blinded Veterans Association (BVA)
- Council of Citizens with Low Vision International (CCLVI)
- Express Scripts
- Metropolitan Washington Association of the Deaf Blind (MWADB)
- National Association of Chain Drug Stores
- National Community Pharmacists Association
- National Council on Aging (NCOA)
- National Council on Independent Living (NCIL)
- National Council on Patient Information and Education (NCPIE)
- National Federation of the Blind (NFB)
- Rite-Aid
- Target
- US Pharmacopeia (USP)
- Walgreens
- Wal-Mart