Joint recommendations[1]

for the avoidance of confusion concerning the primary packaging and labelling of *solid* pharmaceutical dosage forms

Companies in the pharmaceutical industry will endeavour, in so far as this is technically feasible and compatible with the internationally standardized regulatory framework[2], to improve the labelling and identification of individual blister pack cavities on the basis of the following recommendations:

Improvements of the primary packaging and its labelling

Graduated based on safety aspects and importance	***Objectives***
1. Primary packaging of pharmaceuticals in blisters (instead of bulk, i.e. open in cans, bottles etc.), if at all possible with perforations between the individual blister cavities	**Safety**
2. Labelling of the individual blister cavities (readable by the human eye) with • Brand name • active pharmaceutical ingredient (INN / DCI) • dosage Sans serif characters are recommended, min. character height 1.4 mm.	**Safety**
3. Labelling of individual blister cavities (readable by the human eye), additionally to the preceding with: • expiry date and batch number (EXP/LOT) • [Optional: indication of the manufacturer name]	**Safety, traceability**
4. Labelling of individual blister cavities (readable electronically), additionally to the preceding with: • data matrix with Global Trade Item Number (GTIN)[3]	**Safety, traceability**
5. Labelling of individual blister cavities (electronically readable), additionally to the preceding with: • data matrix with GTIN, plus expiry date and batch number (EXP/LOT)	**Safety, traceability**

[1] These recommendations are supported by:
ASSGP (Swiss Self-Medication Federation, http://www.assgp.ch), **Intergenerika** (Federation of Generics Manufacturers in Switzerland, http://www.intergenerika.ch), **Interpharma** (Federation of Researching Pharmaceutical Companies in Switzerland, http://www.interpharma.ch), **scienceindustries** (Economic Federation Chemical Pharma Biotech Industry, http://www.sgci.ch), **VIPS** (Association of Pharmaceutical Companies in Switzerland, http://www.vips.ch), **Foundation for Patient Safety** (http://www.patientensicherheit.ch), **GSASA** (Swiss Association of Public Health Administration and Hospital Pharmacists, http://www.gsasa.ch)
[2] European Association of Hospital Pharmacists (EAHP), Statement on Barcoding Single Dose Medicines: http://www.eahp.eu/Advocacy/Barcoding-Single-Dose-Medicines
[3] See http://www.gs1.org/1/gtinrules/index.php/p=static/t=healthcare

Prioritisation based on potential risk in implementation

Implementation of these measures should preferably be prioritised according to the following criteria:

1. High-alert medications/pharmaceuticals[4]
2. Pharmaceuticals which are used primarily in hospitals
3. Other pharmaceuticals

Supply and individual dispensing of pharmaceuticals: improvements in hospitals

The hospitals will take progressive measures to improve the previously differing and often insufficient use of electronic means to check the supply and individual dispensing of pharmaceuticals. Such measures include electronic recording and verification of incoming goods through to the individual administration of the pharmaceutical at the bedside, with a view to reducing the risk of errors in the supply and individual dispensing of pharmaceuticals when examination and verification are effected solely by the human eye.

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[4] See List of High-Alert Medications of the Institute for Safe Medication Practices (ISMP): http://www.ismp.org/Tools/highalertmedications.pdf