



**FAMILY PLANNING PROGRAM
POLICY AND PROCEDURE MANUAL**

SECTION: Pharmacy Administration
SUBJECT: Medication Label

POLICY: Any prescription drug distributed by a delegate agency must bear a label containing the name, address and phone number of the agency; the serial number (identifying number); the date prescription is filled; the name of the prescriber; the name of the client; the directions for use and precautionary statements, if any, in accordance with 21 USC (United States Code) 353.

PROCEDURE:

1. All prescribed medication must be labeled. Labels may be obtained from the State office, or labels provided by a pharmaceutical company, pharmacy or pharmacist may be used.

The following are directions for filling out the State label:

- a. The name, addresses, and phone number of the agency is stamped on the top portion of the label.

Name: _____	
Pt. #	
Medication Name:	
RX: Take as directed.	
Clinician: _____	Date _____

- b. The information on the bottom portion of the label must be filled in by the person distributing medication.
 - 1) **Name:** Client's first name and family name.
 - 2) **Client #:** The identifying number of the prescription. (See Patient Profile System PhA 3).
 - 3) **Medication name:** The name and dosage of the contraceptive/medication being distributed.
 - 4) **Rx: Take as directed:** The directions for use of the medication written in clear, concise terms (e.g., take one capsule three times a day until gone; insert one full applicator vaginally at bedtime for seven nights).
 - 5) **Doctor's name:** The name of the prescribing physician. Please note: If a nurse practitioner without prescriptive authority practices in your agency, his/her initials must follow the name of the prescribing physician.

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- 6) **Midlevel practitioner's name:** The name of the prescribing practitioner (if the practitioner has prescriptive authority).
 - 7) **Date:** The date the prescription medication, supply or device is provided to the client.
 - c. The label is affixed to only the compact (or container) and not to the individual refill inserts. A new compact, with a new label affixed must be given to the client annually or as needed.
 - d. A new medication label with the prescription number must be affixed annually to the compact.
 - e. If a new compact is given, a medication label with the current prescription number must be affixed.
2. Precautionary labels must be affixed to each container of the medication, as appropriate.
 3. If labels from pharmaceutical companies, pharmacies, or pharmacists are used, the name, address, and phone number of the agency must be included on the label. Also included on the label must be the date the prescription is filled, client name, directions for use and precautionary statement, and the name of the prescriber.

References:

1. Program guidelines for Project Grants for Family Planning services, January 2001, Section 10.2, Pharmaceuticals.
2. United States Code: Title 21, Chapter 9, Subchapter 5, Part A, §353.