

a. The MedWatch form, the yellow card, and the CIOMS I form

A reproduction of the MedWatch form is shown in Fig. 24.6. The form can be mailed to the FDA or transmitted by way of the internet. The reproduced form is a slightly simplified version of the real form. The following discloses the timeline of how MedWatch forms influence the regulatory process. The FDA receives reports of adverse drug events primarily from physicians and pharmacists who submit them on MedWatch forms, as well as from information supplied by pharmaceutical companies.

After a sufficient number of reports, including reports published in medical journals, have accumulated implicating the drug, the division of the FDA that had initially reviewed and approved the drug examines the newly acquired data on AEs (186). If the FDA reviewers agree that the data are compelling enough to require regulatory action, the FDA notifies the manufacturer and requests the action. This action may take the form of a change in the package insert, a *Dear Healthcare Professional* letter, or withdrawal of the drug from the market. In Great Britain, the equivalent of the MedWatch form is the Yellow Card (187). The Yellow Card is administered by the Medicines and Healthcare products Regulatory Agency (MHRA) (188) located in London, UK. The MHRA is the British equivalent of the U.S. FDA (189). The Yellow Card is not used in clinical trials, but by the public and health care professionals in the post-marketing context (190,191). In Great Britain, the CIOMS I form is used for reporting by manufacturers of suspected adverse drug reactions to regulatory authorities, but it is not used by health care professionals or patients. The FDA allows receipt of CIOMS forms in lieu of MedWatch forms (192).

1. CIOMS

The Council for International Organizations of Medical Sciences (CIOMS) is an international, non-governmental organization established jointly by WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO) in 1949. It provides a range of guidance on issues ranging from bioethics, health policy, drug development and use, and international nomenclature of diseases, as well as on assessing and monitoring adverse events (193).

¹⁸⁶ Wysowski DK, Swartz L. Adverse drug event surveillance and drug withdrawals in the United States, 1969–2002: the importance of reporting suspected reactions. *Arch Intern Med.* 2005;165:1363–1369.

¹⁸⁷ McLernon DJ, Bond CM, Hannaford PC, et al. Adverse drug reaction reporting in the UK: a retrospective observational comparison of yellow card reports submitted by patients and healthcare professionals. *Drug Saf.* 2010;33:775–788.

¹⁸⁸ <http://www.mhra.gov.uk/index.htm>

¹⁸⁹ Arnold BDC. E-mail of March 27, 2011.

¹⁹⁰ Stevenson D. E-mail of March 25, 2011.

¹⁹¹ Heffer S. E-mail of April 1, 2011.

¹⁹² Klepper M. E-mail of April 6, 2011.

¹⁹³ Castle GH, Kelly B. Harmonization is not all that global: divergent approaches in drug safety. *Food and Drug Law J.* 2008;63:601–622.