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Editorial

A one-year perspective on MEDWATCH: The Food and Drug Administration's new medical products reporting program

On June 3, 1993 the Food and Drug Administration (FDA) announced a new program that was designed to promote and facilitate voluntary reporting by health professionals of serious adverse reactions and product defects associated with drugs (including biologics), medical devices, and other medical products regulated by the FDA. The program, entitled "MEDWATCH," is an important part of the FDA's postmarketing surveillance, and as the FDA Commissioner, Dr. David Kessler, stated during its launch, "MEDWATCH is not just a new FDA system; it is a way of making reporting of adverse events and product problems a part of the culture of health care providers."¹

Adverse events associated with medication use are an important cause of morbidity. Not only are 3% to 11% of hospital admissions attributable to adverse drug events (ADEs),² but it has also been estimated that 10% to 20% of hospitalized patients experience an ADE at some time during hospitalization.³ In light of these high reaction rates, the Joint Commission on Accreditation of Healthcare Organizations and the American Society of Hospital Pharmacists developed adverse-event monitoring systems for hospitals and initiated the re-

Abbreviations used

ADE: Adverse drug event

FDA: Food and drug administration

quirement that all hospitals maintain some type of drug reaction record-keeping program.⁴ Hospitals are also required by the Joint Commission on Accreditation of Healthcare Organizations to report reactions that are considered significant and unexpected, based on an institutionally approved definition, to the FDA.

At present, the FDA does not require that postmarketing studies routinely be performed to determine the rates of ADEs. Therefore, when an adverse event occurs or product quality problems arise, the FDA is made aware only through reports from hospitals, manufacturers, and health professionals. Although it is mandatory that manufacturers and device distributors provide these reports, the only requirement imposed on health professionals is the reporting of adverse events associated with specified vaccines. In fact, a survey performed by the FDA revealed that as many as 50% of physicians were not even aware that the FDA had an adverse events reporting system. Although a system has been in place for many years before MEDWATCH was created, it was very cumbersome and most likely discouraged even the most conscientious health professionals who were aware of its existence.

One of the four major goals of the MEDWATCH program is to increase the awareness of medica-

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MEDWATCH

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

For VOLUNTARY reporting
by health professionals of adverse
events and product problems

Page ____ of ____

Form Approved: OMB No. 0910-0291 Expires: 12/31/94
See OMB statement on reverse

FDA Use Only (JACI)

Triage unit
sequence #

A. Patient information				C. Suspect medication(s)			
1. Patient identifier In confidence	2. Age at time of event: or Date of birth:	3. Sex ☐ female ☐ male	4. Weight ____ lbs or ____ kgs	1. Name (give labeled strength & mfr/labeler, if known) #1 _____ #2 _____			
B. Adverse event or product problem				2. Dose, frequency & route used #1 _____ #2 _____			
1. ☐ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)				3. Therapy dates (if unknown, give duration) from/to (or best estimate) #1 _____ #2 _____			
2. Outcomes attributed to adverse event (check all that apply) ☐ death (mo/day/yr) ☐ life-threatening ☐ hospitalization - initial or prolonged				4. Diagnosis for use (indication) #1 _____ #2 _____			
☐ disability ☐ congenital anomaly ☐ required intervention to prevent permanent impairment/damage ☐ other: _____				5. Event abated after use stopped or dose reduced #1 ☐ yes ☐ no ☐ doesn't apply #2 ☐ yes ☐ no ☐ doesn't apply			
3. Date of event (mo/day/yr)		4. Date of this report (mo/day/yr)		6. Lot # (if known) #1 _____ #2 _____		7. Exp. date (if known) #1 _____ #2 _____	
5. Describe event or problem				8. Event reappeared after reintroduction #1 ☐ yes ☐ no ☐ doesn't apply #2 ☐ yes ☐ no ☐ doesn't apply			
6. Relevant tests/laboratory data, including dates				9. NDC # (for product problems only) #1 _____ #2 _____			
				10. Concomitant medical products and therapy dates (exclude treatment of event)			
				D. Suspect medical device			
				1. Brand name			
7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)				2. Type of device			
				3. Manufacturer name & address			
				4. Operator of device ☐ health professional ☐ lay user/patient ☐ other: _____			
				5. Expiration date (mo/day/yr)			
6. Relevant tests/laboratory data, including dates				6. model # _____			
				7. If implanted, give date (mo/day/yr)			
				8. If explanted, give date (mo/day/yr)			
				9. Device available for evaluation? (Do not send to FDA) ☐ yes ☐ no ☐ returned to manufacturer on _____ (mo/day/yr)			
7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)				10. Concomitant medical products and therapy dates (exclude treatment of event)			
				E. Reporter (see confidentiality section on back)			
				1. Name, address & phone #			
				2. Health professional? ☐ yes ☐ no			
7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)				3. Occupation			
				4. Also reported to ☐ manufacturer ☐ user facility ☐ distributor			
				5. If you do NOT want your identity disclosed to the manufacturer, place an "X" in this box. ☐			



Mail to: MEDWATCH
5600 Fishers Lane
Rockville, MD 20852-9787
or FAX to:
1-800-FDA-0178

FDA Form 3500 (6/93)

Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the event.

FIG. 1. The new MEDWATCH form for voluntary reporting of adverse events and product problems.

ADVICE ABOUT VOLUNTARY REPORTING

Report experiences with:

- medications (drugs or biologics)
- medical devices (including in-vitro diagnostics)
- special nutritional products (dietary supplements, medical foods, infant formulas)
- other products regulated by FDA

Report **SERIOUS** adverse events. An event is serious when the patient outcome is:

- death
- life-threatening (real risk of dying)
- hospitalization (initial or prolonged)
- disability (significant, persistent or permanent)
- congenital anomaly
- required intervention to prevent permanent impairment or damage

Report even if:

- you're not certain the product caused the event
- you don't have all the details

Report product problems – quality, performance or safety concerns such as:

- suspected contamination
- questionable stability
- defective components
- poor packaging or labeling

How to report:

- just fill in the sections that apply to your report
- use section C for all products except medical devices
- attach additional blank pages if needed
- use a separate form for each patient
- report either to FDA or the manufacturer (or both)

Important numbers:

- 1-800-FDA-0178 to FAX report
- 1-800-FDA-7737 to report by modem
- 1-800-FDA-1088 for more information or to report quality problems
- 1-800-822-7967 for a VAERS form for vaccines

If your report involves a serious adverse event with a device and it occurred in a facility outside a doctor's office, that facility may be legally required to report to FDA and/or the manufacturer. Please notify the person in that facility who would handle such reporting.

Confidentiality: The patient's identity is held in strict confidence by FDA and protected to the fullest extent of the law. The reporter's identity may be shared with the manufacturer unless requested otherwise. However, FDA will not disclose the reporter's identity in response to a request from the public, pursuant to the Freedom of Information Act.

The public reporting burden for this collection of information has been estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send your comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Reports Clearance Officer, PHS
Hubert H. Humphrey Building,
Room 721-B
200 Independence Avenue, S.W.
Washington, DC 20201
ATTN: PRA

and to:
Office of Management and
Budget
Paperwork Reduction Project
(0910-0291)
Washington, DC 20503

Please do NOT
return this form
to either of these
addresses.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Food and Drug Administration

FIG. 2. Second page of the MEDWATCH form.

tion- and device-induced disease and to emphasize to all pharmacists, nurses, dentists, and physicians that they have an ethical responsibility to report serious adverse events. The FDA is using various means to increase awareness. First of all, a partnership has been established with a number of medical societies and associations, of which the American Academy of Allergy and Immunology is one, to enhance the promotion of MEDWATCH. Advertisements have been designed for publication in the JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY and other medical journals, and MEDWATCH presentations and exhibits have been conducted at many conferences throughout the country. One way in which the American Medical Association has demonstrated its support has been through a modification of the instructions to authors who are submitting manuscripts to the *Journal of the American Medical Association*. Authors are now encouraged to notify the FDA if their manuscript contains any new safety information

about a marketed medical product. Importantly, it has been emphasized that reporting information of this type will not jeopardize the chance for publication.

It is hoped that by the end of 1995 that all health professionals will know about the MEDWATCH program and will understand its importance. However, it is necessary that not only current health professionals, but also those in training, be made aware of the importance of this program. A key objective is the incorporation of the concept of drug- and device-related disease into the curricula of our future health care professionals. To accomplish this objective, the FDA and its MEDWATCH partners are working with the deans of the health professional schools to find ways to improve curricula in this important area.

WHAT TO REPORT

In addition to increasing awareness, another goal of MEDWATCH is to increase the voluntary

TABLE I. Important MEDWATCH numbers

1-800-FDA-1088 to report by telephone
1-800-FDA-0178 to FAX a report
1-800-FDA-7737 to report by modem
1-800-FDA-1088 for copies of the form and/or a copy of the <i>FDA Desk Guide for Adverse Event and Product Problem Reporting</i>
1-800-822-7967 for a Vaccine Adverse Event Reporting System (VAERS)

reporting of *serious* adverse events. An event is considered to be serious when the outcome is death, congenital anomaly, life-threatening condition, hospitalization, disability, or the requirement of a medical or surgical intervention to prevent permanent damage. In a conference held in January 1994, the FDA Commissioner relayed that before MEDWATCH, less than a third of ADE reports involved a death, hospitalization, or disability. Just 7 months after its implementation, however, the number of reports of these types of serious events had increased to 50%, and to 70% when the broader definition was used. Of particular importance are the serious adverse events associated with drugs or devices that have been on the market for 3 years or less because during this period, most critical problems are discovered.

The FDA emphasizes that it is not necessary to prove causality. Physicians should submit reports even if there is only a suspicion that a drug may be related to a particular serious event. Waiting for compelling evidence will only delay the FDA's evaluation of these suspicions.

Other information that should also be reported includes product quality problems such as defective devices, inaccurate or unreadable product labeling, packaging or product mix-up, contamination or stability problems, and particulate matter in injectable products.

WHY REPORT

Not all critical problems associated with a particular drug will manifest themselves during the clinical trials that precede product approval because these trials gather safety data from only a few hundred to several thousand persons. If a serious adverse event occurs in one of 5000 individuals, it may be missed in the preapproval studies. In addition, once the agent is marketed to larger populations, subgroups not studied in the original trial (pregnant women, the elderly, patients with numerous medical problems receiving a myriad of medications) may experience adverse

effects that were not manifested in the original study population. In response to the voluntary reports that have been filed to the FDA or to the manufacturer, the FDA has provided warnings, made labeling modifications, required postmarketing studies, and ordered product withdrawal.

Voluntary reporting by physicians led the FDA to investigate the observation that ventricular arrhythmias, such as torsades de pointes, may occur when terfenadine is taken in combination with ketoconazole or erythromycin.⁵ This case illustrates that, although certain drug interactions may be serious, they may not be observed during the premarketing trials, thus underscoring the importance of voluntary reporting and postmarketing studies.

HOW TO REPORT

Another major goal of MEDWATCH is to modify the FDA reporting procedure. Before the program's implementation, separate forms were required to report adverse drug reactions (FDA form 1639), drug quality product problems (DQRS form), device quality product problems, and adverse reactions to medical devices. With the new system, a simple, self-addressed 1-page form (Fig. 1), which can be sent by mail (postage-free), fax, or computer modem is now used for all reporting. The form is available in all hospital pharmacies and in many publications including the *Physicians' Desk Reference* and the *FDA Medical Bulletin*; it may also be obtained directly from the FDA (1-800-FDA-1088). In addition, to make reporting even easier, adverse drug reactions may now be reported by telephone.

For those interested, the FDA will also provide the new *FDA Desk Guide to Adverse Event and Product Problem Reporting*, which includes examples of events to report, completed sample forms, and blank forms with step-by-step instructions. This guide may be obtained by calling 1-800-FDA-1088. Other important MEDWATCH numbers are shown in Table I.

CONFIDENTIALITY

The FDA realizes the importance of maintaining the confidentiality of both the providers who report adverse events and the patients involved. To encourage reporting, the FDA protects the identities of both of these parties. However, during litigation proceedings, manufacturers have been requested to reveal the identities of those reporting reactions and, on occasion, the identities of the patients themselves. The FDA has been involved

in a number of these cases, and fortunately, because of its strong commitment to the maintenance of confidentiality, the FDA has been able to keep the identities of the persons involved from being released.⁶ Despite the present safeguards, the FDA Commissioner has stated that other ways to strengthen these protections of confidentiality are being explored.⁷

FEEDBACK TO HEALTH PROFESSIONALS

The final goal of MEDWATCH is to better inform providers about regulatory actions taken by the FDA in response to reports. This goal is viewed by Dr. Kessler as the FDA's most important contribution to the MEDWATCH partnership. The feedback provided to practitioners will: (1) enable them to incorporate new safety information into their daily practice, (2) remind them of the importance of reporting medication- and device-related disease, and (3) show them that their reports make an impact.⁸

Currently, there are several vehicles by which practitioners can gather up-to-date information. In the *FDA Medical Bulletin*, a quarterly insert provides information regarding ADEs that have been reported and the actions taken by the FDA in response to them. In addition, a quarterly *MEDWATCH Update*, which provides similar information, is sent to all MEDWATCH partners. The FDA is also working towards a system whereby practitioners may obtain information regarding recently described ADEs via the toll-free number used to obtain copies of the reporting form (1-800-FDA-1088). Finally, the FDA is working towards providing physicians direct access to the FDA ADE database.

OUR RESPONSIBILITY

Most importantly, MEDWATCH is about the welfare of patients. As the FDA Commissioner recently stated, "It is about the patient whose illness, suffering, and even death can be prevented be-

cause a health professional took the time to report a serious adverse event. And it is about the patient whose illness, suffering, and death were not averted because a report was not filed."⁷

We, as members of the American Academy of Allergy and Immunology and the MEDWATCH partnership, should play a leading role in supporting this new program. As allergists, we see adverse drug reactions frequently, and therefore reporting should become a routine part of our practice of medicine. MEDWATCH will be successful only to the extent that health care professionals, like ourselves, take on the responsibility of reporting.

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