***TITLE:* Investigational Drug Accountability, Storage, Dispensing and Return**

***SOP Version #*** RM XX.XX

***Author(s):***

***Developed by Date***

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| **Instructions for modifying this template:**   1. This is a template and should be used as such. Please use this in the manner most appropriate for your research unit. 2. Anything in this template can and may be modified as appropriate for your area while accounting for your interpretation of the most current FDA Guidance. 3. After you have modified this SOP template, do not forget to remove the “**Instructions for modifying this template**” table. 4. Number the SOP using you own guidelines for numbering. |

1. **SCOPE/PURPOSE**

This Standard Operating Procedure (SOP) is to document the policies and procedures for ordering, receiving, storing, dispensing, returning, destroying, and accounting for investigational drugs used in the context of clinical trials conducted at the University of Alabama Birmingham (UAB).

This SOP is written to comply with applicable federal regulations including those promulgated by the U.S. Food and Drug Administration (FDA), the Occupational Safety and Health Administration (OSHA), and the Guideline for Good Clinical Practice (GCP).

**II. ALLOWABLE EXCEPTIONS**

This SOP is meant to be followed without deviation. However, it is an allowable exception to follow procedures specified in a protocol or by the sponsor. If a deviation from this SOP occurs, a description of this event will be written and filed with this list of SOPs and the protocol.

**III. RELEVANT REGULATIONS/GCPS**

21 CFR 312.50 General responsibilities of sponsors

21 CFR 312.56 Review of ongoing investigations

21 CFR 312.59 Disposition of unused supply of investigational drug

21 CFR 312.60 General responsibilities of investigators

21 CFR 312.61 Control of the investigational drug

21 CFR 312.62 Investigator recordkeeping and record retention

21 CFR 312.68 Inspection of investigator’s records and reports

21 CFR 312.69 Handling of controlled substances

January, 1988 Guidelines for the Monitoring of Clinical Investigations

FDA Internal Compliance Program Guidance Manual,

1994: 7348.811: Clinical Investigators

May 9, 1997 International Conference on Harmonisation: Good Clinical Practice: Consolidated Guideline

October 2009 (Procedural) Guidance for Industry Investigator Responsibilities – Protecting the Rights, Safety, and Welfare of Study Subjects

21 CFR 800 General Medical Devices

21 CFR 803 Medical Device Reporting

21 CFR 812 Investigational Device Exemptions

U S Food and Drug Administration (FDA) website: <http://www.fda.gov/>

HHS - Office for Human Research Protections (OHRP) website: <http://www.hhs.gov/ohrp>

International Conference on Harmonisation (ICH) website: <http://www.ich.org/>

**IV. DEFINITIONS/ACRONYMS**

**Adverse Event:** A medical event occurring during a clinical research project that represents a new symptom experienced by a research participant or an exacerbation or worsening of an existing condition, sometimes referred to as an “adverse experience” or “adverse effect.”

**Blinding/Masking:** A procedure in which one or more parties to the trial are kept unaware of the treatment assignment(s). Single blinding usually refers to the subject(s) being unaware, and double blinding usually refers to the subject(s), investigator(s), monitor, and, in some cases, data analyst(s) being unaware of the treatment assignment(s).

**Designee**: A qualified individual delegated in writing by the PI to manage investigational drugs, such as a pharmacist, research nurse or study coordinator. “Qualified” means that the individual has been trained and has a comprehensive knowledge of the study protocol, the investigational drug (including the basic pharmacology of the drug), UAB procedures for handling the drug, and applicable federal and state regulations.

**Double-Blind Study:** A study designed so that neither the patient nor the investigator knows which treatment the patient is receiving

**Investigational Drug (ID)**: A drug or biologic being evaluated under a formal research protocol approved by the FDA that conforms to FDA standards but that has not been approved for commercial marketing by the FDA for the indication under investigation in the trial. This may also include the use of placebos or FDA approved drugs.

**Investigational Drug Accountability Record:** A log that records the receipt of the

ID, the inventory at the study site, the dispensing and use by each research participant, and the disposition of the ID.

**Labeling:** An FDA requirement to clearly label the container of any ID as being limited by federal law to investigational use only.

**Open Label Study:** A study designed so that all parties involved in the study know the treatment the patient is receiving.

**Randomization:** The process of assigning trial subjects to treatment or control groups using an element of chance to determine the assignments in order to reduce bias.

**Schedule II Drugs**: The DEA categorization for substances that have a high potential for abuse because they can cause psychic or physical dependence, but have some approved medical use. Schedule II drugs require security measures beyond those required for Schedule III and IV drugs.

**Single-Blind Study:** A study designed so that the patient does not know which treatment he/she is receiving. The investigator does know which treatment the patient is receiving.

**Triple-Blind Study:** A study designed so that neither the patient, investigator, nor the sponsor is aware on which arm of the study the patient is enrolled.

**V. RESPONSIBLE PERSONNEL**

This SOP applies to those members of the clinical research team involved in inventorying, storing, dispensing, or arranging for the return/destruction of study drug. This includes the following:

1. Principal investigator
2. Sub-investigator
3. Research Nurse
4. Study Coordinator

**VI. DETAILS**

**You are encouraged to use the research pharmacist. However if your research unit has acceptable facilities and capabilities for storage of the drug, it might be acceptable to store in your research unit.**

**Step I: Preparing for a New Investigational Drug Study**

The pharmacist (or PI or study coordinator if acceptable) will determine the following, as appropriate:

* Physical location(s) where the ID will be stored throughout the study, including the adequacy of the size of the storage area;
* Whether the ID should be received and managed by the UAB research pharmacy;
* Specific procedures for the security and management of the ID;
* Need for refrigeration;
* Need for special equipment for storing and securing the drug; and
* Communications plan in the event the blind needs to be broken
* Whether additional nursing support will be needed and arrange as appropriate

**Step II: Receipt and inventorying of study drug**

Upon receipt of the study drug, inventory the shipment, ensuring that the information on the packing slips matches exactly with what has been sent to the site, including:

* Amount
* Lot numbers
* Quantity per carrier/container (if easily verified)

Promptly bring any discrepancies to the attention of the sponsor.

Verify receipt of investigational product per sponsor specific procedures.

Retain a copy for the study file, especially at the end of the study.

Ensure that any supplies required for the blinding of the study drug are available.

**Step III: Storage**

Investigational drugs will be securely stored in a locked location, restricting access to appropriate persons and according to conditions specified in the protocol.

Ensure that study drug is stored at the appropriate temperature, maintaining a storage area temperature log, if appropriate.

Follow any special requirements for controlled substances required at this investigative site in addition to those specified by the regulations.

Ensure that the randomization code, if appropriate, has been received.

**Step IV: Dispensing of study drug**

Ensure that each time study medication is dispensed, the drug accountability form is completed (Appendix 1 template drug dispensing forms)

Documentation will include:

* Amount (and lot number, if appropriate) dispensed,
* Name of individual dispensing study drug,
* Subject’s study ID number,
* Subject’s initials,
* Date (and time, if appropriate) of dispensing,
* Date and time of study drug returned,
* Amount of study drug returned.

After use by the study subject, return all used containers/units. If any containers/units are missing, document the reasons.

Note any discrepancies between amounts used by subjects and amounts expected to be returned and document the reasons.

Ensure that study drug supplies are adequate and within an appropriate expiration date.

Alert the monitor when additional supplies will be required.

If emergency breaking of the study drug blind is medically necessary, document all circumstances appropriately. Refer to the sponsor and / or protocol for guidance on breaking the blind.

**Step V: Return/destruction of study drug**

At the conclusion of the study, ensure that all documentation regarding receipt, storage, dispensing, and return of used containers is complete, accurate, and ready for review at the monitor’s termination visit.

Ensure that the study drug is available for the monitor to inventory and prepare for return shipment to the sponsor/CRO, if appropriate.

Destruction of study drug at this site, upon written authorization from the sponsor to do so, may be undertaken so long as such procedures are permitted by this site’s OSHA and biohazard materials policies.

At the conclusion of the study, all documentation regarding receipt, storage, dispensing, and return will be verified for completeness and accuracy. Provide the sponsor with written documentation of the destruction of the study drug.

A copy of all accountability will be maintained in the study regulatory files.

**VII. QA**

Review drug accountability at least prior to each monitor visit and at the end of the study.

**VIII. APPENDICES / RESOURCES**

Appendix A – Sample Drug Accountability Form

**IX. RELATED SOPS**

None