TITLE: Research Pharmacy Standard Policy		
POLICY #: INV-100	**Page:** 1 of 7	**Effective Date:** 2/1/21

1. POLICY STATEMENT:

DF/HCC research pharmacies follow a standard set of policy requirements for clinical trials.

2. BACKGROUND:

None

3. RESPONSIBLE PERSONNEL:

3.1. Research Pharmacy Personnel

4. DEFINITIONS:

4.1. None

5. POLICY:

5.1. **Drug Accountability**

5.1.1. At MGH, DFCI, and BIDMC a standardized electronic drug accountability form is utilized for maintaining drug accountability records for all DF/HCC clinical trials, except those which are sponsored by the NCI. In those cases, the MGH, DFCI and BIDMC can print the electronic drug accountability forms in either standard NCI DARF (drug accountability record form) format or in the NCI oral DARF format.

5.1.2. Elements of the DARF:

- Institution Name
- Investigator Name
- Protocol Title and Number
- Agent Name, Strength, and Formulation
- Dispensing Location
- Recorder Date and Initials
- Transactions (receipts, dispensing, transfers, disposition)
- Receipt
- Date, Quantity, Lot Number
- Dispensing
- Subject Information, Date, Quantity, Lot Number

Commented [SC1]: Updates throughout to remove institution-specific instructions and redundant language (moved into institutional research pharmacy manuals or covered in pharmacy operation INV-OP-1)

Language added in 5.5. regarding return of drug to pharmacy – moved here from INV-102 which will be retired as of 2/1/21

- Dosing Information
- Transfers
- Date, Quantity, Location
- Disposition
- Unused Drug Returns and/or Destruction
- Lot Number and Quantity on Hand

5.1.3. No sponsor-provided forms will be utilized for drug accountability. Drug accountability will only be maintained for the investigational drugs supplied by the sponsor or procured by the pharmacy on behalf of the sponsor for use on the clinical research trial (i.e., agents provided at no cost to the patient). The research pharmacies will not provide lot numbers or expiration dates to sponsors for commercial drugs~~agents~~ that are not supplied by sponsors.

5.2. **Storing Used Supplies** ~~(vials, syringes, bags, tubing, oral pill bottles, topical containers, topical containers, tubing, oral pill bottles)~~

Used IV bags, ~~used~~ vials, unit dose bottles, ~~used~~ syringes/bags, tubing, oral pill bottles, topical containers, ~~topical containers, tubing,~~ and liquids ~~and used vials~~ will not be stored. N~~n~~or will any record of destruction be kept.

~~Only oral and topical investigational drugs, which are not liquids, will be stored temporarily if there is a discrepancy between the research pharmacy personnel oral pill count/topical container weight and the study team oral pill count/topical container weight (until next scheduled IMV visit or for 90 days, whichever comes first). For further information please see policy INV-102.~~

5.2.1.

~~5.2.1.1.~~For topical investigational studies, where requested to weigh patient returns, if there are discrepancies in the weight between the study team and pharmacy, both groups will recheck the weight together. If there are still differences noted, these values will be recorded, and the topical medication destroyed.

~~At BIDMC, patient returns for topical investigational studies will not be weighed, returned, recorded or destroyed.~~

~~5.2.2. IV bags, unit dose bottles, used syringes/bags, tubing, liquids and used vials will not be stored nor will any record of destruction be kept.~~

5.3. **Temperature Monitoring and Excursion Procedures**

5.3.1. The research pharmacies will follow the temperature requirements that comply with the United States Pharmacopeia (USP) standards, as defined below (USP Standard (USP 33-NF28, Sections 10.30.10, 10.30.40, and 10.30.60)):

- Controlled Room Temperature: 20˚ to 25° Centigrade (C) (68 to 77° Fahrenheit (F)); excursions between 15 and 30 C (59 and 86 F) allowed as experienced in pharmacies and hospitals.
- Refrigerated Temperature: 2° to 8° C (36 to 46 F)
- Freezer Temperature: - 25° to -10° C (-13 to 14 F)
- Currently, there are not established USP standards for Ultra Low Freezer Temperatures. The research pharmacies will follow: - 80 to -60 C (-112 to -76 F)
- Alarms are set to go off at the upper or lower range limit (i.e. 2 C and 8 C for refrigerators)

5.3.2. Controlled Room Temperature: Reportable excursions are defined as a temperature deviation of >±5˚C from the acceptable temperature range as defined above, sustained for a contiguous time period of up to twenty-four hours as experienced in pharmacies and hospitals.

5.3.3. Refrigerated, Freezer, and Ultra Low Freezer Temperature: Reportable excursions are defined as a temperature deviation of ±1˚C from the acceptable temperature ranges as defined above, sustained for a contiguous time period of 30 minutes or more.

5.3.4. The research pharmacies will use only the Standardized Temperature Excursion Form for reporting all temperature excursions.

5.3.5. The research pharmacies will quarantine IP until written approval is received from the sponsor.

5.3.6. The research pharmacies will use only the institutional based temperature monitoring system.

5.4. **Transfer of Investigational Drug(s) between DF/HCC Sites**

5.4.1. Investigational drug must be shipped from the sponsor to each of the participating DF/HCC pharmacies.

5.4.2. In limited situations for investigator-sponsored studies only, if the drug company does not agree to send drug to each of the participating DF/HCC

pharmacies, the lead institutional pharmacy may approve transfer of drug to the other participating DF/HCC pharmacies. Refer to policy INV-101 for more information.

5.5. **Return of Unused Investigational Drug from ~~Subject~~ Patient to Pharmacy**

5.5.1. Research pharmacy at each institution will follow its own Pharmacy Policy and Procedure Manual for return process of unused investigational drug return from patients. ~~The PI or designated research team member will instruct research subjects to return all of their unused investigational drug dispensed on a protocol, including all empty containers (bottles, blister packs etc.), to the research nurse or study coordinator at the next scheduled visit. Used syringes, vials and oral liquids will not be collected.~~

~~5.5.2. Receiving investigational drug from subjects via mail is not encouraged. See policy INV-101 for more information.~~

~~5.5.3. The PI or designated research team member is responsible for assessing drug compliance for all drugs used on a protocol, regardless of IND status. See policy INV-103 for more information.~~

~~5.5.4. Unused drug, under an IND, dispensed by the research pharmacy will be returned to the research pharmacy as soon as possible, with the returned date written on the packaging.~~

~~5.5.4.1.For industry sponsored trials: The DFCI, MGH, and BIDMC research pharmacies will not retain any returned unused investigational drug. Returned unused investigational drug will be destroyed as soon as possible per institutional policy.~~

~~5.5.4.2.For non-industry sponsored trials: The returned unused investigational drug will not be retained by the research pharmacy. Returned unused investigational drug will be destroyed as soon as possible per institutional guidelines.~~

~~5.5.5. When investigational drug is dispensed but not returned by the subject, the research team will make attempts to acquire the unused investigational drug from the subject or the family.~~

~~5.5.5.1.All attempts to retrieve the investigational drug will be noted in the subject's medical record or research chart.~~

5.6. **Handling of Used or Partially Used Investigational Drug ~~Product~~**

5.6.1. All empty and partially used containers of oral and topical investigational drugs (patient returns) are to be treated as hazardous substances with disposal occurring immediately after medication reconciliation is completed.~~, unless there is a discrepancy as per 5.2.2use.use Once no discrepancies are found upon drug reconciliation, oral and topical containers will be disposed.~~ All empty and partially used containers will be put into the hazardous drugs waste stream containers. After medication reconciliation, ~~T~~the research pharmacies under no circumstances will store used product containers (~~vials,~~ bottles, topical containers, empty boxes etc.), un-blinded/open label tear off labels, or ancillary supplies for accountability purposes.

5.6.2. Investigational drugs~~Products~~ will be prepared per standard pharmacy guidelines and used vials (or other products) will be destroyed as per institutional policy. Samples derived from prepared doses or packaged products will not be retained for sponsor purposes (i.e.~~IE.~~ t~~T~~esting for b~~B~~ioavailability, stability, etc.)

5.6.3. The DF/HCC research pharmacies will not perform any weighing of IV bags~~, or~~ oral pill bottles, containers of liquid formulation, or container of unopened topical d~~u~~rugs. For any topical drugs, the sponsor must provide the weight of the unopened~~used~~ topical container so that the amount used~~a patient dose (in mg)~~ may be calculated at the time of patient drug return.

5.6.4. Onsite destruction is permitted per institutional policy.

~~5.7. **Destruction of Used Oral Agents and Topical Agents**~~

~~Returned supply by a participant will be destroyed per institutional guidelines following reconciliation by the study staff and the pharmacy in accordance with INV-102.~~

~~5.8.~~5.7. **Disposition of Remaining Investigational Drug Not Dispensed to Subjects**

~~5.8.1.~~5.7.1. Unused drug is defined as drug remaining after all patients have completed treatment. Unused drug remaining after all patients have completed treatment will be retained per protocol or for a maximum of 30

days unless agreement is made with the research pharmacies.

~~5.8.2. Expired drug is defined as drug whose expiration date has passed.~~

~~5.8.3.~~5.7.2. Expired ~~M~~medications ~~that expire~~ will be destroyed per protocol or held for a maximum of 30 days from date of expiration for sponsor disposition. At the end of the 30 days, any remaining expired drug will be destroyed per each research pharmacy's institutional policy.

~~5.9.~~5.8. **Pharmacy Monitoring Visits**

~~5.9.1.~~5.8.1. External Sponsors conducting routine monitoring visits of any DF/HCC research pharmacy must do so in accordance with policy MON-101~~: Research Conduct Oversight by External Sponsors~~ and operation INV-OP-1.

~~5.10.~~5.9. **Delegation of Authority**

~~5.10.1.~~5.9.1. One research pharmacist from each DF/HCC participating site will be documented in the Delegation of Authority log in accordance with policy RCO-203.

~~5.11. Control of Investigational Product~~

~~5.11.1. Unless approved by the sponsor, the PI, and the IRB, the research pharmacy will not supply or dispense an investigational drug to any person not authorized to receive it under the protocol.~~

~~Unless approved by the sponsor, the PI, and the IRB, the research pharmacy will not supply or dispense an investigational drug to any person not authorized to receive it under the protocol.~~

~~5.12. Training~~

~~5.12.1. The institution will decide on a the relevantce and acceptable mode of training for the research pharmacy staff needed to execute clinical trial operations. The ancillary research pharmacy staff involved in execution of the trial will receive adequate training provided by the research pharmacy per institutional guidelines.~~

6. APPLICABLE REGULATIONS & GUIDELINES:

21 CFR 50 – Protection of Human Research Subjects
21 CFR 54 – Financial Disclosure by Clinical Investigators
21 CFR 56 – Institutional Review Boards
21 CFR 312 - Investigational New Drugs – Drugs for Human Use
45 CFR 46 – Protection of Human Subjects
FDA Industry Guidelines and Information Sheets
FDA Compliance Policy Guidance Programs: 7348.809, 7348.810, and 7348.811

7. RELATED REFERENCES:

International Conference on Harmonization – E6

8. RELATED PROCEDURES & TOOLS:

INV-OP-1: Mandatory Research Pharmacy Standard Procedures
Standardized Temperature Excursion Form