

January 24, 2013

**RESEARCH STANDARD OPERATING PROCEDURES (SOP)  
Handling of Investigational Drugs and Devices**

**1. PURPOSE:** To establish policy and procedures for the control, distribution and administration of investigational drugs and devices for the South Texas Veterans Health Care System (STVHCS) that provide adequate safeguards for protecting patients, staff, facilities, and the quality of investigational drug or device studies.

**2. POLICY:** It is STVHCS policy that all investigational drug or device studies performed within STVHCS must be consistent with applicable laws, regulations, and Department of Veterans Affairs (VA) policy, and be conducted by properly qualified investigators under protocols approved by the STVHCS R&D Committee and the UTHSCSA IRB.

a. **Definitions:**

(1) **Investigational Drug:** A chemical or biological drug that is used in a clinical investigation.

(a) An investigational drug can be:

1. A new chemical compound, which has not been released by the Food and Drug Administration (FDA) for general use, or

2. An approved drug that is being studied for an approved or unapproved use, dose, dosage form, administration schedule, or under an Investigational New Drug (IND) application, in a controlled, randomized, or blinded clinical trial.

(b) Concurrent medications, comparators, or rescue medications used in the investigational trial that are not the drug(s) being studied are not defined as investigational drugs unless they are not commercially approved or not available through commercial channels. Prescription drugs, over-the-counter drugs, nutritional supplements, herbal preparations, and legend items used for diagnosis or treatment and meeting the definition in (a) above, are considered investigational drugs.

(2) **Principal Investigator (PI):** The PI is a qualified person or persons designated by an applicant institution to direct a research project or program and who usually writes the grant application. The PI oversees scientific, technical, and day-to-day management of the research. In the event of an investigation conducted by a team of individuals, the PI is the responsible leader of that team. *NOTE: FDA considers Investigator and PI to be synonymous.*

(3) **Authorized Prescriber:** A provider who is listed on VA Form 10-9012 as being approved by the Investigational Review Board (IRB) and the Research and Development (R&D) Committee to prescribe the drug(s) being tested or evaluated. In the event that a 10-9012 is not required, authorized prescribers will be listed on the initial R&D Approval letter.

(4) **VA Form 10-9012:** For definition see *Research Standard Operating Procedures (SOP) Defining Investigational Drugs and Completing VA Form 10-9012.*

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### 3. ACTION:

#### a. Accountability:

##### (1) Chief, Pharmacy Service:

- (a) Procurement of medications or supplies through pharmacy that are to be dispensed for a research protocol will not utilize pharmacy service budget. **Reference:** *Research Standard Operating Procedures (SOP) Research Pharmacy Drug and Supply Procurement.*
- (b) Drugs and supplies that a veteran would otherwise receive as indicated therapy are not considered investigational but are considered standard of care medications. It would be appropriate for an approved clinical trial to include drugs and supplies paid from the pharmacy service budget, if those drugs or supplies are appropriate treatment options outside of a clinical trial and are to be prescribed by the Investigator and dispensed per usual clinical practice with no separate research accountability records maintained for these standard of care medications. **Reference:** *Memorandum from Under Secretary for Health (10), "Clarifications for VHA Handbook 1108.04" dated March 7, 2006.*
- (c) The Chief of Pharmacy is ultimately responsible for all medications utilized at STVHCS. For investigational drugs, the receipt, storage, security, dispensing, and disposition is delegated to the ACOS for Research. All activities of the research pharmacy are summarized for the Chief of Pharmacy on a quarterly basis. Inspection or audits of the research pharmacy files, inventories, activities, records, policies and standard operating procedures (SOP) may be conducted by pharmacy service at any time.
- (d) Pharmacy Service will provide the Research Pharmacist(s) and back-up pharmacist(s) access to Pharmacy areas, Pharmacy computer systems (VISTA and BCMA), and Omnicell machines as required to facilitate the dispensing of investigational drugs for VA-approved research.
- (e) Pharmacy Automated Data Computer Support personnel will work with the Research Pharmacist to enter investigational drug codes into the pharmacy medication profile to identify investigational medications as such.
- (f) Pharmacy Service as directed by the Chief of Staff will provide back-up pharmacist coverage in the unexpected event that the Research Pharmacist has a prolonged absence or the Research Pharmacist position is vacant for an extended period of time. If required, Pharmacy Service will bill the Biomedical Research Foundation of South Texas (BRFST) in accordance with the established MOU for Research Reimbursables for any pharmacist coverage.

##### (2) ACOS for Research

- (a) Maintains responsibility for the STVHCS investigational drug and device program and activities of the research pharmacist to include the receipt, storage, security, dispensing, and disposition of all investigational drugs or devices.
- (b) Ensures research pharmacy activity is summarized and reported to the Chief of Pharmacy on a quarterly basis and that any inspection or audits of the research pharmacy are accommodated upon request.

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- (c) Approves, in writing, any exceptions to the requirement that all investigational drugs and devices will be stored in and dispensed from the STVHCS Research Pharmacy with the concurrence of the Chief of Pharmacy (e.g., delegation of the custody of investigational drugs to appropriate study personnel if locked, secure storage area is available - See 9 (g) for additional details).
- (d) Ensures a Letter of Understanding (LOU) is established and approved before investigational drugs or devices are obtained from or issued to pharmacies of other institutions.
- (e) Must document, in writing, that research pharmacy resources are adequate for the services indicated on research protocol Clinical Research Impact Statements. The R&D Committee cannot approve a proposal involving investigational drugs or devices unless this documentation is provided.

### (3) Research Pharmacist

- (a) The research pharmacist will perform all professional functions of the research pharmacy operation in accordance with all applicable laws, regulations, VA policies, and accreditation standards.
- (b) The research pharmacist will maintain appropriate facility management within the Research Pharmacy according to all applicable laws, regulations, and VA policies, environment of care and accreditation standards.
- (c) The research pharmacist will maintain active policies and SOPs related to the Research Pharmacy and investigational drugs and devices under the auspices of the ACOS for Research and with the concurrence of the Chief of Pharmacy.
- (d) The research pharmacist is appointed as an ex-officio (non-voting) member on the STVHCS R&D Committee. The research pharmacist is required to meet STVHCS annual human research subjects training (CITI course) educational requirements on ethics and good clinical practice.
- (e) The Research pharmacist is responsible for reviewing proposed protocols prior to R & D Committee consideration for approval to determine the research pharmacy resources required to support the protocol. Resources will consider pharmacist time and associated costs to include, but not limited to: research pharmacist time for protocol review and study start-up, ordering, monitoring, dispensing, and study closure; space and equipment; the destruction or return of unused medications, devices or supplies; and plans for maintaining study medications after completion of the study protocol. The research pharmacist will then prepare a Clinical Research Impact Statement to indicate, in writing, that adequate research pharmacy resources required to support the proposed study are available. Any potential impact to Pharmacy Service related to procurement of medications is detailed in *Research Standard Operating Procedures (SOP) Research Pharmacy Drug and Supply Procurement*.
- (f) The Research pharmacist is responsible for ensuring that all investigational studies have received initial approval prior to ordering, receipt, storage, or dispensing of investigational drugs or devices.

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- (g) The Research pharmacist is responsible for obtaining all documentation of the continuing review process or termination for clinical investigations involving investigational drugs or devices. All documentation of most current and recently approved protocols, continuing reviews, suspensions, terminations and closures of research protocols is accessible to the research pharmacist via the electronic VA Protocol Folder maintained by the R&D office. Additionally, the R&D office copies the research pharmacist on all electronic notifications of approvals, suspensions, inactivations and terminations.

### (4) Principal Investigator (PI)

- (a) Provides the research pharmacist information on each subject receiving an investigational drug through the electronic medical record by ensuring the signed and dated subject informed consent form and VA Form 10-9012 is scanned into each subject's Computerized Patient Record System (CPRS) medical record prior to the first order for each subject. The Investigational Drug Information Record, VA Form 10-9012, documents required drug information to include allergies, toxicities, or adverse drug events related to the investigational drug, or the potential for interaction with other drugs, foods, or dietary supplements, i.e., herbals, nutraceuticals (see VHA Handbook 1108.04).
- (b) Ensures the research pharmacy receives copies of sponsor-related correspondence specific to the drug(s) or device(s) as appropriate and all correspondence addressed to the investigator from the FDA (and other involved authorities) specific to the investigational drug(s) or device(s) as appropriate.
- (c) Ensures an electronic prescription order or in the case of oncology related protocols a written prescription order is provided by an authorized prescriber listed on the VA Form 10-9012.
- (d) Complies with all dispensing and documentation requirements and makes relevant records accessible to the research pharmacist when requested (VHA Handbook 1108.04 6.a.(4)).
- (e) Ensures a contractual agreement with the research pharmacy has been established if the investigational drug or device is to be stored outside the research pharmacy. The Principal Investigator must comply with all VHA pharmacy requirements regarding receiving, dispensing, storing, and record-keeping for investigational drugs or devices by means of a drug/device dispensing log. The stored drug or device and drug/device dispensing log must be made available upon request by the research pharmacist.
- (f) Ensures use of an investigational device in a clinical trial to obtain safety and effectiveness data is conducted according to FDA's IDE regulations, 21 CFR Part 812, other applicable FDA regulations, and applicable VHA regulations. If the study of the device is not exempt (21 CFR 812.2(c)), the device must be characterized as "significant risk" (SR) or "non-significant risk" (NSR). The IRB will determine if the device represents SR or NSR. If the device represents SR the study must be conducted in accordance with the full IDE requirements (21 CFR 812.2(c)). The Principal investigator must provide the IRB with copy of the FDA's approval of the IDE application (see 21 CFR 812.20) for significant risk device studies. If the IRB has determined the device is a NSR, an IDE is not required, but the study must be conducted

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in accordance with the "abbreviated requirements" of the IDE regulation (21 CFR 812.2(b)).

- (g) The PI is responsible for preparing and submitting appropriate documents for review to the IRB with regards to an IND or an IDE. The IRB will not grant final approval until the IND or IDE number has been received and verified, unless documentation is provided that the project meets criteria for exemption.
- (h) Ensures proper utilization of the investigational agent or device as outlined in the approved protocol.
- (i) The PI must inform the research pharmacy and the IRB in writing when a study involving investigational drugs has been suspended, terminated, or closed. Upon notification, the research pharmacy will notify the chief, pharmacy service.

### b. Pharmacy Contact Information and Services Provided

- (1) Research Pharmacy, South Texas Veterans Healthcare System, Audie L. Murphy Division  
7400 Merton Minter Boulevard (671/151), Room D705  
San Antonio, Texas 78229-5700  
Phone (210) 671-5300 x 16984  
Fax (210) 949-3820  
On-call Pharmacist Pager (210) 205-9940
- (2) The Research Pharmacy is open Monday through Friday from 08:00 to 16:30 Central Time. Whenever feasible, we request that you contact us via e-mail. If you need immediate assistance, please call the main number.
- (3) Monitoring visits must notify the pharmacy at least 24 hours in advance and will be scheduled to accommodate the existing pharmacy work load schedule. If you require specific dates and times, it will be best to notify us one week or more in advance.
- (4) The Pharmacy provides the following services to investigators:
  - (a) Administrative support in protocol planning phase
  - (b) Drug Accountability
  - (c) Compounding
  - (d) Randomization
  - (e) CPRS Investigational Drug order entry
  - (f) Utilization of BCMA technology
  - (g) Counseling
  - (h) Inservicing nursing units
  - (i) Evening and Weekend Support

**\*\*Please contact the pharmacy for further information on services provided\*\***

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### c. Pharmacy Protocol File

- (1) The research pharmacy will establish and maintain a protocol file of all studies involving investigational drugs or devices to include the following: appropriate approval documentation, any sponsor and drug source-related correspondence, all correspondence from the FDA (and other involved authorities) specific to the investigational drug(s) or device(s), any investigator correspondence, all versions of approved and dated Informed Consent Forms and protocols, VA Form 10-9012(s), shipping invoices, drug/device accountability records, individual dispensing records if applicable, clinical research impact statements, letters of understandings if applicable, and contractual agreements if applicable. This protocol file is to be retained until approval for destruction by the R&D office has been received.
- (2) Documentation of a properly-approved clinical investigation includes: an approval letter signed by the ACOS for Research; an approval letter signed by the IRB Chairperson or designee, a copy of VA Form 10-9012, Investigational Drug Information Record; and a copy of the approved protocol.

### d. Research Pharmacy Operations

- (1) **Investigational drugs** approved for a research protocol must be identified in the drug file as an investigational drug. If the medication is already listed as a formulary agent, a second entry in the drug file identifying the medication as an investigational drug or supply is required. The Drug Enforcement Agency (DEA) special handling field needs to be noted as investigational for this entry. This is to be accomplished prior to study initiation in order to prevent a veteran's co-payment from being assessed at the time of dispensing. *NOTE: The Research Pharmacist will work with the Pharmacy Automated Data Processing Applications Coordinator (ADPAC) to identify investigational drugs as such in the drug file.*
- (2) **Source**
  - (a) All investigational drugs, devices and supplies that are not commercially available must be provided by the study sponsor. Commercially available study drugs are to be provided by the study sponsor or procured in accordance with the *Research Standard Operating Procedures (SOP) Research Pharmacy Drug and Supply Procurement*.
  - (b) Concurrent, comparator or rescue medications that are required by the study sponsor to be used for study related purposes and that a veteran would otherwise receive as indicated therapy are not considered investigational but are considered standard of care medications and/or premedications. The study sponsor should provide these medications when possible. If the study sponsor does not provide these medications, it would be appropriate for an approved clinical trial to include these medications for study related purposes paid from the pharmacy service budget given they are appropriate treatment options outside of a clinical trial per usual clinical practice. *Reference: Memorandum from Under Secretary for Health (10), "Clarifications for VHA Handbook 1108.04" dated March 7, 2006.*
- (3) **Receipt**
  - (a) Regardless of the source, all investigational drugs or devices will be delivered to the Research Pharmacy for receipt, storage, security, dispensing, distribution, and disposition.

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- (b) Investigational drugs or devices will not be obtained from other facilities or PIs without an approved Letter of Understanding (LOU) and adherence to protocol procedures. An LOU may exist between a UTHSCSA affiliate or a VA affiliate and the STVHCS. Detailed information as to how drugs or devices are to be received, dispensed and accounted for is provided in the *Research Service Standard Operating Procedures (SOP) Investigational Drugs or Devices from a VA Affiliate*.

### (4) Storage

- (a) Investigational drugs and devices are clearly identified and secured in the research pharmacy where only investigational drugs and devices are stored.
- (b) The research pharmacy is equipped with controlled access via an electronic card reader and pin number unique to each individual granted access. Access to the research pharmacy is limited only to research pharmacy and required pharmacy service personnel.
- (c) The ambient temperature of the research pharmacy and both the refrigerator and freezer temperatures are recorded daily on a temperature log and maintained within a predefined temperature range to ensure the composition of any investigational drug or device is not compromised.
- (d) Detailed procedures for proper storage, temperature monitoring, and access to medications or devices dispensed by the Research Pharmacy are provided in the *Research Service Standard Operating Procedures (SOP) Investigational Drug and Device Storage and Access*.

### (5) Maintaining Accurate Inventories and Expiration of Investigational Drugs

- (a) The expiration date field of each Drug Accountability Record (DAR) will be used to record the investigational drug expiration date or retest date.
- (b) Where an expiration date is stated only in terms of the month and year, it is a representation that the intended expiration date is the last day of the stated month.
- (c) It is the responsibility of the pharmaceutical sponsor to provide sufficient notification regarding retesting dates of investigational drug(s); therefore, if retest dates are not provided, the sponsor will be contacted to obtain this information.
- (d) Inventory of Investigational drugs and devices will be performed prior to the last day of every month and documented on the pharmacy's monthly inventory spreadsheet. If any items are expiring at the end of that month or in a subsequent month preventing dispensing beyond the end of that month, the items will be removed from working stock and stored in a separate area unique to only expired drugs or devices. This removal from stock due to product expiration will be documented on the respective DARs and on the monthly inventory spreadsheet.

### (6) Orders

- (a) Investigational drugs may be dispensed only after an authorized provider has submitted an electronic order in CPRS or a written order in the case of oncology related protocols.

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- (b) Verbal orders for investigational drugs will be permitted on a restricted basis only in the event that an unexpected circumstance arises. The authorized prescriber submitting the verbal order will be alerted for electronically signature of the order in CPRS.

### (7) Processing Orders

- (a) Only the research pharmacist will process orders placed for investigational drugs. Both inpatient pharmacists and outpatient pharmacists will be instructed not to process these orders by their respective supervisors.

### (8) Preparation

- (a) Compounding investigational drugs will follow applicable United States Pharmacopoeia Standards <797> and <795> and Good Compounding Practices (GCP). Methods used for compounding the investigational drug are clearly described and supplied by either the sponsor or in collaboration with the PI. These methods and readily accessible in the Research Pharmacy.

### (9) Randomization and Unblinding

- (a) Randomization will be performed for those studies in which the PI has requested the pharmacy to do so. If the PI requests the pharmacy to create and maintain the randomization schedules, the pharmacy will utilize the services of the research statistician to develop the schedules to be maintained within the pharmacy. If the pharmacy is to perform randomizations using an IVRS or IWRS system, the PI will be responsible for contacting the sponsor in order to grant the appropriate access to the pharmacy for those systems.
- (b) In certain studies, the research pharmacist is required to maintain the blind to ensure scientific integrity. In emergency situations in which the blind must be broken, the Research Pharmacist, PI, and sponsor will agree on the proper procedure and documentation for unblinding treatment.
- (c) The Research Pharmacist and/or PI will ensure that an individual who can break the blind is available 24 hours per day, 7 days per week, and 365 days per year.

### (10) Dispensing

- (a) The study personnel will submit a copy of the signed informed consent form (ICF) and VA Form 10-9012 for scanning into the subject's Computerized Patient Record System (CPRS) medical record prior to the initial dispensing of the investigational drug. For investigational devices, a copy of the signed ICF will be required, but a VA Form 10-9012 will not be required. The research pharmacist will verify that the most current ICF is the one scanned by comparing it to the most recently approved ICF located in the electronic VA Protocol Folder. Additionally, the Research Pharmacist will document on the study specific electronic patient list that applicable forms have been scanned prior to the initial dispensing. At each subsequent dispensing, the research pharmacist will follow the same procedure to compare the most recently approved ICFs. However, the research pharmacist will document on the electronic DAR that the most recent ICF was viewed in CPRS prior to dispensing the refilled prescription.

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- (b) Investigational drugs or devices can only be dispensed directly to the patient, an authorized agent of the patient, nursing staff or study personnel. Individuals must sign the outpatient prescription label, the inpatient investigational drug pick-up log, or the investigational device pick-up log acknowledging receipt of the investigational drug or device.
- (c) In addition to the generally required prescription label information and appropriate auxiliary caution or warning labels, all investigational drug labels must include the following legend: "CAUTION – NEW DRUG: LIMITED BY FEDERAL LAW TO INVESTIGATIONAL USE."
- (d) The Research Pharmacist, with approval of the ACOS for Research and concurrence of the Chief of Pharmacy, may delegate in writing the custody of investigational drugs or devices stored outside the research pharmacy to the PI. This delegation of custody document is a contractual agreement on the specific procedure that the PI is required to follow. (Attachment 1) It will identify the location of the drug or device and the name of the investigator responsible for the storage and dispensing; be signed by the PI; and maintained in the research pharmacy. When investigational drugs or devices are stored outside of the research pharmacy, a real-time documentation of all drugs or devices dispensed is required. This dispensing log provides a method for the research pharmacist to inspect the investigational drug or device inventory and track all dispensing from the storage area. (Attachment 2) The PI must comply with all dispensing and documentation requirements, and these records must be made accessible to the research pharmacist when requested. The research pharmacist will verify that the storage location meets all security and storage requirements with access restricted to appropriate study personnel only, and inspect the stored investigational drug or device and the drug/device dispensing log. The research pharmacist will document this audit on the Investigational Drug and Device Audit Form and notify the Principal Investigator if any changes need to be made. (Attachment 3)
- (e) The Research Pharmacist will dispense all investigational drugs labeled in accordance with STVHCS policy. For inpatient medications, bar codes will be affixed to the label to aid the documentation of administration through the BCMA system.

### (11) Mailing Investigational Drugs to Patients

- (a) In the event that a patient is unable to pick-up study medication due to certain circumstances, the research pharmacy may mail out the investigational drug(s).
- (b) Written permission to do so from the sponsor is required for all industry sponsored studies. For all other studies, the research pharmacy will follow appropriate mailing procedures as outlined in *VHA Handbook 1108.05 Outpatient Pharmacy Services*.
- (c) The investigational prescription drug dispensed by mail delivery will be securely packaged and properly addressed. The research pharmacist will deliver the package directly to the mail room for outgoing mail. It is the responsibility of study personnel to ensure the package containing investigational drug is received by the study participant. In the event of a loss, the PI and the sponsor (if applicable) will be notified.

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### (12) Drug and Device Inventory and Accountability

- (a) An Investigational Drug/Device Accountability Record (DAR) (electronic or written), authorized by the clinical investigation sponsor, if applicable, will be established and maintained by the research pharmacy to document all transactions involving receipt, storage, security, dispensing, and disposition of unused stocks of investigational drugs or devices. The DARs will contain the name of the drug or device, dosage form and strength; manufacturer or other source; date of receipt; quantity received; expiration, retest, or repass date; control number, lot number, or other identification (ID) number; name of site investigator; protocol name, IRB number and date the protocol was approved; name of subject or other subject identifier for individuals receiving the drug or device; quantity dispensed; balance of drug or device currently available; recorder's initials; and a final entry made when drug or device therapy for the entire study (at the site) ends. This entry documents the date of termination of the use of the drug or device, the quantity remaining, the action taken to dispose of the balance on hand, and the individual responsible for drug or device destruction or return.
- (b) Individual research subject dispensing logs containing the name of the drug or device, strength, expiration date, lot number, prescription number, quantity, date filled and recorder's initials will be maintained when more than one investigational drug or device is dispensed to the subject from the research pharmacy.

### (13) Controlled Substances

- (a) Study protocols involving controlled substances will meet the same storage and accountability requirements in accordance with applicable laws, regulations, and STVHCS pharmacy policy and procedures outlined for routine patient care. In addition to the information required for non-controlled study medications, the following detailed information will be kept for all controlled substance investigational drugs: controlled substance inventories; all controlled substance dispensing; controlled substances returned (including drugs drawn up, but not used); all controlled substance record reconciliation; controlled substances wasted; and controlled substance use categorized by investigator and/or prescriber. *Reference: Research Service Standard Operating Procedures (SOP) Controlled Substances Utilized in Clinical Research.*

### (14) Disposition of Unused Stock

- (a) Unused investigational drug or device stock is disposed of according to written instruction(s) from the protocol sponsor or PI. If the protocol sponsor or PI instructs that sites locally destroy the investigational drug stock in accordance with local policy, the research pharmacist will follow STVHCS Pharmacy Policy *Management and Disposal of Pharmaceutical Waste*.
- (b) Documentation of the destruction will include the name of the PI, IRB number of the protocol, drug name, strength and dosage form, lot number, expiration or retest date, quantity destroyed, date destroyed, individual performing the destruction and a witness to the destruction with corresponding signatures. This documentation will be appropriately filed under the respective protocol file tab along with a printed copy of the written instruction(s) authorizing the local destruction.

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### (15) **Transfer of Investigational Drug between Protocols**

- (a) The bulk transfer of investigational drug(s) between studies may be authorized with the provision of signed, formal request by PI.
- (b) The inventory count will be conducted by the research pharmacist and witness (i.e. study personnel) prior to transferring the study drug.
- (c) Documentation of the transfer on the investigational drug transfer form will include PI, IRB number of the protocol, drug name, strength and dosage form, lot number, expiration or retest date, quantity transferred, date transferred, individual performing the transfer and a witness to the transfer with corresponding signatures.
- (d) This documentation will be filed under the respective protocol file tabs along with the signed, formal request by the PI.

### e. **Treatment IND**

- (1) During the investigation of a drug, it may be appropriate to use the drug in the treatment of a patient who is not in the clinical trial, in accordance with a treatment protocol or treatment IND. Submissions for institution of treatment (including a treatment protocol submitted by an IND sponsor or a treatment IND submitted by a licensed practitioner) are detailed in 21 CFR 312.23 and 312.34. If use of a treatment protocol or treatment IND is initiated, the investigator is encouraged to contact the IRB Director for additional information and guidance. Need for an investigational drug may arise in an emergency situation that does not allow time for submission of an IND in accordance with the above requirements. In such a case, FDA may authorize shipment of the drug for a specified use in advance of submission of an IND.
- (2) A patient receiving a test article in an emergency use that is regulated by the FDA is not considered to be involved in research and is not a research participant.
  - (a) If emergency use of an IND is initiated, the investigator is encouraged to contact the IRB Director for additional information and guidance.
  - (b) Informed consent for treatment IND or emergency use of an IND is required unless the conditions for exemption are met. The UTHSCSA IRB must be notified within 5-working days when an emergency exemption is used.

### f. **VA Cooperative Studies**

- (1) In the case of a VA Cooperative Study employing investigational drugs, the Cooperative Studies Program Clinical Research Pharmacy Coordinating Center (CRPCC) must prepare VA Form 10-9012, for the PI at the VA medical center.
- (2) The Cooperative Studies Program (CSP) is responsible for obtaining the investigational drug(s) or when commercially available, reimbursing the cost of the drug(s) and for distributing them to the Research Pharmacy.
- (3) The Research Pharmacist will be the individual to whom the investigational drug(s) are to be shipped.

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- (4) The Research Pharmacy will maintain records on investigational drug(s) including all transactions involving receipt, dispensing, and disposition of unused drug in accordance with this policy.
- (5) A copy of all records, describing the return or local destruction of investigational drugs associated with the protocol, will be provided to CRPCC by the Research Pharmacist.

g. **Other**

- (1) Use of a marketed drug in an unapproved manner: A physician may use a marketed drug in an unapproved manner without obtaining an IND, if it is given for therapeutic rather than investigational purposes (21 CFR 312.2[d]).
- (2) Use of an investigational drug from an outside source for a hospitalized patient maybe permitted to assure the patient's well being. The Research Pharmacy will obtain the agent and dispense in accordance with FDA guidelines (<http://www.fda.gov/oc/oha/useofinv.html>). The principal investigator must be contacted prior to dispensing and follow-up conducted within 24 hours of dispensation. The PI must provide a copy of the signed informed consent, information on the protocol, and all drug-related information prior to any dispensing.

**4. REFERENCES:** VHA Handbook 1200.05 Requirements for the Protection of Human Subjects in Research; VHA Handbook 1200.01 R&D Committee Handbook; Title 38 CFR; Title 21 CFR; VHA Handbook 1108.04 Investigational Drugs and Supplies; VHA Handbook 1108.05 Outpatient Pharmacy Services.

**5. RESPONSIBILITY:** ACOS for Research and Development (151) and Chief, Pharmacy Service (119)

**6. RESCISSIONS:** STVHCS Policy Memorandum 119-11-21; STVHCS Policy Memorandum 119-11-05; STVHCS Policy Memorandum 119P-08-43; Research Service SOP for Handling of Investigational Drugs and Devices dated April 20, 2011

**7. RECERTIFICATION:** April 2016

  
KIMBERLY K. SUMMERS, PHARM.D.  
ACOS for Research and Development

  
PETER T. TRANG, RPH  
Chief, Pharmacy Service

Attachments (3)

RESEARCH SERVICE POLICY MEMORANDUM 13-61

**CONTRACTUAL AGREEMENT BETWEEN THE RESEARCH PHARMACY AND PRINCIPAL INVESTIGATOR FOR INVESTIGATIONAL PROTOCOL**

1. This document constitutes the contractual agreement between the Research Pharmacy and Principal Investigator for Protocol. The Investigational Drug shall be stored under double lock in room number and under the direct care of the Study Coordinator and/or the Principal Investigator and under supervision of the Principal Investigator.

2. The Principal Investigator conducting this study protocol is responsible for the following:

a. The Principal Investigator will supply the Research Pharmacy with information on patients receiving an investigational drug that experience an adverse drug reaction related to the investigational drug or an interaction with other drug therapy;

b. An investigational drug log will be maintained by the Principal Investigator containing the following information:

- (1) Protocol number
- (2) Date Protocol Approved
- (3) Name of the drug
- (4) Dosage form and strength
- (5) Manufacturer or other source
- (6) Date of receipt of the drug
- (7) Quantity received
- (8) Expiration date
- (9) Control number
- (10) Name of patient receiving the medication
- (11) Serial Number of the Prescription
- (12) Name of authorized practitioner signing the prescription
- (13) Quantity dispensed
- (14) Balance remaining after the transaction
- (15) Documentation that signed informed consent scanned into patient's electronic medical record
- (16) Documentation that VA Form 10-9012 scanned into patient's electronic medical record
- (17) Recorder's initials
- (18) A final entry will be made when the use of the investigational drug is discontinued. This entry will

document the date of termination of the use of the drug, the quantity remaining, and the action taken to dispose of the balance on hand

3. This information may be kept on an electronic spreadsheet or on a paper log and made available for review by the Research Pharmacist on a monthly basis.

4. The Research Pharmacist will inspect the storage area to be used before the study begins and randomly during the study.

5. Signatures of those below validate this contractual agreement between the Principal Investigator for this study protocol and the Research Pharmacy and certify each individual understands his or her responsibilities regarding the agreement.

\_\_\_\_\_  
Research Pharmacist (Date)

\_\_\_\_\_  
Principal Investigator (Date)

\_\_\_\_\_  
ACOS for Research (Date)

\_\_\_\_\_  
Chief, Pharmacy Service (Date)



**PRINCIPAL INVESTIGATOR  
INVESTIGATIONAL DRUG/DEVICE AUDIT FORM**

PROJECT NUMBER: \_\_\_\_\_

DATE OF AUDIT: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

YES	NO	DOES THE PRINCIPAL INVESTIGATOR MAINTAIN AN INVESTIGATIONAL DRUG/DEVICE LOG WHICH INCLUDES THE FOLLOWING:
		1. Name of Drug or Device
		2. Dosage Form and Strength
		3. Manufacturer or Other Source
		4. Date of Receipt of the Drug or Device
		5. Quantity Received
		6. Expiration Date
		7. Control or Lot Number
		8. Protocol Number
		9. Date Protocol Approved
		10. Name of Authorized Practitioner Signing the Prescription
		11. Name of the Patient Receiving the Prescription
		12. Serial Number of the Prescription
		11. Quantity Dispensed
		12. Balance Remaining after the Transaction
		13. Recorder's Initials
YES	NO	FOR EACH RESEARCH SUBJECT, THE PRINCIPAL INVESTIGATOR MAINTAINS THE FOLLOWING INFORMATION IN THE INVESTIGATIONAL DRUG/DEVICE LOG:
		1. Name of the Patient Receiving the Prescription
		2. Serial Number of the Prescription
		3. Quantity Dispensed
		4. Balance Remaining after the Transaction
YES	NO	DOES THE PRINCIPAL INVESTIGATOR ENSURE THAT INVESTIGATIONAL DRUGS OR DEVICES ARE <u>NOT DISPENSED</u> WITHOUT THE FOLLOWING SCANNED INTO THE PATIENT'S ELECTRONIC MEDICAL RECORD:
		1. Signed Informed Consent Form
		2. VA Form 10-9012 (Investigational Drug Information Record)
YES	NO	IS THE PRINCIPAL INVESTIGATOR COMPLYING WITH THE POLICIES AND PROCEDURES REGARDING THE USE OF INVESTIGATIONAL DRUGS OR DEVICES IN THE FOLLOWING AREAS:
		1. Receipt
		2. Storage
		3. Security
		4. Dispensing
		5. Disposition

SIGNATURE OF RESEARCH PHARMACIST \_\_\_\_\_

SIGNATURE OF PRINCIPAL INVESTIGATOR \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_