

## VA Long Beach Healthcare System

### Policy on the Use of Investigational Drugs

#### RESEARCH AND INVESTIGATIONAL DRUGS

##### 1. PURPOSE

To outline policies and procedures for a mechanism which assures that adequate safeguards are in place to protect the patients, the staff, the facility, and the quality of the study when participating in investigational and/or clinical medication studies.

##### 2. POLICY

a. All investigational drug studies must be carried out by the properly qualified investigators under protocols approved by the Research and Development Committee consistent with applicable laws, regulations, and Department of Veterans Affairs policy. FDA regulations address the treatment use of an investigational drug (not approved for marketing, but under clinical investigation for serious or immediately life-threatening disease condition) in patients for whom no comparable or satisfactory alternative drug or other therapy is available. Use of the investigational drug for this purpose must meet all applicable FDA requirements.

b. Patients must be given complete information about the study objectives, risks, and benefits, and must give written, informed consent to participation in the study.

c. Investigational drugs will be stored in the locked investigational drug room and dispensed only on a prescription signed by an authorized investigator.

##### 3. DEFINITIONS

a. IND (Investigational drug) is a medication for which a new drug application has been filed with the FDA (Food and Drug Administration). An investigational drug may be a new chemical compound that has not been released by the FDA for general use. Or, it may be an approved drug that may be used for an unapproved or approved use in a controlled, randomized, or blended clinical trial. Investigational drugs usually are not available through commercial channels.

b. An investigational drug for clinical research use is one for which the principal investigator or sponsor has filed an IND application.

c. PI (principal investigator) is the individual who is accountable for the proposal, performance, and culmination of a research or development project.

d. Cooperative study is a project or program of research at two or more health care facilities using a common protocol so that data obtained at all participating facilities can be treated as though from a single source.

e. Humanitarian Use is the use of an investigational drug:

(1) In an emergency or life threatening situation; or

(2) Where all standard and innovative treatment alternatives have been exhausted and the only remaining alternative is the use of an investigational drug; or

(3) Where the patients already on an investigational drug protocol at one facility is admitted to another facility and must be controlled on the medication. (Humanitarian use is usually a one-time/one patient use).

f. Treatment IND Use is an investigational drug where FDA has granted approval for a drug to be used by a qualified investigator in patients with a serious or life-threatening illness. There is a nationally approved treatment protocol for which the patient must be eligible and have a specific treatment plan. This should not be confused with the Humanitarian Use Program. The sponsor may charge for these investigational drugs and therefore local policies regarding these drugs must be established.

#### 4. PROCEDURES

a. The principal investigator will obtain a packet from the Research and Development office that the researcher must complete and submit to the R&D Committee. Included in this packet will be the Pharmacy Service Impact Estimation Worksheet (attachment III) that helps calculate pharmacy charges for the study. The Research Pharmacist on a monthly basis will submit a statement of the charges (attachment IV) to the principal investigator.

b. A copy of the agenda for the upcoming monthly Research and Development (R&D) Committee meeting is sent to Pharmacy Service and reviewed by the Investigational Drug Pharmacist. After the meeting a memorandum is sent to the principal investigator of each new study explaining his/her responsibilities. (See Appendix I).

c. Prior to the use of any investigational drug, a protocol approved by the R&D Committee will be forwarded to Pharmacy Service. Upon receipt of investigational drug protocol from the principal investigator, the pharmacist will set up an Investigational Drug folder. The folder will be labeled with the name of the study and the principal investigator along with location for storage of the drug. Each folder will contain:

(1) A copy of the study protocol

(2) Investigational Drug Dispensing Record

- (3) Investigational Drug Information Record, (VA Form 10-9012).
- (4) A copy of each signed patient consent form, (VA Form 10-1086).
- (5) Receipts for medication from the manufacturer
- (6) A general information section
- (7) Dispensing instructions
- (8) The location for storage of the drug will be indicated on the front of the folder.

d. Upon receiving the drug from the supplier the pharmacist will verify the contents of the package with the invoice. A copy of the invoice will be placed in the investigational drug folder; the original will be mailed to the supplier, unless otherwise specified by the company. The pharmacist will indicate the invoice date, quantity received and the current balance on the Investigational Drug Dispensing Form (See Appendix II).

e. Processing prescriptions for investigational drugs

(1) Investigational drugs must be dispensed only on a prescription or entered in the Computerized Patient Record System through Physician Order Entry (CPRS/POE) by the authorized investigator. The prescription or order must be dated, signed, and bear the patient's name or subject's name, identification #, actual quantities prescribed, and complete directions for use. The pharmacist will verify the order if entered through CPRS/POE.

(2) Verify that the Informed Consent Form (VA Form 10-1086) has been signed in accordance with procedure. The principal investigator must send Pharmacy Service a copy of this form for each patient enrolled in a study.

(3) Enter prescription in the computer according to the sample label found in the investigational drug Roladex. Initial and date the back of the prescription.

(4) Obtain the investigational drug folder from the investigational drug room. File the patient consent form.

(5) \*Affix a "NOT FOR GENERAL USE" sticker to the vial or package.

(6) Complete the Investigational Drug Dispensing Form (See Appendix II) indicating the following:

- (a) Patient's name and study number
- (b) Date

- (c) Prescription number
- (d) Quantity dispensed
- (e) Manufacturers lot number
- (f) Expiration date
- (g) Prescribing physicians name
- (h) Balance of medication on hand
- (I) Pharmacist's initials
- (j) Dispensing of the Investigational Drug Information Record (for 1st time visit only)
- (k) Receipt of the signed consent form or forms (for 1st time visit only)
- (l) Receipt of returned medication, when applicable

(8) A copy of the Investigational Drug Information Record will be given to the nurse or physician picking up the prescription for inclusion in the individual patient chart each time a new patient is entered in a study. The Investigational Drug Information Record should have the patient's name and social security number.

(9) File the prescription at the end of each day by the appropriate protocol name in the separate file for investigational drug prescriptions.

f. If during the course of the study more drugs are needed than originally supplied, the principal investigator will be notified. A dated record of the strength and amount of drug ordered will be kept in the investigational drug folder.

g. The responsible investigator must inform the Pharmacy Service and the Research and Development Committee when a study involving investigational drugs is terminated. The investigator will direct, in writing, the disposition of any remaining drugs.

h. Upon termination all records for the study will be packaged, dated, and filed by title of the study. All records will be destroyed when notified by the Sponsor Company.

I. The Pharmacy Performance Improvement Program will monitor compliance on a monthly basis. The monitoring process will include the following indicators: (1) Date protocol approved, (2) receipt, (3) storage, (4) security, (5) dispensing, (6) disposition of unused stock, (7) Investigational Drug Information Record (VAF 10-9012) is complete.

## 5. RESPONSIBILITIES

a. Executive Management

- (1) The Medical Center Director (Institutional Official, IO) has the ultimate responsibility for the safety and protection of human subjects participating in research that involves the use of investigational drugs.
- (2) The IO reviews compliance reports prepared by the RCO.
- (3) The IO review compliance reports prepared by the Performance Improvement Committee
- (4) The ACOS/R&D oversees the day-to-day operations of the Research Health Care Group (HCG) overseeing such research.
- (5) Chief, Support Services HCG oversees the Research Pharmacy

b. The Research and Development (R&D) Committee

- (1) Review and approve all research involving investigational drugs for scientific merit, budgetary concerns, resource requirements, relationship to the mission of the VALBHS, conflict of interest, and protection of human subjects.
- (2) Review minutes of IRB deliberations related to initial and continuing review.
- (3) Review reports from the IRB regarding noncompliance.

c. The Institutional Review Board (IRB)

- (1) Conduct the initial and ongoing review of the risk/benefit ratio and approval of use of investigational drugs with human subjects in accordance with all VA, Federal, State, and local requirements and their SOP Manual.
- (2) Perform investigations of noncompliance

d. The Research Office

- (1) Inform the Pharmacy Service that IRB and R&D Committee approval has been given. Provide copies of VA form 10-1223, Report of Subcommittee on Human Subjects, and VA form 10-9012, Investigational Drug Information Record.
- (2) Inform the Pharmacy Service of any change in the approval status of the research project.

e. The Principal Investigator (PI)

- (1) The PI is responsible for:
  - Establishing the research protocol for approval by the Research and Development Committee and sharing the investigational drug related information with the Investigational Pharmacist and the nurse who will administer the drug to the patient.
  - Ensuring that an investigation is conducted according to the signed investigator statement, the investigational plan, and applicable regulations. These include the additional responsibilities as described in the Institutional Review Board SOP.
  - Protecting the rights, safety, and welfare of participants under the

investigator's care.

- The control of drugs under investigation.
- (2) The PI shall administer the drug only to participants under the PI's personal supervision or under the supervision of a co-investigator responsible to the PI.
  - (3) The PI shall not supply the investigational drug to any person not authorized to receive it.
  
  - (4) The PI is required to maintain adequate records of the disposition of the drug, including dates, quantity, and use by participants.
  - (5) If the investigation is terminated, suspended, or completed, the PI shall return the unused supplies of the drug to the Research Pharmacy.

f. The Investigational Drug Pharmacist is responsible for:

(1) The storage and dispensing of drugs in clinical stages of evaluation which have been approved by the Medical Center Research and Development Committee or VA Central Office.

(2) Preparing and making available to nursing area summaries of basic information regarding investigational drugs when requested.

(3) Submitting a memorandum to the Chief, Pharmacy Service prior to the monthly Pharmacy and Therapeutics Committee Meeting describing those studies or compassionate need protocols that were initiated or terminated during the previous month.

(4) Maintaining a current list of active investigational drug studies.

(5) Report to the Pharmacy/SPD Program Manager:

- a. The number of investigational drug prescriptions filled - monthly
- b. The number of current investigational drug protocols - quarterly

(6) Attending Research and Development Committee meetings.

(7) Receiving, reading and filing minutes of Research and Development Committee, being aware of investigators beginning new studies and to be certain pharmacy obtains a copy of all new protocols and the supply of medication from the investigator.

(8) Receiving medication and investigational protocols from the principal investigator, for arranging storage of investigational drugs in the investigational drug room, for establishing investigational drug folders for each study, (Include Investigational Drug Record Form), and for maintaining a separate file for investigational drug prescriptions.

(9) Obtaining a signed patient consent form for each patient placed on a study

and to file the consent in the investigational drug folder.

(10) Dispensing investigational medication according to established Policy and Procedure. Sending a copy of the Investigational Drug Information Record Form when dispensing the first supply of medication for each patient. (Form to be placed in patient's chart by physician or nursing staff)

(11) Monitoring the quantity of supplies on hand and informing the investigator when additional medication needs to be ordered.

(12) When study is terminated, contacting principal investigator to arrange for disposition of remaining medication (for example: returning unused medication to the sponsor).

g. The Chair of the Performance Improvement Committee or designee is responsible for monitoring compliance of the Research Pharmacy on a monthly basis.

## 6. REFERENCES

21 CFR 312.59-62, 21 CFR 312.64, 21 CFR 312.66, 21 CFR 312.68-69  
21 CFR 812.2(b)(1)(ii), 21 CFR 812.3(m), 21 CFR 812.66, 21 CFR 812.100  
21 CFR 812.110, 21 CFR 812.140, 21 CFR 812.145, 21 CFR 812.150

VHA Handbook 1220.5

VHA Handbook 1108.4

OHRP Compliance Activities: Common Findings and Guidance #75

Department of Veterans Affairs, Records Control Schedule 10-1

## 7. RESCISSION

None

## 8. REVIEW

Review and reissue every 3 years

## 9. FOLLOW UP RESPONSIBILITY

ACOS /R&D

Ronald B. Norby

Director, VA Long Beach Healthcare System