# Standard Operating Procedures for Investigational Product Distributing, Dispensing, and Accountability

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# Standard Operating Procedures for Investigational Product Distributing, Dispensing, and Accountability

## PURPOSE

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| The purpose of this standard operating procedure (SOP) is to ensure appropriate distribution, dispensing, and accountability of the Investigational Products (IPs) in the endTB Clinical Trials. |

## SCOPE

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| This SOP details how to distribute, dispense, and account for the IPs at all site levels involved in the endTB Clinical Trials.  The procedures described in this SOP are valid for both endTB and endTB-Q trials. However, trial specific forms and logs (see appendices listed in section 8) have to be completed separately for each trial. |

## RESPONSIBLE FUNCTIONS

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| **Function** | **Activities** |
| **Site Principal Investigator** | * Accountable for the overall IP Management at the Site |
| **Delegated Site Pharmacist in charge of institution pharmacy(ies), Central Medical Store (CMS) and dispensary pharmacy** | * Ensure proper distribution, dispensing and accountability of IPs |
| **Delegated Responsible nurses or study personnel in the ward and/or the Directly Observed Treatment (DOT) corners** | * Ensure proper distribution of IPs |

## DEFINITIONS and ABBREVIATIONS

*See endTB Pharmacy Manual, paragraph 1 definitions and abbreviations.*

## PROCEDURE

### Distributing IPs

Distribution refers to supplying IPs from:

* the CMS to the dispensary pharmacy (if existing) and, subsequently, dispensed IP kits are distributed from the dispensary pharmacy to storage and distribution areas or directly to the patients,
* or from the CMS to the institution pharmacy(ies) and, subsequently, from the institution pharmacy(ies) to designated wards and DOT corners.

All Site Staff members involved in study drug management at all levels must be appropriately delegated on the “endTB Site Delegation and Signature Log”.

**Delegated Site Pharmacist** must ensure that the storage conditions at the CMS, dispensary pharmacy and at the institution pharmacy(ies) fulfill the storage requirements detailed in SOP IP-001-CT IP Storage. The supply of IPs from the CMS to the dispensary pharmacy or to the institution pharmacy(ies) should be done on a monthly basis; the actual frequency could be adapted as per country needs. During transport of drugs between the different pharmacies, the temperature should be maintained within acceptable limits and monitored. In case of excursion temperature refer to SOP IP-001-CT IP Storage.

Proper IPs storage conditions cannot always be guaranteed once the supplies are transported out of the dispensary pharmacy or out of the institution pharmacies and delivered to designated, peripheral distribution/dispensing locations. As a result, **delegated Site Pharmacist** must ensure that the quantity stored at the peripheral distribution/dispensing locations, such as the Out Patient Department drug distribution point(s), wards and DOT corners, is kept at a minimal level and must not exceed 1 month of consumption needs. If kept more than one month at peripheral dispensing locations, IPs must be returned to the CMS as per SOP IP-005-CT IP Return and discarded as per SOP IP-006-CT IP Destruction. The stock of ancillary drugs must not exceed 6 months outside of temperature and humidity-controlled storage.

#### From CMS to Institution pharmacy

**Delegated Site Pharmacist in charge of institution pharmacy** should send a requisition order to the responsible study personnel at the CMS by using the form “IP request and supply Form” (see Appendix A1).

**Delegated Site Pharmacist in charge of the CMS** must review the accuracy of each requisition order, make changes if appropriate and use the same order form to record the quantities of study drugs delivered to the ordering institution pharmacy.

The CMS should supply only full packages of study drugs to the institution pharmacy(ies). The CMS is not authorized to distribute open boxes of IPs.

**Delegated Site Pharmacist in charge of the CMS** must deliver the drugs supply to the institution pharmacy and verify the quantity of supplied study drugs against the quantity ordered on the Request and Supply Form with the site personnel in the institution pharmacy. In case of discrepancies, the Request and Supply Form must be corrected on-site with the responsible personnel’s initials and date (as detailed in SOP SM-002-CT Source Documentation).

The original request and Supply Form should be taken back to the CMS for filing, and a copy should be retained at the institution pharmacy.

As the Request and Supply Form is taken back to the CMS, the distribution of study drugs is considered completed. **Delegated Site Pharmacist in charge of the CMS** **and** **institution pharmacy** should document the IP supply as below:

* **Responsible CMS personnel** should record the quantities distributed in the “OUT” column on the “Drug Global Accountability Log” of the CMS.
* **Responsible institution pharmacy personnel** should record the quantities received in the “IN” column on the “Drug Global Accountability Log” of the institution pharmacy.
* **Central and institution pharmacies** should maintain their separate “Drug global Accountability Logs” in their own Pharmacy Site Files.

#### From Institution Pharmacy to Wards and DOT Corners

**Delegated Responsible nurses or study personnel in the ward and/or the DOT corners** atthe designated wards and/or DOT corners must use the Request and Supply Form to order drugs from the supervising institution pharmacy. **Delegated Site Pharmacist in charge of institution pharmacy** will review the accuracy of the order, prepare the supply, fill the form with quantity supplied, batch number and expiry date, and deliver the supply to the wards/DOT corners. Upon delivery, the **delegated Site Pharmacist in charge of institution pharmacy** and **the responsible nurses or study personnel in the ward and/or the DOT corners** should verify the quantity of supplied study drugs against the quantity ordered on the Request and Supply Form. A copy of the Request and Supply Form should be retained at the wards/DOT corners.

In some cases, **responsible nurses or study personnel in the ward and/or the DOT corners** can collect medicines directly form the institution pharmacy. **Responsible nurses or study personnel in the ward and/or the DOT corners** should verify the quantity of supplied study drugs against the quantity ordered on the Request and Supply Form. A copy of the Request and Supply Form should be retained at the wards/DOT corners.

**Delegated Site Pharmacist in charge of institution pharmacy** should keep the original Request and Supply Form at the institution pharmacy, record the quantity supplied in the “OUT” column on the “Drug Global Accountability Log” of the institution pharmacy (see 5.4.1.) and file all documents in the Pharmacy Site Files.

#### From CMS to dispensary pharmacy

In case there is no institution pharmacy and as the CMS should supply only full packages of study drugs, the CMS will distribute full and sealed boxes to a dispensary pharmacy where IP boxes can be opened for further dispensing through preparation of Blister Pack or kits. At the endTB sites where there is a dispensary pharmacy, the latter is always located in the same room than the CMS and managed by the same delegated pharmacy staff. Therefore, movement of stock are simply recorded in the Drug Global Accountability log (of the CMS) and dispensation log (of the dispensary pharmacy). There is no need to complete a supply and request form.

#### Distribution of IPs from one site to the other

When movement between two sites is authorized and required, an IP Request and Supply Form (Appendix A1) must be completed by the IPs ordering site and sent to the IPs sending site.

**Delegated study pharmacy personnel in charge of the CMS of the IPs sending site** will pack the quantities in isothermal boxes with log tag or data logger to monitor temperature. Transport of the IPs will be organized in a temperature-maintained vehicle. This movement will be recorded in the Drug Global Accountability log of the CMS as reported below.

**Delegated study pharmacy personnel in charge of the CMS of the receiving site** must verify the quantity of supplied study drugs against the quantity ordered on the IP Request and Supply Form. In case of discrepancies, the IP Request and Supply Form must be corrected on-site with the responsible personnel’s initials and date (as detailed in SOP SM-002-CT Source Documentation)and the sending facility should be informed of any changes.The delegated study personnel of the pharmacy will also check the temperature records and in case of excursion will manage as per SOP IP-001-CT IP Storage. This movement will be recorded in the Drug Global Accountability log of the CMS as reported below.

The original IP request and Supply form will be kept in the ISF of the CMS of the ordering site and a copy in the ISF of the CMS of the IP sending site

Delegated study pharmacy personnel in charge of the CMS should document the IP supply as below:

* Responsible CMS personnel of the IPs sending site should record the quantities distributed in the “OUT” column on the “Drug Global Accountability Log” (appendix A2) of the CMS of the IPs sending site.
* Responsible CMS personnel of the IPs ordering site should record the quantities received in the “IN” column on the “Drug Global Accountability Log” of the CMS of the IPs ordering site.
* CMS should maintain their separate “Drug global Accountability Logs” in their own Pharmacy Site Files.

### Prescribing IPs to Participants

**Delegated clinical staff** involved in endTB Clinical Trials should use the existing prescribing form(s) provided by local national program and/or institution for IP prescription or the endTB IP prescription form.

### Dispensing IPs to Participants

Dispensing refers to delivering study drugs to the participants for administration (DOT) either in a ward or at a DOT corner (with exception of sites where the drugs are dispensed in Blister Pack or IP Kits and then distributed to patients and administered at patient’s home).

In the wards or at the DOT corners**, responsible nurses or study personnel in the ward and/or the DOT corners** should dispense the study drugs to the participants. The **responsible nurses or study personnel** should use the existing treatment documentation accepted by local authorities to track IPs taken by each participant. Such treatment documentation includes nationally approved treatment card(s) and/or treatment log(s). The **responsible nurses or study personnel** must ensure the batch number and expiry dates of the dispensed IPs are documented on the treatment documentation.

**Responsible nurses or study personnel in the ward and/or the DOT corners** should consolidate all IP dispensing records each day and complete the IP Dispensation Log accordingly (see 5.4.2).

### IPs Accountability

Each unit (tablet, pill, vial) of the IPs must be tracked from its reception at the CMS of the pharmacy to the dispensing to patients including return of the empty or non-empty container.

#### Drug Global Accountability Log

The Drug Global Accountability Log will be maintained at both CMS and institution pharmacies to track the movements of study drugs (IN and OUT) at both levels. One Drug Global Accountability Log must be maintained for each type of IP. A unique type of IP is defined by its designation, dosage, form, batch and expiry date (i.e. two different batches will be associated to two separate logs). Although the same log template will be utilized, CMS and institution pharmacies will maintain their accountability records independently. For instance, there will be one Drug Global Accountability Log filled out by the CMS, and one other Drug Global Accountability Log filled out by the institution pharmacy. The data recorded on these 2 logs must match (see below).

The Drug Global Accountability Log must match with:

* At CMS:
  + **Total IP quantity recorded in the “IN” column of the Global Accountability Log**

= Total IP quantity indicated on the packing list received from MSF Logistique.

* + **Total IP quantity recorded in the “OUT” column of the Global Accountability Log**

= Total quantity of distributed IPs to institution pharmacy(ies).

as recorded on the Request and Supply Form,

as recorded on the “IN” column of the Global Accountability Log at the institution pharmacy

+ Total quantity of expired or damaged IP at CMS

* At institution pharmacy:
  + for IN: the quantities supplied to the institution pharmacy from the CMS as recorded on the Request and Supply Form issued by the institution pharmacy.
  + for OUT: the quantities supplied to the ward/DOT corner recorded on the Request and Supply Form issued by the ward/DOT corner + Total quantity of expired or damaged IP at the institution pharmacy.

#### IP Dispensation LOG

See Appendix A3.

Each unit of the IPs dispensed to a patient must be precisely tracked. The IP Dispensation Log should be used for this purpose; one IP Dispensation Log should be maintained for each unique type of IP (i.e. two different batches will be associated to two separate logs). The IP Dispensation Log will be used in the designated wards and/or DOT corners or in the dispensary pharmacy (if existing) where IPs are dispensed to participants.

**Delegated Responsible nurses or study personnel in the ward and/or the DOT corners** and **delegate Site Pharmacist at the dispensary pharmacy (when existing)** should ensure that data captured on the IP Dispensation Log match with the records of participants’ treatment documentation (units dispensed to participants). In case drugs are damaged or expired at the ward and/or the DOT corners or at the dispensary pharmacy, the quantities will be recorded in the *unusable* column of the form. Returns from patients will never be recorded in the dispensation log.

**Responsible nurses or study personnel in the ward and/or the DOT corners** should consolidate all IP dispensing records each day and complete the IP Dispensation Log accordingly

### Physical Inventory of IPs

Whenever a Request and Supply Form is completed, a physical inventory must be done to complete the column “stock on hand”.

For CMS, dispensary pharmacy (when existing) and institution pharmacies, it is mandatory for **delegated Site Pharmacist** to do a physical stock inventory every month. **Delegated Site Pharmacist at designated pharmacies** must enter the inventory record on the Drug Global Accountability Log (for CMS and institution pharmacies) and on the dispensation log (for dispensary pharmacy if existing) and compare the physical quantity against the theoretical quantity. In case of discrepancy, the **delegated Site Pharmacist** must verify all existing IP documents, including shipment packing list, Request and Supply Forms to detect documentation error(s) for correction. To record the physical inventory on the “Drug Global Accountability LOG” or “dispensation log”, **delegated Site Pharmacist** should use a new line/row whenever a new entry is to be made.

## REFERENCES

None

## SUPPORTING DOCUMENTS

* endTB Pharmacy Manual (endTB Site Study Documents)
* endTB Site Delegation and Signature Log (endTB Site Study Documents)
* SOP IP-001-CT IP Storage (endTB Site Study Documents)
* SOP IP-005-CT IP Return (endTB Site Study Documents)
* SOP IP-006-CT IP Destruction (endTB Site Study Documents)
* SOP SM-002-CT Source Documentation (endTB Site Study Documents)

## APPENDIX

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| **Number** | **Title** |
| endTB A1  endTB-Q A1 | IP-004-CT\_endTB A1- IP Request and Supply form  IP-004-CT\_endTB-Q A1- IP Request and Supply form |
| endTB A2  endTB-Q A2 | IP-004-CT\_endTB A2- Drug Global Accountability LOG (bin card)  IP-004-CT\_endTB-Q A2- Drug Global Accountability LOG (bin card) |
| endTB A3  endTB-Q A3 | IP-004-CT\_endTB A3- IP Dispensation LOG  IP-004-CT\_endTB-Q A3 IP- Dispensation LOG |