Introduction to the Investigational Pharmacy (IDS)

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Learning Objectives

At the end of the presentation, attendees should:

- Understand the role, organizational structure and functions of the Investigational Drug Service (IDS)
- Familiar with the IDS process for implementing and closing an interventional clinical research drug
- Understand the Emergency Investigational New Drug (E-IND) process

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Investigational Drug Service (IDS)

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Role of IDS in Clinical Research

- Support - investigational drug management component of interventional clinical research drug studies (i.e. surrogate for the Principal Investigator e.g. drug ordering; storage; preparation; dispensing; destruction/return; documentation)
- Consultation – pharmacy practice (e.g. controlled investigational drugs; live virus)
- Educate/Train - pharmacy personnel regarding IDS supported investigational drug studies
- Audit – e.g. investigational drug management process of studies not directly supported by IDS (e.g. ROCs; CRC; Principal Investigator offices); role as a central coordinating pharmacy.

Where is IDS Located?

- Research floor 3.5 in the main hospital building.
- Contact

Henry Choi, PharmD
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202-476-2088 (Main)
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Communication Phases

When do I communicate with IDS?

- Phase I: Pre-IRB
- Phase II: Protocol Activation
- Phase III: Active Study Period
- Phase IV: Closure

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Communication Phases

Phase I: PRE-IRB

- Purpose

FEASIBILITY, LOGISTICS, BUDGET

- Timing
  - Must occur before IDS will sign off on IRB submission
  - Protocol or proposal development stage for investigator-initiated studies and some multi-site subcontract studies
  - As soon as protocol and draft clinical trial agreement or subcontract agreement are received for industry-sponsored studies and most other multi-site studies
- Procedure
  - In-person meeting in most circumstances
  - More than one meeting can occur if necessary for complex protocols
  - Submit IDS cost estimate request

Pre-IRB Example (complex study)

- Investigator has written a protocol in hopes of receiving a grant for a multi-site study, with Children's National (including pharmacy) coordinating the study
- Multiple pre-IRB meetings occur to:
  - Gain pharmacist insight into drug preparation, dispensing and administration, so protocol can be revised as needed
  - Determine pharmacy costs to include in grant proposal
  - Identify any potential logistical hurdles early in the process
  - Ensure IDS has the resources to perform the study (appropriate facilities, staff, etc.)

Communication Phases

Phase II: Protocol Activation

- Purpose

LOGISTICS, DOCUMENTATION, PREPARTION

- Timing
  - After IRB approval and before first subject is enrolled
- Procedure
  - In-person meeting (preferred) with PI and coordinator (other study team member participation optional)
  - Review start-up checklist
  - Ensure IDS has all necessary/updated documents
  - Discuss study procedures that relate to pharmacy

Protocol Activation Checklist

- ❑ Final Study Protocol (and Pharmacy Manual, if applicable)
- ❑ Investigator's Brochure
- ❑ IRB approval letter
- ❑ Approved consent form
- ❑ Study team names (delegation log)
- ❑ Authorized prescribers/1572
- ❑ Enrollment expectations
- ❑ Drug storage conditions

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Protocol Activation Checklist

- ❑ Study complexity
- ❑ Notification time for subject dosing visits (24-48hrs)
- ❑ Notification for monitoring visits
- ❑ IDS operational procedures for notification and drug order
- ❑ Investigational pharmacist responsibilities
- ❑ Tracking of investigational supplies
- ❑ Approved Budget
- ❑ Expectations (off-hour coverage, etc.)

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Communication Phases

Phase III: Active Study Period

- Purpose

STUDY VISITS, UPDATES, DOCUMENTATION, QUALITY ASSURANCE and IMPROVEMENT

- Timing
  - As needed from first enrollment to last study visit
- Procedure
  - Notice of participant visits provided to IDS staff in a timely manner (as soon as possible, based on study logistics)
  - Notice of monitoring and auditor visits provided to IDS
  - Protocol amendments and other info communicated to IDS staff
  - Updated documentation provided in a timely manner
  - Invoices provided by IDS and reviewed by study team

Communication Phases

Phase IV: Closure

- Purpose

RECONCILIATION, DRUG RETURN, DESTRUCTION, DOCUMENTATION

- Timing
  - After last patient completes or sponsor-determined close-out
- Procedure
  - In-person or telephone discussion to verify all study closure procedures occur per protocol (written notification/instruction for drug return/destruction)
  - Drug returned and/or destroyed per protocol/sponsor instruction
  - Reconciliation of all accountability logs and regulatory documents
  - Any remaining financial issues resolved

Case Study: Emergency IND

- Emergency use is defined as the use of an investigational drug or biological product with a human subject in a life-threatening situation in which no standard acceptable treatment is available and in which there is not sufficient time to obtain IRB approval [21 CFR 56.102(d)]
- While emergency IND (investigational new drug) use is infrequent, following the correct process when the situation occurs is essential for patient safety and regulatory compliance.

Case Study: Emergency IND

- Jane is in the ICU. Her attending physician, ICU physician, and a consulting physician from another department have decided that Lifesavazin would be an ideal treatment, but there is not a current protocol using the drug. Jane will be transferred from the ICU to the inpatient floor within the next 12 hours.

What do you do?

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Case Study: Emergency IND

Mission: The group will be divided into the roles below. The goal is to ensure that Jane receives Lifesavazin as soon as possible, because her life is threatened if she doesn't receive this treatment. Time is of the essence. Teams may consult each other if they wish, but they must figure out the process for ensuring Jane receives the treatment. If a team identifies an outside person or entity that they wish to contact, the presenters will assume that role.

Guidance Documents

- IRB Procedure HRPP:05.13P
- IRB publication entitled "Emergency Use of a Test Article" dated February, 2011
- CHPCM:11 "Investigational Drugs Policy and Procedure"

TEAM ATTENDING
TEAM ICU
TEAM CONSULT

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Case Study: Emergency IND

You have 10 minutes.

What do you do?

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Case Study: Emergency IND

DEBRIEF

E-IND Treating Physician Checklist

- Contact Office for the Protection of Human Subjects or IRB Chair immediately, if possible, to verify that criteria for an emergency use exception are met and receive guidance on writing the consent form. If time permits, investigator will be asked to provide written documentation to IRB in advance of emergency use. If the event occurs on a weekend or evening or time is short, investigator may administer the drug, but must notify IRB immediately following the start of regular business hours.
- Emergency use of a test article must be reported to the Institutional Review Board within five (5) working days (21 CFR 56.104(c)).

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E-IND Treating Physician Checklist

- Contact drug manufacturer to determine if the drug or biologic can be made available for emergency use.
- Contact pharmacy to let them know EIND process is being initiated.
- Call FDA to get the EIND:
  - (301) 796-1800 (biological products, regular hours)
  - (301) 796-3400 (other drugs, regular hours)
  - (301) 796-8240 (after hours)
  - 1-866-300-4374 (after hours)

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E-IND Treating Physician Checklist

- Complete the following forms:
  - EIND Application Information Request Form
  - Form FDA 1571
  - Form FDA 1572
- Fax completed paperwork and CV of the primary investigator to FDA and call to let them know it was sent.
- Once FDA approves, they will contact investigator with an EIND number.
- Contact drug manufacturer to order drug and send necessary paperwork.

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E-IND Treating Physician Checklist

- Ensure documented informed consent requirements are met. All references to “research” must be removed from the consent form. (See IRB Policy and Procedure)
- Complete and submit manufacturer’s documents e.g.
  - -Drug Request Form
  - -Nondisclosure Agreement
  - -Indemnification Agreement
- Write paper prescription and fax to pharmacy

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E-IND Treating Physician Checklist

- Mail original forms (paperwork that was previously faxed) and two copies to FDA.
- Submit safety reports to IRB, FDA and manufacturer, if applicable.
- Provide required documents to IRB within 5 working days of emergency treatment. Provide follow-up memo within 2 weeks of emergency treatment.
- Send paperwork to FDA to close out EIND once treatment ends.

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E-IND Treating Physician Checklist

- FDA instructions available at: http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/InvestigationalNewDrugINDApplication/ucm090039.htm

  and

  http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/InvestigationalNewDrugINDApplication/ucm107434.htm
- IRB Emergency Use Exemptions from Prospective IRB Approval Policy and Procedure:
  - http://intranet.cnmc.org/policies-procedures/Documents/RA_HRPP_05-13.pdf
  - http://intranet.cnmc.org/policies-procedures/Documents/RA_HRPP_05_13P.pdf

REVIEW

- IDS – Floor 3.5, x2088, Henry Choi
- Communication Phases
  - Pre-IRB
  - Protocol Activation
  - Active Study Period
  - Closure
- Emergency IND

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THANK YOU!

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