Enhancing Drug Accountability and Medication Safety for Research Subjects

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MEDICINE of THE HIGHEST ORDER



Objectives

- 1. Overview of IDS operations
- 2. Enhancing medication safety
- 3. IDS budget considerations
- 4. ClickIRB and OnCore submissions
- 5. FDA inspection readiness



Oversight and Structure

Oncology

Non-Oncology

4 PharmD

2 RPhT

3 PharmD 3 RPhT

~200 active protocols

~100 active protocols



What is an Investigational Drug Service?

The IDS is charged with ensuring that the handling, storage, labeling, distribution, and inventory maintenance of investigational products are in compliance with Good Clinical Practices (GCP), Federal and State regulations, The Joint Commission (TJC) Standards, as well as per the recommendations of the American Society of Health-System Pharmacists (ASHP) and the Hematology Oncology Pharmacy Association (HOPA).



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Drug "Lifecycle"







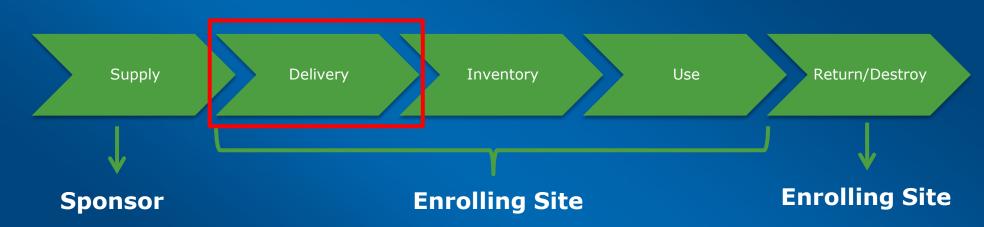
Vestigo Accountability System

- Vestigo is considered the IDS's sole source of documentation for investigational drug accountability
 - Receipt, Dispensing, & Returns/Destruction
 - Quality Assurance routine monitoring and audit
 - Document management
 - Study specific (i.e. pt. forms, IRT assignment emails, shipment invoices)
 - Site level (i.e. master temperature logs, SOPs, training)
- Billing operations





Drug "Lifecycle"



Shipment QA/QC

	□ ID	Drug		Lot No.	Item No.	Expire Date	Txn Qty.	Availab	le QOH Uni	t Locatio	n D	ate/Time	Txn Type	
	□ 809	41 PLACEBO	cards	D485441	1483257	29 Feb 2024	1.000	1	VIA	L NonOn	Cabinets 08	3 Dec 2022 13:15	RECEIVE	
Vesti	go	Quality	Chec	k Stat	us Rep	ort								
saction ID	Drug Description	Location Description	Lot Number	Item Numbe	Supplier	Transaction Quantity	QOH	Unit	Protocol Number	Transaction Type	Transaction Date/	Time Transaction User	Review Status Review L	ser Review Date/Time
	R07046015, 500mg/2.78ml vial	NonOnc Fridge #2	1175719		Roche	4	2 4	2 VIAL	BP39529 R07046015 (PRX002) P614	RECEIVE	30 Nov 2022 14:06:	55	Confirmed	01 Dec 202 13:56:36
80406	Moderna Bivalent COVID 19 Vaccine	NonOnc - 20 Freezer	019H22A		EMINENT Services Corporation		1 2.	5 ML	DAIT ACV01 Covid-19 P740	RECEIVE	30 Nov 2022 14:02:	57	Rejected	01 Dec 20: 14:15:42
	Pfizer-BioNTech Bivalent COVID-19 Vaccine GRAY CAP	NonOnc UL Freezer	GJ6738		EMINENT Services Corporation		1 1.	8 ML	DAIT ACV01 Covid-19 P740	RECEIVE	30 Nov 2022 14:02:	58	Rejected	01 Dec 20. 14:15:42
80481	400mg packet	NonOnc Fridge #2	CKKMV		AMO Pharma Limited		6	8 KIT	AMO-02-MD-2- 004 Tideglusib P812	RECEIVE	01 Dec 2022 14:35:	10	Confirmed	01 Dec 20: 15:23:54
80482	600mg packet	NonOnc Fridge #2	CKKMW		AMO Pharma Limited		6	8 KIT	AMO-02-MD-2- 004 Tideglusib P812	RECEIVE	01 Dec 2022 14:35:	10	Confirmed	01 Dec 20 15:23:54
	Staccato Alprazolam 2mg Inhaler	NonOnc Safe	341229	100225	UCB Biopharma SRL	-	1	1 INHALER	EP0165 P842	RECEIVE	30 Nov 2022 15:23:	53	Confirmed	01 Dec 20 15:28:28
	TRAINER Staccato Alprazolam Placebo	NonOnc Safe	335948	314092	UCB Biopharma SRL		1	1 INHALER	EP0165 P842	RECEIVE	30 Nov 2022 15:27:	01	Confirmed	01 Dec 20 15:28:28
80476	MTAU9937A open label	NonOnc Fridge #3	1170634		Genentech		5	5 VIAL	GN40040 Lauriet	RECEIVE	01 Dec 2022 14:16:	29	Confirmed	01 Dec 20 15:29:17
80523	PLACEBO cards	NonOnc Cabinets	D485441	1351056	Other		1	1 VIAL	17737 Trailblaze- ALZ2, donanemab P675		02 Dec 2022 12:47:	49	Confirmed	02 Dec 20: 14:36:42
80524	PLACEBO cards	NonOnc Cabinets	D485441	1383562	Other		1	1 VIAL	17737 Trailblaze- ALZ2, donanemab P675		02 Dec 2022 12:47:	50	Confirmed	02 Dec 20: 14:36:42
80525	PLACEBO cards	NonOnc Cabinets	D485441	1407176	Other		1	1 VIAL	17737 Trailblaze- ALZ2, donanemab P675		02 Dec 2022 12:47:	50	Confirmed	02 Dec 20 14:36:42
80526	PLACEBO cards	NonOnc Cabinets	D485441	1521293	Other		1	1 VIAL	17737 Trailblaze- ALZ2, donanemab P675		02 Dec 2022 12:47:	50	Confirmed	02 Dec 20 14:36:42



Drug "Lifecycle"







Inventory Monitoring

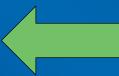
Asset Name: PHARM_SMH_WCCIDS6_FRZ
Asset ID: CMT-119PHID-006

	As	set ID:	CM1-119PHID-006)						
	I Institutes of Healt I Cancer Institute	th		vision of Cancer ancer Therapy E			Page No.: 1			
Inves	stigational A	gent Account	ability Reco	rd			CONTROL REC	CORD		
Name of Institution:							NCI Protocol No.:			
Unive	rsity of Roches	ster Medical Ce	A031704							
Agent Na	me:		Dose Form and Strength:							
Nivolu	umab 100 mg/1	0 mL Vlals	100 mg/10 mL vials							
Protocol 1	Title:		Dispensing Area:							
Nivolu		n Nivolumab an pozantinib for Pa y	Onc Fridge A							
Investigator Name:							CTEP Investigator ID.:			
Dr. Deepak Sahasrabudhe							14683			
Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward Balance	Manufacturer and Lot No.	Recorder's Initials		
66	6 14 Nov 2022 Cycle				0 VIAL	12 / 12		CTraynor 14 Nov 2022 14:35:27		
		Mon	Wed Fri Sun	Thu Sat	Wed Fri	Tue Thu Sat	Mon			



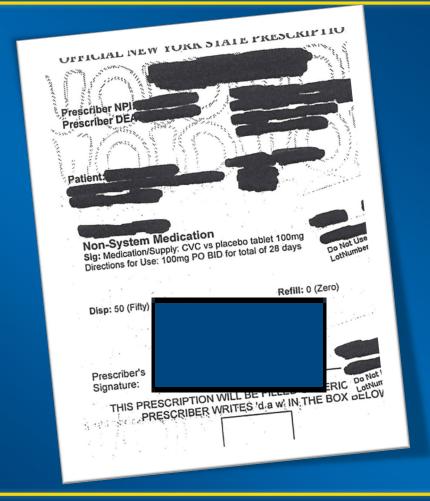
A Safe URMC Medication System: Non-Research

- System wide IT solutions
 - Integrated system (eR (physician order entry)
 - Point of care bar code
- Phar ist role
- Smart infusion (mps
- Dispense of automation
- IV compounding mation





"Outpatient" ordering



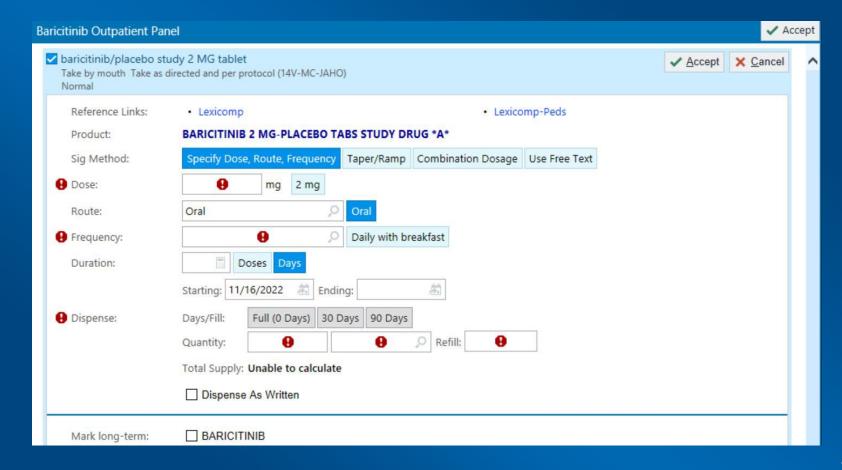


Scope of outpatient order builds needed in eRecord

All Non-Onc Studies Filtered for: Outpatient, CRC, or VTEU sites of care Estimated # of orders Number of Protocols: 115 needed: 224 Removing VTEU Estimated # of orders Number of Protocols: 104 needed: 187 + Removing CRC Estimated # of orders Number of Protocols: 85 needed: 156



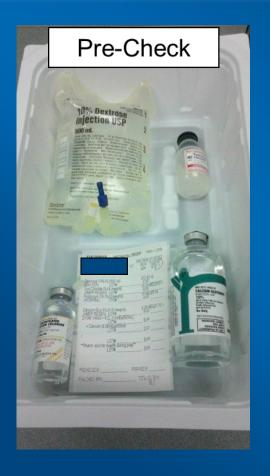
New "outpatient" order







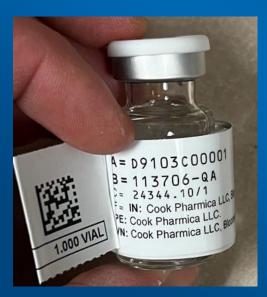
The Highest Risk...







Dispensing automation



Bar Code Scanning





Gravimetric Analysis





Future of Medication Safety in Clinical Research

- 1. Integrated system (eRecord)
 - All research encounters captured in eMAR
 - Standardized physician order entry
 - Bar code medication administration
- 2. Sterile product production
 - Bar code scan verification
 - Digital image capture
 - Can investigational products incorporate gravimetric checks?
- 3. Pump integration



IDS Budget Considerations

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IDS Financial Structure

- 1. IDS is a "core" service center within SMD
- 2. Budget & Rates
 - Fee structure
 - ✓ Start up
 - ✓ Maintenance
 - ✓ Close out
 - ✓ Dispensing fees (IV dose, IM/SubQ dose, oral, etc.)

IDS Home Page

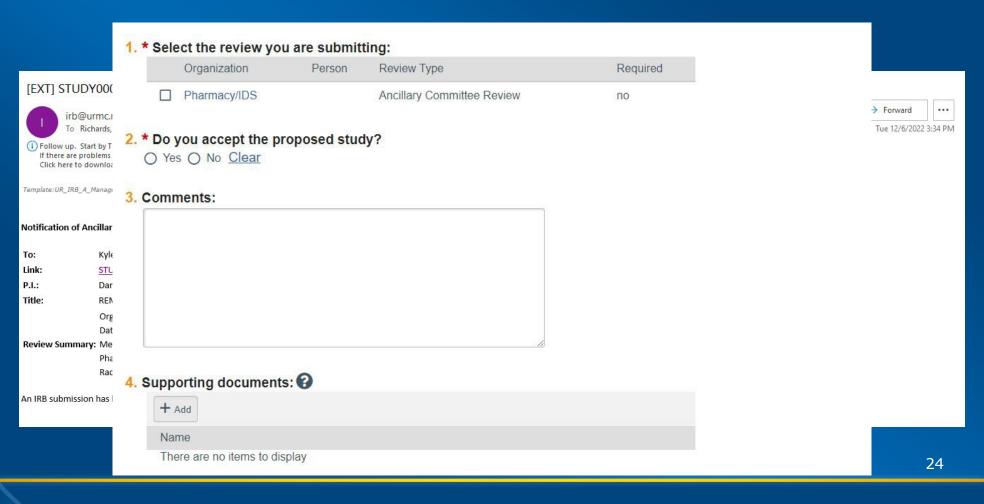


University of Rochester Medical Center Dept. of Pharmacy	
Investigational Drug Services CHARGE WORKSHEET	Note: estimate only
Primary Study Drug:	PI:
Protocol Number:	Date:
NOTE: Account # needed before ANY PURCHASES (if applicable). This ESTIMATE is subject to	*
change if actual IDS costs or sponsor requirements change. <u>The IDS is a service center subject to</u> Uniform Guidance and required to adjust its fees periodically to reflect the actual cost of services	
	-
Activity	Cost
Start-up fee (fee will be charged once SIV has occurred - fao to be supplied by department)	
One time charge assessed at study initiation (with initial pharmacy bill): protocol review and set-	· -
up, training, coordination of eRecord and/or Vestigo build, registration of study with NY state per	
NYS class 4 researcher's license requirements (if applicable) (This fee will be applied once SIV has	
Annual Maintenance fee	
(fee will be charged once first drug shipment arrives on site or at time of first commercially	
sourced chemotherapy verification and yearly thereafter)	
Note: Billed on annual basis upon first receipt of study drug or first commercially sourced	
chemotherapy verification and continuing until the official pharmacy close out visit has occurred.	
The initial fee will be issued upon initial study drug receipt or first commercially sourced	
chemotherapy verification and covers the functions listed below during the 1st year of service. The	
fee will thereafter be issued annually on the anniversary month. Maintenance of regulatory	
forms/binder, ongoing protocol review and subsequent training functions (review of amendments),	
continued evaluation and/or updates to eRecord treatment plans based upon amendment reviews, meetings, monitoring/auditing visits, and correspondence.	N.
Close-Out fee	
Note: Billed upon closure of the study, which includes study closure meeting, return/destruction of	
study drug(s), final reconciliation of regulatory documents, archiving of study file	
Pi	3
Dispensing Cost (select all that apply) Note: NY State law requires separate written prescriptions/orders for EACH study drug, including	0
different doses of the same drug. The dispensing fee is PER INDIVIDUAL PRESCRIPTION OR ORDER	
prepared and not "per dispensing visit."	
Per prescription prepared FALSE	e
Per prescription prepared FALSE Per standard IM/SQ dose prepared FALSE	
Per standard IV dose prepared FALSE	
Per inpatient day prepared (oral dosing) FALSE	
Per comercially sourced chemotherapy order reviewed/verified FALSE	\$ -
Special Notations:	
Others (specify):	
*FAO will need to be supplied to IDS Pharmacy by department once SIV has occurred	
*Prorated annual fees will no longer be issued	
*Fees listed on budget are subject to change to cover the cost of IDS services	
The Investigational Drug Service and Dept. of Pharmacy require Principal Investigator (PI)	
approval of all IDS budgets prior to study initiation. By signing below, the PI agrees to the	
above budget and assumes responsibility to pay all subsequent IDS bills accordingly.	
Please fax the signed copy back to the IDS at 585-756-4446	
(Signature of PI)	(Date)

ClickIRB and OnCore



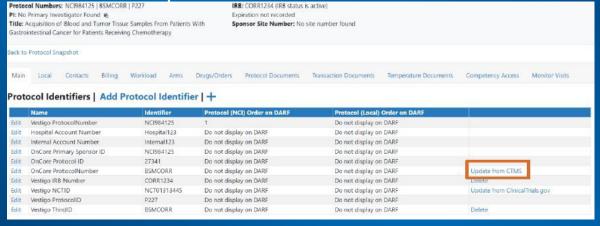
IRB Ancillary Committee





Vestigo & OnCore Interface

- 1. Addition of protocol via CTMS protocol number
 - *Protocol identifiers*
- 2. Loading contacts
- 3. Addition of arms
- 4. Enrollment and maintenance of patients





FDA Inspection Readiness





My thoughts...

- FDA inspection guidance
- NCI audit documents
- 21 CFR Part 312 Subpart D
- Audit ready system Vestigo

Information Sheet Guidance For IRBs, Clinical Investigators, and Sponsors¹ FDA Inspections of Clinical Investigators

This guidance represents the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the appropriate number listed on the title page of this guidance.



NCI GUIDELINES FOR AUDITING CLINICAL TRIALS FOR THE NCI NATIONAL CLINICAL TRIALS NETWORK (NCTN) PROGRAM INCLUDING NCI COMMUNITY ONCOLOGY RESEARCH PROGRAM (NCORP) AND NCORP RESEARCH BASES





Conclusion

IF YOU DON'T HAVE TIME TO DO IT RIGHT, WHEN WILL YOU HAVE TIME TO DO IT OVER?







- JOHN WOODEN