Childhood Acute Illness & Nutrition Network

KEMRI | Wellcome Trust Clinical Trials

Pancreatic Enzymes and Bile Acids: A Non-Antibiotic approach to Treat Intestinal Dysbiosis in Acutely Ill Severely Malnourished Children

Standard Operating Procedure	**SSP No:** CL06 **Version No:** 1.0 **Supersedes:** None **Effective Date:** 19th October 2021

Title: Drug accountability SSP

	NAME	SIGNATURE	DATE
PREPARER	Isaiah Njagi		**15th June 2021**
QUALITY ASSURANCE AUTHORITY	Aisha Bwika		**16th October 2021**
APPROVING AUTHORITY	Robert Bandsma		**17th October2021**

1.0 PURPOSE / INTRODUCTION:

1.1 This SSP outlines the procedural steps for study drug management. It aims to ensure appropriate implementation of specific drug accountability procedures of the study protocol across all study sites.

2.0 SCOPE / RESPONSIBILITY:

2.1 The trial coordinator, the pharmacist, study clinicians and study nurses have been delegated role of keeping accurate records on investigational products from arrival at site, through dispensing and usage to final removal or destruction at the end of the trial.

2.2 The principal investigator has the ultimate responsibility for the accountability of the study drugs.

3.0 DEFINITIONS/ INITIALS:

3.1 **SAM** – Severe Acute Malnutrition

3.2 **IP** – Investigational product

4.0 MATERIALS

4.1 Lockable storage cabinets.

4.2 Study files

4.3 Drug accountability logs

4.4 Drug shipment records

5.0 METHODOLOGY:

5.1 General considerations

5.1.1 Drug accountability will occur at the **pharmacy** and in the **ward/clinical** areas. Data from the two areas must always tally.

5.1.2 Fully randomized and clearly labelled IP will be shipped directly from product manufacturers to study sites.

5.1.3 There are 2 study IP in PB SAM trial i.e Ursodeoxycholic acid (Opsonin Pharma, Bangladesh) and Pancreatin (Abbot Pharma, Germany). Account for each product SEPARATELY.

5.1.4 IP will be received at sites by study team (delegate) and held centrally at the Site's Pharmacy for the duration of the study except when issued to the ward for enrolment.

5.2 Accountability of IP at a site's clinical trial pharmacy

5.2.1 The first point of IP accountability will be at the Site's clinical trial pharmacy. There are 4 distinct documentation related to study product at the trial pharmacy;

5.2.1.1 IP shipment records e.g. waybill, packing lists, customs records etc

5.2.1.2 Drug accountability log – Pharmacy – *to document events in which IP is issued in small batches to clinical staff.*

5.2.1.3 Drug inventory log – Pharmacy – *To be completed monthly during which accountability records are cross-checked against a physical count of IP.*

5.2.1.4 Temperature log.

5.2.2 At study initiation, a small number of IP (e.g. 20 bottles per IP) will be issued to the clinical team for use in enrolment and to be kept in the clinical area. IP must always be kept locked and safe. Pharmacy staff must complete a pharmacy IP accountability log for each dispatch sent to the clinical area.

5.2.3 Pharmacy must maintain a temperature monitoring log to ensure the product is kept within the required storage conditions for the life of the product at the site.

5.3 Dispensing and Accountability of IP in the clinical area

5.3.1 In the wards/clinic, keep un-assigned IP in securely locked cabinets or lockers awaiting enrolment.

5.3.2 There are 2 documents related to study IP accountability in the clinical area;

5.3.2.1 Drug accountability log – Ward – *To document each time the IP is issued to study participant.*

5.3.2.2 Drug Inventory log- Ward – *To be completed weekly, on Mondays, and at any time new stock is received from Pharmacy.*

5.3.3 Complete (study nurse or designee) the "drug inventory log – ward" on receipt of IP from Pharmacy i.e. include date, quantity, batch number, staff involved etc. Each IP will have distinct inventory log.

5.3.4 At the beginning of each week, i.e. on a Monday, undertake study IP inventory check will ensure study product remains available in the clinical area, and document in the drug inventory log -ward.

5.3.5 At enrolment, complete (study nurse/clinician) the "drug dispensing and accountability log-ward" for each IP issued to a new trial participant. The document captures dispensing event such as date, study ID, participant initials etc, as well as accountability of running stock available for use i.e. issuance against total tally.

5.3.6 Issue study drugs aimed to be used for a total of 21 days as follows;

5.3.6.1 Up to two bottles of pancreatic enzymes issued according to weight bands

5.3.6.2 Up to two bottles of Ursodeoxycholic acid/Placebo will according to weight bands

5.3.7 Document the number of bottles assigned to each participant i.e. 1 or 2 bottles.

Note: *Study participants requiring 2 bottles owing to bigger weights will be assigned to study ID reserved for 2 units per participant i.e. study ID 200 and above*.

5.3.8 During admission period, keep bottles of IP assigned to participants separately from 'unused' ones, preferably with the parent/ carer.

5.3.9 Inform parent/guardian that the bottles, both used and unused MUST be returned to the study team on or before d21 visit.

5.4 **Reconciliation of accountability information during monitoring visits including close out**

5.4.1 Study pharmacist or designee must ensure a monthly reconciliation of dispensing records and IP accountability at sites.

5.4.2 Study monitors will review completeness of accountability records for IP during monitoring visits. Issued IP, returned, broken or lost tallies must be reconcilable during monitoring review.

5.4.3 At trial close out, all IP received at the site must be clearly accounted for in records with clear audit trails to ensure no study product has been lost or become unaccounted.

5.4.4 Any deviation from accountability of study product constitute a study deviation that is reportable with clear action and mitigation measures.

6.0 APPENDICES E.g.

6.1 Drug dispensing and accountability log – Ward
6.2 Drug accountability log – Pharmacy
6.3 Drug Inventory log – Ward
6.4 Drug inventory log - Pharmacy

7.0 REFERENCES: E.g.

7.1 ICH GCP guidelines E6 (R1), 1996

8.0 DOCUMENT CHANGE HISTORY

Version Table:

Version 1.0: Title: **Drug Accountability Procedure**	Dated: **19th October 2021**	SSP No.: **CL06**	No. Pages: **10**
Version 2.0: Title:	Dated:	SSP No.:	No. Pages:
Version 3.0: Title:	Dated:	SSP No.:	No. Pages:
This document is effective from the date of training/last approval signature and will be reviewed in two years.			

SSP Review and Updating Logs

DATE	NAME OF REVIEWER	SIGNATURE	REASON FOR REVIEW AND CHANGES MADE

Appendix 1

DRUG INVENTORY LOG – (WARD/CLINIC)

Complete inventory when new stock arrives from pharmacy or every first Monday of the week on routine stock check.

PB SAM TRIAL Local IRB no. xxxxxx NDA No. xxxxxx	Principal Investigator: **Prof. Robert Bandsma** Local PI: **XXXXXX**	Drug: **URSODEOXYCHOLIC ACID OR PLACEBO** Strength:	Batch no. Man Date: Exp Date:	Site: MALAWI

Date *(Monthly stock-take or at new batch of stock)*	Number of bottles received *(N/A if none received)*	Study ID	Total Stock *(Physical count)*	REMARKS	Staff initials	Reviewed by
1st Sept 2021	14	20001-20010 20141-20142	14	First stock from pharmacy	TMA	
8th Sept 2021	N/A	N/A	3	Stock taking Discrepancy. 1 IP missing, ID PB 40007 Deviation reporting started	JLE	
8th Sept 2021	10	20011-20020	13	New stock	JTH	
15th Sept 2021	N/A	N/A	5	Low stock, monitor	JTH	
18th Sept 2021	10	2021-20030	12	New stock – Ramadhan	AKT	
19th Sept 2021	None	None	11	Stock taking		

Appendix 2

DISPENSING AND ACCOUNTABILITY LOG – (WARD/CLINIC)

PB SAM TRIAL LOCAL IRB No. XXXXXX Trials.gov number: XXXXX	Principal Investigator: ROBERT BANDSMA LOCAL P.I: xxxxxxx	Drug: **URSODEOXYCHOLIC ACID** Strength:	Batch no. Man Date: Exp……	Site MALAWI

Date	Number of bottles dispensed	Study numbers	Cumulative number of bottles dispensed	IP Balance	Staff initials	Remarks
2nd Sept 2021	*1*	*PB 40001*	*1*	*9*	*JLE*	*First participant*
3rd Sept 2021	1	PB 40002	2	8	JTH	None
7th Sept 2021	1	PB40007	7	3	MBO	7th Participant
9th Sept 2021	1	PB40008	8	12	SHA	8th participant
9th Sept 2021	2	PB20141 PB20141	10	10	MAM	9th participant (same day) – heavy baby
9th Sept 2021	1	PB 40009	11	9	ALA	10th participant (3rd on same day)
18th Sept 2021	1	PB 40018	19	2	AKT	18th participant
19th Sept 2021	1	PB 40019	20	11	NAD	19th participant
CUMULATIVE PAGE TOTAL			**20**			

Appendix 3

DRUG ACCOUNTABILITY LOG_PHARMACY

PB SAM TRIAL Local IRB no. xxxxxx NDA No. xxxxxx	Principal Investigator: **Prof. Robert Bandsma** Local PI: **XXXXXX**	Drug: **URSODEOXYCHOLIC ACID OR PLACEBO** Strength:	Batch no. Man Date: Exp Date: Date Received: _ _/ _ _ _/ __ __ __	Site: MALAWI

Storage temperature 15 C- 30 C , Relative Humidity 50-65 %

Date DD/MM/YY	Opening Balance (Bottles)	Number of bottles dispensed	**Study numbers**	Balance in stock	Comments	Ward staff initials	Pharmacy Staff Initials
22nd Sept 2021	280	0	**N/A**	280	Received from manufacturer	N/A	ALS
23rd Sept 2021	280	10	**PB20001 - 20010**	270	Gave out to nurse	NAD	ALS
30th Sept 2021	270	5	**PB20011-2015**	**265**	2nd batch Ramadhan period	SHA	ALS
				231			

Appendix 4

DRUG INVENTORY LOG – PHARMACY (*Complete every first Monday of the month)*

Product name **Ursodeoxycholic Acid or Placebo** **Batch No** …… **Expiry date** ……	**Date batch received:** _____/_____/_____ **Number of bottles received** |____ ____ ____ ____|

Date	Balance on Pharmacy accountability log	Physical count	Comments
20th September 2021	N/A	280	Received from manufacturer.
19th October 2021	**265**	**264**	**Discrepancy, 1 bottle missing. Institute investigation.**
20th November 2021	231	**232**	Discrepancy, additional 1 bottle. Explanation: recovered the bottle missing from last stock check, adjust accountability log.

SSP AWARENESS LOG

I, the undersigned below, hereby confirm that I am aware that the accompanying SSP is in existence from the date stated herein and that I shall keep abreast with the current and subsequent SSP versions in fulfilment of Good Clinical Practice (GCP).

Number	Name	Signature	Date (dd/mmm/yyyy)
1.			
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