

Standards for prescribing Investigational Medicinal Products and Non Investigational Medicinal Products for clinical trials

**IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT
THE CORRECT VERSION IS BEING USED**

All staff should regularly check the R&D Unit's website and R&D Newsletter for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: www.northyorksresearch.nhs.uk/sops.html

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This SOP will normally be reviewed every 2 years unless changes to the legislation require otherwise

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Implemented	Details of significant changes
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1 Introduction, Background and Purpose

Prescribing of clinical trial medication (Investigational Medicinal Products (IMPs) and Non Investigational Medicinal Products (NIMPs)) is described in the MHRA Good Clinical Practice Guide, and guidance on this is also provided within the 'Professional Guidance on Pharmacy Services for Clinical Trials' document produced by the National Pharmacy Clinical Trials Advisory Group (NPCTAG) in October 2013.

The latter includes the following guidance;

- All prescribers for a clinical trial must be named on the delegation log for the study which is retained within the Investigator Site File.
- Where possible, study-specific clinical trial prescription forms should be used to facilitate the prompt identification of the clinical trial and dispensing procedures and to reduce the risk of dispensing errors.

The purpose of this SOP is to describe how the above guidance is implemented within York Teaching Hospital NHS Foundation Trust, and to provide other local procedures to ensure that clinical trial medication is prescribed in accordance with the trial specific protocol in a safe and effective manner. This SOP also incorporates guidance on non-compliance with the prescribing standards.

This SOP should be used in conjunction with the current York Teaching Hospital NHS Foundation Trust Medicines Code.

2 Who Should Use This SOP

This SOP should be followed by all Clinicians, Principal Investigators and Chief Investigators who have a delegated responsibility for prescribing IMPs and NIMPs as part of a clinical trial.

It should also be followed by Research Nurses, Clinical Trial Assistants, and all members of the Clinical Trials Team within the Pharmacy Department of York and Scarborough Hospitals, which form part of the York Teaching Hospital NHS Foundation Trust.

3 When this SOP Should be Used

This SOP should be followed when clinicians are completing clinical trial prescriptions. **This SOP is not applicable for prescribing chemotherapy, or prescribing for patients admitted to hospital whilst receiving clinical trial treatment.**

Adherence to this SOP will ensure the prescribing standards for clinical trials are met and that all prescriptions are completed to a high standard enabling safe prescribing and an accurate audit trail to be created.

4 Procedure(s)

4.1 Who can prescribe clinical trial medication

Only qualified and registered medical practitioners can prescribe IMPs and NIMPs. The clinician must be delegated the responsibility of prescribing by the trial Chief/Principal Investigator, and this must be documented on a trial specific delegation log.

4.2 How clinical trial medication should be prescribed

IMPs and NIMPs must be prescribed on a prescription form which is fully completed and signed (either manually or electronically) by a prescriber who is authorised to prescribe for the clinical trial.

A trial specific prescription should be used whenever possible to ensure IMPs/NIMPs are prescribed and dispensed according to the trial specific protocol.

The current authorised version of a prescription must always be used and previous versions will not be dispensed. If a new version of a prescription is issued by the pharmacy department, the previous version must be superseded and all patients currently receiving trial treatment must be prescribed their medication on the new version.

Prescriptions designed for clinical trials or trial specific treatment regimes must not be used for non-trial patients. This will ensure that IMPs and NIMPs are not dispensed to patients not involved in a clinical trial.

4.3 Completing a clinical trial prescription

Prescriptions must be completed in full by a clinician authorised to prescribe for the trial. As specified in the York Teaching Hospital NHS Foundation Trust Medicines Code, there is a zero tolerance policy regarding patient identification and allergies. If a clinical trials prescription has not been completed in full, it will not be dispensed until the prescriber has added the missing information. Printed addressographs may be used.

Incomplete prescriptions must not be pre-signed by a prescriber in advance of the dispensing episode.

If agreed with the trial sponsor, it is acceptable for the prescriber to write a prescription prior to a patient's visit provided the prescription has been completed in full, the patient's visit is due within six months, and the patient will be assessed at the visit to ensure that they are able to continue the trial medication.

Incomplete prescriptions will not be dispensed and will be sent back to be completed by the prescriber via the research team.

4.4 Prescribing for clinical trials involving medication allocated through an electronic system

If an IMP/NIMP is allocated through a unique pack number using an electronic system (IVRS/IWRS), then it is acceptable for a nurse who is on the delegation log to obtain these codes. The pack codes must be checked by the nurse against the confirmation fax/email which documents the codes to be prescribed. The pack numbers must be transcribed manually onto the prescription by the prescriber (using the confirmation fax/email), and the prescription signed. Under no circumstances

should a prescription that does not contain the allocated pack numbers be signed by a Prescriber.

Prescriptions must be presented to pharmacy together with the confirmation fax/email, which will be used to check that the correct pack numbers have been prescribed.

If an IMP/NIMP is prescribed using a computer generated prescription provided by the Sponsor, the prescription does not need to be accompanied by a confirmation fax/email. If the computer generated prescription does not comply with the minimum criteria described in the York Teaching Hospital NHS Foundation Trust Medicines Code, the prescriber will be required to transcribe the details onto a prescription designed by the pharmacy clinical trials team.

This process applies to blinded trials in which particular pack (or kit/bottle) numbers of drugs are allocated using an IVRS/IWRS system. It does not apply to open label trials where particular batch numbers of drugs are allocated to be used through an IVRS/IWRS system for stock control purposes only (these may be obtained by Pharmacy or the Research Nurse depending on the study arrangements and are not required to be prescribed).

4.5 Prescribing IMPs/NIMPs for clinical trials being conducted outside of pharmacy

If the prescribing and dispensing/issuing of an IMP/NIMP is being conducted outside of pharmacy (e.g. Emergency Department), then the requirements and arrangements for prescribing and dispensing the IMP/NIMP should be documented in a study-specific SOP. Refer to Pharm/S76 (Storage and dispensing of Investigational Medicinal Products outside of Pharmacy) for further guidance.

4.6 Prescribing errors and non-compliance with prescription completion

If a prescribing error/omission is detected by the pharmacy department, the prescription will be returned to the prescriber via the research team to be amended. Any changes to the prescription must be completed by a prescriber named on the delegation log for the study. All changes must be error coded according to GCP standards (a single line through the error, signed and dated).

Serious errors will be reported through the Adverse Incident Reporting System (AIRS).

5 Related SOPs and Documents

R&D/T08	Study-Specific SOP Template
Pharm/S47	Storage of Clinical Trial Supplies
Pharm/S76	Storage and Dispensing of Investigational Medicinal Products Outside of Pharmacy
Pharm/S91	Prescribing and processing clinical trial prescriptions involving the satellite unit (York Hospital)

York Teaching Hospital NHS Foundation Trust Medicines Code

MHRA Good Clinical Practice Guide 2012

Professional Guidance on Pharmacy Services for Clinical Trials' produced by the National Pharmacy Clinical Trials Advisory Group (NPCTAG) in October 2013

Medicines, Ethics and Practice. The professional guide for pharmacists (RPSGB)

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