From: OC GCP Questions
To: [redacted]
Subject: Investigator responsibilities regarding disposition of drug
Date: Wednesday, December 06, 2017 7:56:00 AM
Attachments: [redacted]

Good morning –

FDA's regulations on records about disposition of the investigational drug state, "An investigator is required to maintain adequate records of the disposition of the drug, including dates, quantity, and use by subjects. If the investigation is terminated, suspended, discontinued, or completed, the investigator shall return the unused supplies of the drug to the sponsor, or otherwise provide for disposition of the unused supplies of the drug under 312.59."

312.59 states -- The sponsor shall assure the return of all unused supplies of the investigational drug from each individual investigator whose participation in the investigation is discontinued or terminated. The sponsor may authorize alternative disposition of unused supplies of the investigational drug provided this alternative disposition does not expose humans to risks from the drug. The sponsor shall maintain written records of any disposition of the drug in accordance with 312.57.

As you can see, the regulations are very general to allow sponsors and study sites the necessary flexibility to account for the supplies of investigational product that were received, administered, returned, and the final disposition (e.g., destruction) of any unused investigational articles. Please note that the records maintained at the site need to be adequate to show "disposition of the drug, including dates, quantity, and use by subjects.

Additionally, FDA regulations require that a sponsor ensure that unused drugs are returned or otherwise disposed of in a way that does not expose humans to risk and that records be maintained as to disposition of all such drugs (21 CFR 312.59) as above. Allowing individual study sites to dispose of unused investigational drugs would not be inappropriate. You as the core pharmacy/sponsor can specify the conditions for such drug disposal or allow the site(s) to follow their own disposal policy if it is acceptable to you. The individual sites would need to maintain proper documentation regarding the amounts of drug, identifying codes, date of disposal, and actual method of disposal and a copy of such documentation would need to be sent to you for your records. While you might not have the resources to monitor actual drug disposal at each study site, review of drug accountability records, which would include such disposal documentation, is usually part of the final study monitoring or close-out visit for each site.

So the sponsor must document their receipt and destruction of the material from the investigator based on this regulation. If alternative disposition was authorized by the sponsor, i.e., these procedures and the ultimate fate of the drug product must likewise be documented. Documentation of disposition should be kept by both the investigator and the sponsor. You might want to look at the ICH E6 Guidance for Industry: Good Clinical Practice for further guidance on this matter (see pages 16, 30-31, and 58). You can find this guidance at https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM073122.pdf

If I have not adequately answered your question, you may contact the Center for Drugs (CDER) directly at druginfo@fda.hhs.gov

I hope this information is helpful. Please contact us again at gcp.questions@fda.hhs.gov should you have additional questions.

Kind regards,

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Office of Good Clinical Practice
Office of the Commissioner, FDA

U.S. FOOD & DRUG ADMINISTRATION

From: [redacted]
Sent: Tuesday, December 05, 2017 12:55 AM
To: OC GCP Questions <gcp.questions@fda.hhs.gov>
Subject: Investigator responsibilities regarding disposition of drug

Dear Office of Good Clinical Practice

I had a general question relating to Investigator Responsibilities regarding disposition of drug.

Is it acceptable for a CRA to prepare the and document investigational product for destruction on behalf of the site? A site has written an SOP for the Preparation of Investigational Drug for On-site Destruction, below is an excerpt from this SOP whereby they transfer the responsibility for preparation and documentation of IP for destruction to the CRA unless they are paid to do so.

Could you please provide your feedback / point of view on this process and site vs monitor responsibilities?

1. PURPOSE
1.1 This Standard Operating Procedure (SOP) outlines the procedures that are to be used by monitors for the processing of investigational drugs, stored by CT Pharmacy, for destruction such that no destruction fee will apply.

2. SCOPE
2.1 This SOP applies to all investigational drug, used and unused, stored by CT SCGH Pharmacy that may be destroyed during the course of a trial.

3. PROCEDURAL ELEMENTS
3.1 Monitors are to prepare **non-cytotoxic** investigational drug for destruction in the following manner:
· All outer packaging is to be removed from the IP
· Tablets/capsules in bottles are to be removed and put into a plastic bag ready to be transferred to the 'Waste for Incineration' bins
· Tablets/capsules in blister strips are to remain in the strips but extra packaging is to be removed
· Injections/vials are to be put into a plastic bag ready to be transferred to the 'Waste for Incineration' bins
· Patches/ topical creams/eyedrops are to be put into a plastic bag ready to be transferred to the 'Waste for Incineration' bins
3.2 Monitors are to prepare **cytotoxic** investigational drug for destruction in the following manner:
· All investigational drug is to remain in the primary container (e.g. bottle, blister strip, vial) and the outer packaging is to be removed
· Tablets/capsules in bottles are to be left in the bottles and placed in a plastic bag ready to be transferred to the 'Cytotoxic Waste' bins

· Tablets/capsules in blister strips are to remain in the strips but extra packaging is to be removed
3.3 The monitor must de-identify all packaging (i.e. patient's name and URN to be blacked out, and any confidential information removed from the packaging - e.g.
Principal Investigator name).
3.4 De-identified packaging is to be placed in the general rubbish bins.
3.5 Confidential information is to be placed in a plastic bag ready to be transferred to the 'Confidential information' disposal bins.
3.6 Where required by the Sponsor, the monitor will complete all relevant logs and destruction forms pertaining to the destroyed IP.
3.7 If investigational drug is not prepared in this manner it cannot be released for onsite destruction. The monitor will either have to return the drug to the sponsor or the CT Pharmacy Services Fee (as per the CT SCGH Pharmacy quotation for the trial) will be levied for the CT SCGH Pharmacy department to prepare it for destruction.

4. RESPONSIBILITIES
4.1 Monitors are to prepare all investigational drug for destruction unless remuneration for CT Pharmacy has been agreed upon between CT Pharmacy and the sponsor/CRO/department to conduct this task

Thanks in advance!

Kind regards

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