



Audit Pharmacy Review

Rosalyn D. Williams

Alliance for Clinical Trials in Oncology, Chicago Office

Audit Workshop, November 2nd , 2017

Presentation Objectives

- Pharmacy security is important. What are the expectation at the time of the audit?

- Is storage of drug appropriate?

Are supplied drug stored under proper conditions?

- DARFs ~ Drug Accountability Record Form

Are the NCI DARFs being used and correctly maintained?

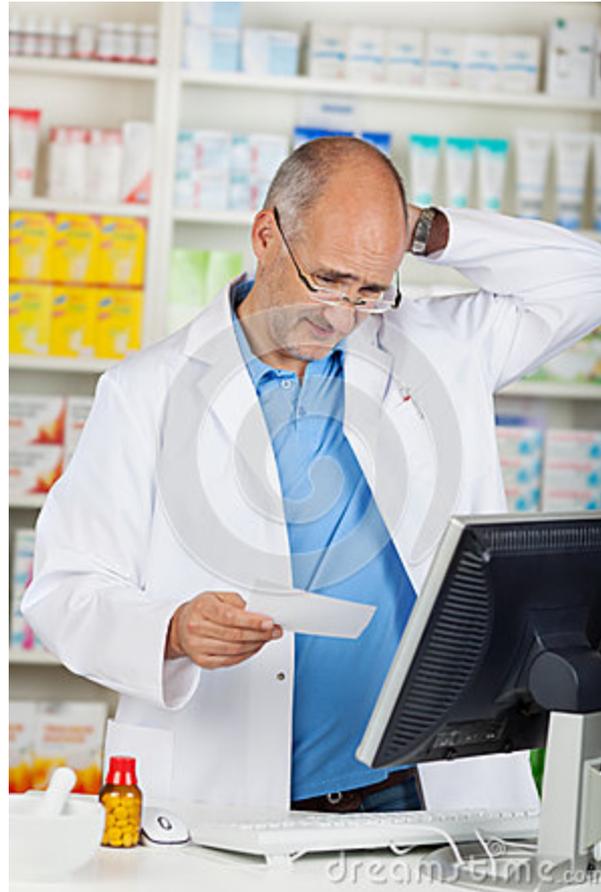
- Standard DARF

- Oral DARF

- eDARF

- Pharmacy results

- So let's try to help sort this out...







**Pharmacy
Audit
Relief**



Security

- Access to Pharmacy
 - Who has access?
 - Pharmacy Staff
 - Research Staff
 - Is the unit locked?
 - Badge Access
 - Key
 - A bell to get into the Pharmacy

Is this secure?



Authorized Prescribers

- Who are the authorized Prescribers?
 - Are all Investigators CTEP registered?
 - Is there a process in place to be sure each investigator remains compliant?
 - Only Physicians that are CTEP registered can order and dispense investigational drug. Nurse Practitioners, Physician Assistant cannot order supply drug unless the order is cosigned by a CTEP registered Physician.

Storage

- Is there temperature monitoring?
- Is there an Alarm?
- **Shelf storage**
 - Is the study drug stored separately from commercial drug?
 - Is the returned drug stored separately?
 - How are patient drugs returned?



DARF

DARFs

- Drug Accountability Record Form
- Standard DARF
- Oral DARF
- eDARF
- These DARF's are used to track the disposition of investigational agents used for NCI clinical trials
- DARF forms can be found on CTEP website:
<http://ctep.cancer.gov/forms>

Standard DARF

Print Form

Save As

Reset Form

Collection of this information is authorized under 21 CFR 312.57. The information is collected to ensure compliance with Food and Drug Administration (FDA) requirements for NCI as an IND sponsor and that investigational agents are under the control and accounted for by competent authority. The information may be disclosed to researchers for investigational purposes, sponsors of clinical trials and their company collaborators, the applicable Institutional Review Board, NCI, FDA, and the Department of Health and Human Services. Submission of this information is voluntary however, in order for you to conduct a study in accordance with relevant, current protocols, you must complete all fields.

OMB No. 0925-0613
Expires: 03/31/2019
NIH-2564

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0613). Do not return the completed form to this address.

National Institutes of Health National Cancer Institute		Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program	PAGE NO. CONTROL RECORD <input type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>
Investigational Agent Accountability Record			
Name of Institution:		NCI Protocol No.:	
Agent Name:		Dose Form and Strength:	
Protocol Title:		Dispensing Area:	
Investigator Name:		CTEP Investigator ID:	

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials
						Balance		
1.								
2.								
3.								
4.								
5.								

Standard DARF

Print Form

Save As

Reset Form

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Agent Name:		Dose Form and Strength:	
Protocol Title:		Dispensing Area:	
Investigator Name:		CTEP Investigator ID:	

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials
						Balance		
1.								
2.								
3.								
4.								
5.								

Oral DARFs

Oral DARFs

- Must be used for all NCI studies using an oral agent
- All headers must be completed
- You must use the correct dispensing row to document patient drug return by completing the date returns and the quantity returns

Oral DARF

Print Form

Save As

Reset Form

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Form Approved
OMB No. 0925-0010
Expires: 09/30/2018

Investigational Agent Accountability Record Oral agents ONLY

National Institutes of Health
National Cancer Institute
Division of Cancer Treatment and Diagnosis
Cancer Therapy Evaluation Program

PAGE NO.
CONTROL RECORD
SATELLITE RECORD

Name of Institution:		Investigator Name:		CTEP Investigator ID:	
Protocol Title:		NCI Protocol No.:	Local Protocol No.:	Dispensing Area:	
Agent Name:		Dose Form and Strength:		Bottle size (e.g., # tablets/bottle):	

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials	Expiration Date (if available)	Date Patient Returned	Quantity Patient Returned	Recorder's Initials
						Balance						
1.												
2.												
3.												
4.												
5.												
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14.												
15.												
16.												
17.												

Common DARF Errors

DARF - Headers

- Common audit errors or Missing information
 - Protocol title
 - Dispensing Area
 - Control/Satellite check box
 - Page number(s)
 - Dose form and strength

DARF Entry Errors

- Common audit entry errors
 - Entry of the drug received from the NCI
 - Patient initials not listed
 - Balance totals not completed
 - Correct patient dose

Example of an Incomplete DARF

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Investigational Agent Accountability Record Oral agents <u>ONLY</u>		National Institutes of Health National Cancer Institute Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program		PAGE NO. CONTROL RECORD <input type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>		
Name of Institution: Hematology and Oncology of America			Investigator Name: Janey Smith, MD		CTEP Investigator ID: 987654	
Protocol Title: Phase II Trial of Enzalutamide vs. Enzalutamide, Abiraterone and Prednisone for Castrate Resistant Metastatic Prostate Cancer			NCI Protocol No: A031201	Local Protocol No:	Dispensing Area: Control Pharmacy	
Agent Name: Enzalutamide			Dose Form and Strength:		Bottle size (e.g., # tablets/bottle): 120 capsules/bottle	

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials	Expiration Date (if available)	Date Patient Returned	Quantity Patient Returned	Recorder's Initials
						Balance						
1.	6-1-15	RW	1111111	40mg	-1 bottle	2	12345-6	PM13	7-31-17	6-29-15	10 capsules	PM13
2.	7-1-15	rec'd	from biologics	40mg	+3 bottles	5	2345-6	PM13	9-15-17			
3.	6-29-15	RW	1111111	40mg	-1 bottle	4	12345-6	PM13	7-31-17	7-27-15	5 capsules	PM13
4.	7-5-15	T13	2222222	160mg	-1 bottle	3	12345-6	PM13	7-31-17			
5.	7-29-15	RW	1111111	40mg	-1 bottle	2	2345-6	PM13				
6.												
7.												

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Agent Name: Enzalutamide	Dose Form and Strength:	Bottle size (e.g., # tablets/bottle): 120 capsules/bottle	

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials	Expiration Date (if available)	Date Patient Returned	Quantity Patient Returned	Recorder's Initials
						Balance						
1	6-1-15	RW	1111111	40mg	-1 bottle	2	12345-6	PM13	7-31-17	6-29-15	10 capsules	PM13
2	7-1-15	rec'd	from biologics	40mg	+3 bottles	5	2345-6	PM13	9-15-17			
3	6-29-15	RW	1111111	40mg	-1 bottle	4	12345-6	PM13	7-31-17	7-27-15	5 capsules	PM13
4	7-5-15	T13	2222222	160mg	-1 bottle	3	12345-6	PM13	7-31-17			
5	7-29-15	RW	1111111	40mg	-1 bottle	2	2345-6	PM13				
6												
7												

Completed Oral DARF

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Protocol Title: Phase II Trial of Enzalutamide vs. Enzalutamide, Abiraterone and Prednisone for Castrate Resistant Metastatic Prostate Cancer	NCI Protocol No: A031201	Local Protocol No:	Dispensing Area: Control Pharmacy
Agent Name: Enzalutamide	Dose Form and Strength: 40 mg capsules	Bottle size (e.g., # tablets/bottle): 120 capsules/bottle	

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials	Expiration Date (if available)	Date Patient Returned	Quantity Patient Returned	Recorder's Initials
						Balance						
1.	5-20-15	Rec'd	from biologics	40mg	+ 3 bottles	3	12345-6	PM13	7-31-17			
2.	6-1-15	RW	111111	40mg	- 1 bottle	2	12345-6	PM13	7-31-17	6-29-15	100capsules	PM13
3.	6-29-15	RW	111111	40mg	- 1 bottle	1	12345-6	PM13	7-31-17	7-27-15	50capsules	PM13
4.	7-1-15	rec'd	from biologics	40mg	+ 4 bottles	5	23456-7	PM13	9-15-17			
5.	7-5-15	TB	222222	40mg	- 1 bottle	4	23456-7	PM13	9-15-17			
6.	7-27-15	RW	111111	40mg	- 1 bottle	3	12345-6	PM13	7-31-17			
7.	8-3-15	TB	222222	40mg	- 1 bottle	2	12345-6	PM13	7-31-17			

eDARF's



eDARF's

- If a Pharmacy accountability software is used, a paper copy must be printed for the audit that is identical to an NCI DARF
- The NCI/PMB does not endorse any pharmacy software package



Pharmacy Audit Results

Pharmacy Audit Results

- Pharmacy are either Critical–Non–Compliant, Non-Compliant, Compliant or Not reviewed.
- If the Pharmacy section has too many non-compliant issues an unacceptable rating will be assigned.
- An unacceptable will require a re-audit within 12 months
- Re-audit can be for the pharmacy section only or a full re-audit.



Enid was finally ready to admit that compliance was a bit more complicated than she first thought.

Critical-Non-Compliant

- Inability to track the disposition of NCI-supplied study drug.
- Multiple non-compliant categories identified.
- A single Critical Non-compliance finding.
- Any Finding identified before or during an audit that is suspected to be fraudulent activity should be cited as Critical - Non - Compliant

Example of a Critical – non – compliant issue

- A shipping receipt for 13 bottles of study agent on 7/27/16 is not entered on the DARF. Dispensing of agent on 8/8/16 is documented on the DARF. No other entries were made on the DARF. In addition there is a shipping receipt for 13 bottles on 11/2/16. The site staff present at the audit state that there are patients still on active treatment receiving supplied study agent.

Critical-Non-Compliant

- Inability to track the disposition of NCI-supplied study drug.
- Multiple non-compliant categories identified.
- A single Critical Non-compliance finding.
- Any Finding identified before or during an audit that is suspected to be fraudulent activity should be cited as Critical - Non - Compliant

Critical-Non-Compliant

- Inability to track the disposition of NCI-supplied study drug.
- Multiple non-compliant categories identified.
- A single Critical Non-compliance finding.
- Any Finding identified before or during an audit that is suspected to be fraudulent activity should be cited as Critical - Non - Compliant

Example of a Critical – non – compliant issue

- Corrections are not lined out, initialed and dated on paper DARF
- Study – supplied agent dispensed to a registered patient/study participant and not recorded on the appropriate DARF
- Dispensing of study supplied agent to a non – registered patient/study participant

Critical – non – compliant issue

- Lack of a DARF(s) to verify cancer control/Imaging study supplied agents are administered to patients/ study participants.
- Study – supplied agent dispensed to a registered patient/study participant and not recorded on the appropriate DARF.
- Dispensing of study supplied agent to a non – registered patient/study participant

DARF's shipping receipts

Study specific vs. Patient specific

• How is drug supplied ?

- Is the DARF study specific (open label) ?

Standard Order Shipping Record

Pharmaceutical Management Branch Cancer Therapy Evaluation Program, DCTD, NCI 9609 Medical Center Drive Room 5W228, MSC 9725 Bethesda, MD 20892-9725 Phone (240) 276-6575 Fax (240) 276-7893 Email: PMBAfterhours@mail.nih.gov		SHIPMENT RECORD OF CLINICAL DRUG REQUEST [Barcode] Date Authorized: 08/12/2014 Date Needed: 08/20/2014		Courier: Account # Acct Ref # Order # 2014224-0043 Order Ref # O-1039409	
NCI Protocol #	NSC	Agent Name	Strength & Formulation	QTY	MFG & LOT #
IDS-1111	724772	Sorafenib (BAY 43-9006; Nexavar)	200 mg Tablets 140 Tablets/Bottle	4	BAY CT1931/32



Patient-Specific Order Shipping Record

Pharmaceutical Management Branch Cancer Therapy Evaluation Program, DCTD, NCI 9609 Medical Center Drive Room 5W228, MSC 9725 Bethesda, MD 20892-9725 Phone (240) 276-6575 Fax (240) 276-7893 Email: PMBAfterhours@mail.nih.gov		SHIPMENT RECORD OF CLINICAL DRUG REQUEST [Barcode] Date Authorized: 08/12/2013 Date Needed: 08/26/2013		Courier: Account # Acct Ref # Order # 2014224-0008-BLI Order Ref # O-1039409	
NCI Protocol #	NSC	Agent Name	Strength & Formulation	QTY	MFG & LOT #
E1111	724772	Sorafenib 200 mg or Placebo	bottle 140 Tablets	4	
PATIENT ID: 1212121		PATIENT INITIAL: A, XX			

- Is the DARF patient specific (double-blinded) ?

The key is to check the drug receipt

DARF Drug Returns

- Returns
 - Follow protocol for return or destruction
 - If possible transfer drug to another study , they will need to follow PMB guidelines.
 - Returns should be done within 90 days per CTMB guidelines (this is not pharma)
 - All documentation of return or destruction of drug should be maintained



- PMB information
 - <http://ctep.cancer.gov/branches/pmb>
 - Newsletters
 - Pharmacy training Videos
- CTMB guidelines
 - Section 5.3
ctep.cancer.gov/branches/ctmb/clinicalTrials/monitoring
 - <https://www.allianceforclinicaltrialsinoncology.org/main>
Alliance P & P Section 2.8.7.3



Questions



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"It's safe to come out - the auditors have gone."



2017 Fall Group Meeting
November 2-4 / Chicago, IL

