Section 7. Study Product Considerations for Non-Pharmacy Staff

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This section provides information and instructions for non-pharmacy staff related to the ordering, transport, delivery and administration of MTN-017 study product for study participants. Associated instructions for pharmacy staff are provided in the MTN-017 Pharmacist Study Product Management Procedures Manual, which will be made available to each site Pharmacist of Record (PoR) by the MTN LOC Pharmacist.

7.1 Study Product Regimens

Each study participant is expected to complete three study product regimens: once daily oral Truvada® (emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF)) tablet, once-daily rectally-administered tenofovir (TFV) reduced glycerin (RG) 1% gel, and receptive anal intercourse (RAI)-dependent rectally-administered TFV RG 1% gel (BAT 24) dosing. BAT 24 dosing for this trial requires the rectal administration of one prefilled applicator of TFV RG 1% gel up to 12 hours prior to expected RAI and one applicator of gel as soon as possible after RAI but within 12 hours.

The order in which study participants will complete the three regimens will be based on his/her randomization assignment to one of six regimen sequences (Sequences 1-6). Each sequence will consist of three eight-week periods of study product administration followed by at least a one-week washout period.

Figure 7-1 Study Regimen Sequences

Sequence	Period 1 (8 weeks)	Washout (~1 week)	Period 2 (8 weeks)	Washout (~1 week)	Period 3 (8 weeks)	Follow-up (~1 Week)
1	Oral (Daily FTC/TDF)		Rectal (Daily TFV RG 1% gel)		Rectal (RAI-associated TFV RG 1% gel)	
2	Rectal (RAI-associated TFV RG 1% gel)		Oral (Daily FTC/TDF)		Rectal (Daily TFV RG 1% gel)	
3	Rectal (Daily TFV RG 1% gel)		Rectal (RAI-associated TFV RG 1% gel)		Oral (Daily FTC/TDF)	
4	Rectal (Daily TFV RG 1% gel)		Oral (Daily FTC/TDF)		Rectal (RAI-associated TFV RG 1% gel)	
5	Oral (Daily FTC/TDF)		Rectal (RAI-associated TFV RG 1% gel)		Rectal (Daily TFV RG 1% gel)	
6	Rectal (RAI-associated TFV RG 1% gel)		Rectal (Daily TFV RG 1% gel)		Oral (Daily FTC/TDF)	

As shown in Figure 7-1, study participants will be randomly assigned in equal numbers to one of six study sequence regimens.

7.2 Study Product Use Instructions

7.2.1 Truvada Tablets

During the oral period of the study, participants will be instructed to take one tablet by mouth daily for the eight-week study period. The oral tablets should be taken as close to the same time each day as possible. If a participant misses a dose, the participant must take the missed dose by mouth as soon as possible, unless the next dose is estimated to be due within six hours. If the next dose is estimated to be due within six hours, the missed dose must be skipped. The next dose will be taken by mouth as originally scheduled.

Detailed product use instructions for oral tablet use can be found on the MTN website.

7.2.2 Daily Tenofovir Reduced Glycerin 1% Gel

Daily rectal administration of the study gel should occur as close to the same time each day as possible. Clinic staff will instruct the participant to use a small amount of the study-provided lubricant on the outside of the applicator for ease of insertion. The clinic will maintain a supply of the lubricant (4 mL packets), which will be provided by the MTN pharmacist. One packet should be given for each applicator. The clinic will also receive 4 oz. tubes of the lubricant for use during study-related procedures.

If a participant misses a dose, the participant must insert rectally the missed dose as soon as possible, unless the next dose is estimated to be due within six hours. If the next dose is estimated to be due within six hours, the missed dose must be skipped. The next dose will be inserted rectally as originally scheduled.

Detailed product use instructions for daily rectal gel insertion can be found on the MTN website.

7.2.3 RAI-Associated Tenofovir Reduced Glycerin 1% Gel

Participants will be given instructions on the BAT24 dosing regimen, which includes inserting a dose up to 12 hours prior to RAI and inserting one dose as soon as possible after RAI (up to 12 hours after intercourse).

If a participant inserts one dose (one applicator) before anticipating having anal sex , and sex does not happen, the participant should insert a second dose (one applicator) at any time up to 24 hours after insertion of the first dose. Further, if a participant did not or will not have sex during an entire week (7-days), the participant should insert one dose (one applicator) into the rectum in the evening of the 6th day and insert a second dose (one applicator) into the rectum within 12 hours after insertion of the first dose.

Participants will be instructed not to insert more than 2 doses of the gel within a 24-hour period.

Detailed product use instructions for RAI-associated gel insertion can be found on the MTN website.

7.2.4 Study Product Concerns

Participants should be instructed to inform study staff of any problems or concerns with their study product. This could include, but is not limited to, a broken tablet, a plunger missing from an applicator, unusual appearance, etc. The participant should be requested to return the product to the clinic at the next scheduled visit. Clinic staff should notify the site pharmacist of any product related issues that a participant has brought to their attention. The returned product (if unused) or a photo should be provided to the pharmacist whenever possible. The pharmacist will relay the reported information to the MTN LOC Pharmacist for further investigation.

7.3 Prescriptions and Dispensing Study Products at Initiate Period Visits

The Statistical Data Management Center (SDMC) will generate and maintain the study randomization scheme which determines the study product regimen sequence assigned to each participant. The randomization envelopes will be sent by the SDMC to the site clinic. The MTN Pharmacist will provide site clinic staff with blank copies of the three different study prescriptions – one for each study product regimen. Study prescriptions will be produced as two-part no carbon required (NCR) sheets. Study products will be dispensed by the pharmacist to enrolled participants or to study staff on behalf of the participant, upon receipt of a written study prescription that is signed by an authorized prescriber. The site name and DAIDS Site ID are preprinted on each study product prescription. Clinic staff must record on the study prescription the PTID, randomization envelope number, study sequence, and study period for the given participant. Once a study prescription is completed and signed by an authorized prescriber at the site, clinic staff will separate the two sheets of the form and the white original will be delivered to the site pharmacy. (If local regulations allow, the pharmacist can prepare the study product from a faxed prescription. The white original prescription must subsequently be forwarded to the pharmacist to be placed in the participant file.)The yellow copy will be retained in the participant's study notebook in the site clinic. Corrections to original study prescriptions should only be made by an authorized prescriber. The same corrections should be made separately on both the original white sheet and the yellow copy. A signed and dated note explaining the corrections also should be recorded on both sheets. Identical corrections and notes should be recorded on both copies, on the same date, by the same person.

One prescription must be completed at each of the Initiate Period Visits (Appendices 7-1a-c). There is one prescription for oral Truvada tablets, one prescription for the daily use TFV RG 1% gel and one prescription for the RAI-associated TFV RG 1% gel. Each of these prescriptions is sufficient to allow for product dispensing for the entire period of the given study product regimen.

The prescription for the oral Truvada tablets, daily gel, and the RAI-associated gel indicates that the quantity dispensed will be sufficient to last until the next study visit. The pharmacist will dispense one bottle of 30 Truvada tablets at the initiate visit of the oral period. The pharmacist will dispense 30 prefilled applicators at the initiate visit for the daily use and RAI-associated gel use periods.

7.4 Study Product Request Slip

The MTN-017 Study Product Request Slip is used by clinic staff to communicate to the study pharmacist the quantity of study product to be re-supplied, as well as clinic staff decisions to hold, discontinue, or resume study product use (Appendix 7-2). The form will also be used to communicate to the pharmacist if a participant chooses to stop using study product and/or terminate early from the study. The slip will be will be produced as two-part no carbon required (NCR) sheets. Bulk supplies of the slips are available from the MTN pharmacist and will be supplied to clinic staff throughout the course of the study. Clinic staff will complete the site name, PTID, and randomization envelope number on the top of the form. When the form is used to request study product, the clinic staff name, signature, and signature date must be completed by a clinic staff member authorized to order study product for participants during follow-up. Double-check the accuracy of all entries and then separate the two parts of the completed slip. Retain the yellow copy in the participant study notebook and deliver the white original to the pharmacy. If corrections are needed, the same corrections must be made separately on both the white original sheet and the yellow copy. A signed and dated note explaining the corrections also should be recorded on both sheets. Identical corrections and notes should be recorded on both copies, on the same date, by the same person.

7.4.1 Study Product Re-Supply - Dispensing Study Products at Mid-Period Visits

The MTN-017 Study Product Request Slip will be used by clinic staff to communicate to the study pharmacist the quantity of study product to be re-supplied to each participant at the Mid-Period visits (and at interim visits, as needed). At Mid-Period visits, and any time additional product is needed (except to resume product use after a clinical product hold), mark the “RE-SUPPLY” box on the MTN-017 Study Product Request Slip. It is anticipated that when the request slip is used to resupply product at the Mid-Period visits, clinic staff will order a quantity of 30 doses (one bottle of 30 Truvada tablets or 30 prefilled applicators). Clinic staff will indicate on the slip the type and amount of study product to be dispensed by checking one of the following boxes: 1 bottle of Truvada Oral Tablets; or 30 MTN-017 Prefilled Applicators. In the event that another quantity is needed (i.e., to replace lost/stolen/damaged study product), another quantity of prefilled applicators can be specified. Oral Truvada tablets, however, must be ordered and dispensed only in bottles of 30 tablets.

7.4.2 Product Hold/Resume

If a study clinician determines that a participant should temporarily hold study product use due to safety reason(s) (e.g., an adverse event), mark the “HOLD” box on the MTN-017 Study Product Request Slip. Record the reason for the hold on the adjacent “Reason” line. It is not necessary to complete any new slips at subsequent visits in which the hold is still in effect. Once a product hold is in effect, the site pharmacist will not dispense any study product to that participant until he/she receives a new request slip from the site clinic marked “RESUME”. Only clinic staff members who are authorized prescribers may mark the “RESUME” box. In all other circumstances, the slips are not required to be signed by an authorized prescriber; however site-specific pharmacy regulations may be more stringent than these requirements. All sites must comply with local requirements. The “RESUME” box should only be checked if study product is being ordered and dispensed following a product hold.

7.4.3 Permanent Discontinuation of Study Product

If a study clinician determines that a participant should permanently discontinue study product use due to safety reason(s) (e.g., grade 3 or higher hepatic toxicity), mark the "PERMANENT DISCONTINUATION" box. Record the reason for the permanent discontinuation on the "Reason" line provided. Once a permanent discontinuation is in effect, the site pharmacist will not dispense any further study product to that participant. Future slips will no longer be completed at the participant's remaining study visits.

7.4.4 Participant-Initiated Decline of Study Product

If a participant decides on his/her own to stop using study product, and refuses to be re-supplied further study product, do not mark the "HOLD" box. Instead, mark the "PARTICIPANT DECLINE" box on MTN-017 Study Product Request Slip. Complete the slip and mark "PARTICIPANT DECLINE" at each subsequent Initiate-period and Mid-period visit in which the participant refuses study product. If the participant changes his/her mind and later decides to restart study product use, complete the slip and mark "RE-SUPPLY".

7.4.5 Participant No Longer in Study

When a participant has completed or withdrawn from the study, this box "Participant No Longer in Study" is checked and sent to the pharmacy. This serves as a notification to the site pharmacist that the participant will no longer have any MTN-017 study visits, and thus will not be requiring any additional study product dispensations. However, in the event that the participant desires to rejoin the study after a voluntary withdrawal, they may resume product use if applicable (see Section 5 of this manual for further information). However, in the event that the participant desires to rejoin the study after a voluntary withdrawal, they may resume product use if applicable.

7.5 Chain of Custody

Study product may be dispensed to an individual participant in one of two ways:

1. From the pharmacy directly to the participant
2. From the pharmacy to an authorized clinic staff member who will then deliver the bottles or applicators to the participant.

Each study site must designate its Chain of Custody (dispensing method) for study product in MTN-017 standard operating procedures (SOPs) for product dispensing and re-supply during MTN-017 follow-up. These SOPs should be developed with input from both pharmacy and clinic staff. They must be approved by the MTN Pharmacist prior to study activation and may only be modified after consultation with the MTN Pharmacist.

7.5.1 Dispensing from the Pharmacy Directly to Participants

At sites choosing to dispense study product directly from the pharmacy to participants, prescriptions and study product request slips are expected to be delivered to the pharmacy by the participants themselves, although this may be done by clinic staff or a runner. Upon receipt of a correctly completed and signed prescription or study product request slip, the site Pharmacist of Record (PoR) will prepare the requested quantity of study product as documented on the prescription or request slip.

The MTN-017 Record of Receipt of Participant-Specific Study Tablets (see Section Appendix 7-3a) and the MTN-017 Record of Receipt of Participant-Specific Study Gel (see Section Appendix 7-3b) must be used to document dispensing of study product directly to a participant. For each Record of Receipt, pharmacy staff will complete the top section (CRS name, DAIDS site ID number, and study product lot number) and the first four columns in the body of the record. When the participant receives study product directly from the pharmacy, the participant will verify and record his/her PTID in the designated column, confirm the quantity of study product dispensed, as documented by the site pharmacist, and complete the remaining three columns in the body of the

record. Comments may be recorded in the designated column and, if additional space is needed, on the back of the record. All Records of Receipt will be retained in the site pharmacy.

7.5.2 Dispensing from the Pharmacy to Clinic Staff

At sites choosing to dispense study product to clinic staff who will then deliver the product to participants, prescriptions and product request slips are expected to be delivered to the pharmacy by clinic staff or a runner or fax with original to follow. Upon receipt of a correctly completed and signed prescription or product request slip, the PoR will prepare the requested quantity of study product as documented on the prescription or request slip.

The MTN-017 Record of Receipt of Participant-Specific Study Tablets and the MTN-017 Record of Receipt of Participant-Specific Study Gel must be used to document dispensing of study product to clinic staff for a given participant. For each Record of Receipt, pharmacy staff will complete the top section (CRS name, DAIDS site ID number, and study product lot number) and the first four columns in the body of the record. When receiving study product from the pharmacy for a given participant, clinic staff will verify and record the PTID in the designated column, confirm the quantity of study product dispensed, as documented by the site pharmacist, and complete the remaining three columns in the body of the record. Comments may be recorded in the designated column and, if additional space is needed, on the back of the record. All Records of Receipt will be retained in the site pharmacy.

Clinic staff are responsible for controlling access to the study products dispensed into their custody and ensuring that the products are delivered to the participants for whom they were dispensed. Clinic staff also must document delivery of the study products to the designated participants in the participants' study charts. Delivery may be documented in chart notes or on other source documents used for this purpose. In the event that all study products dispensed for a participant are not delivered to the participant, clinic staff will document this in the participant's study chart and return the study products to the pharmacy as soon as the participant's visit is completed or as soon as clinic staff know that the participant will not be completing his/her study visit on the scheduled date.

7.6 Unused Study Product Return and Retrieval

Clinic staff will instruct each participant to bring all of his/her unused study product to the Mid-period visits and End-period visits (and the early termination visit, if applicable), regardless of the study regimen. Clinic staff will collect the unused applicators and tablets and document the returned amounts on the MTN-017 Unused Study Product Return Slip (Appendix 7-4), which will be produced as two-part no carbon required (NCR) sheets. The bottom yellow copy will remain in the participant file. The original top white copy will be sent to the site pharmacy, along with all of the returned unused study product. The site pharmacist will use the slip to verify that all returned unused study product has been received at the site pharmacy. If a discrepancy is noted, the site pharmacist will attempt to reconcile this with clinic staff. If needed, corrections to the slip should be made separately on both the original white sheet and the yellow copy. A signed and dated note explaining the corrections also should be recorded on both sheets. Identical corrections and notes should be recorded on both copies, on the same date, by the same person.

Upon the clinic staff returning the unused study product (tablets or gel applicators) to the pharmacy, both the clinic staff member and the pharmacist will together complete the designated Record of Return of Participant-Specific Study Product (Appendix 7-5a and 7-5b). The pharmacist will complete the top section (CRS name, DAIDS Site ID, and study product lot number). Each time the clinic staff member returns participant unused study product to the pharmacy, he/she will complete the first four columns on the Record of Return (date returned by participant, PTID, number of tablets or gel applicators returned by the participant, and clinic staff initials). When receiving the returned unused study product, the pharmacist will verify the PTID. For each PTID, the pharmacist will then confirm the number of unused study product (either tablets or gel applicators) returned and complete the remaining columns on the Record of Return (date/time

returned to the pharmacy and pharmacist initials). Comments may be recorded in the designated space, and if additional space is needed, on the back of the record. All Records of Return of Participant-Specific Study Product will be retained in the site pharmacy.

Clinic staff must use the MTN-017 Unused Study Product Return Slip as a source document to complete the Product Dispensation and Return CRF. The Product Dispensation and Return CRF is required at all Mid-period and End-period Visits, as well as each time study product is either dispensed or returned during the study.

Once the returned unused study product is received at the site pharmacy, it will be designated for quarantine and destruction. In MTN-017, unused study product that is returned by participants will not be re-issued.

Due to the frequency of routine unused product return, the need for product retrieval is expected to be rare. When product retrieval is required, retrieval may occur either by the participant returning the study product to study staff (at a time other than a regularly scheduled study visit), or by study staff conducting outreach to retrieve unused study product from the participant (e.g., at the participant's home).

If a participant does not return remaining unused product on the day of the Final Clinic Visit, the remaining product should be retrieved within five working days. All efforts to retrieve remaining study product that has not been returned to the site should be documented in the participant chart notes. If the product is not retrieved within five working days, clinic staff must inform the Protocol Safety Review Team (PSRT) and the PoR must inform the MTN Pharmacist.

Refer to protocol sections 6.4.6 and 6.4.7 for requirements on study product return and retrieval in the event of a study product hold or permanent discontinuation.

7.7 Appendices

Section Appendix 7-1a: MTN-017 Prescription – Daily Oral Use

MTN-017
EMTRICITABINE 200mg/TENOFOVIR DISOPROXIL FUMARTE 300mg
(FTC/TDF): DAILY ORAL USE

Instructions: All entries must be made in blue or black ink. Press firmly when completing this form. Corrections may be made by drawing a line through incorrect entries, recording correct information, and initialing and dating the correction.

Site Name:			
DAIDS Site ID:		**Randomization Envelope #:**	

Participant ID: ☐☐☐-☐☐☐☐☐-☐

Study Regimen Sequence: *(check one)*

- ☐ **1** – Oral; Daily Rectal; RAI Rectal
- ☐ **2** – RAI Rectal; Oral; Daily Rectal
- ☐ **3** – Daily Rectal; RAI Rectal; Oral
- ☐ **4** – Daily Rectal; Oral; RAI Rectal
- ☐ **5** – Oral; RAI Rectal; Daily Rectal
- ☐ **6** – RAI Rectal; Daily Rectal; Oral

Study Period: *(check one)*

- ☐ Study Period **1**
- ☐ Study Period **2**
- ☐ Study Period **3**

Truvada (FTC/TDF) Oral Tablets

Sig: Take one (1) tablet by mouth once daily as directed.

Quantity: Sufficient to last until the next study visit (as requested by designated clinic staff). May be refilled as needed for the duration of participation in the study.

Authorized Prescriber Name (*please print*): _____

Authorized Prescriber Signature: _____

Date: ☐☐-☐☐☐-☐☐
dd *MMM* *yy*

Clinic Staff Instruction: Once prescription is completed, deliver white original (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant's study notebook.

Pharmacy: Dispense one (1) bottle (30 tablets/bottle) FTC/TDF tablets.

Pharmacy

MTN-017
TENOFOVIR REDUCED GLYCERIN 1% GEL: DAILY RECTAL USE

Instructions: All entries must be made in blue or black ink. Press firmly when completing this form. Corrections may be made by drawing a line through incorrect entries, recording correct information, and initialing and dating the correction.

Site Name:			
DAIDS Site ID:		**Randomization Envelope #:**	

Participant ID: ☐☐☐–☐☐☐☐☐–☐

Study Regimen Sequence: *(check one)*

- ☐ **1 –** Oral; Daily Rectal; RAI Rectal
- ☐ **2 –** RAI Rectal; Oral; Daily Rectal
- ☐ **3 –** Daily Rectal; RAI Rectal; Oral
- ☐ **4 –** Daily Rectal; Oral; RAI Rectal
- ☐ **5 –** Oral; RAI Rectal; Daily Rectal
- ☐ **6 –** RAI Rectal; Daily Rectal; Oral

Study Period: *(check one)*

- ☐ Study Period **1**
- ☐ Study Period **2**
- ☐ Study Period **3**

Tenofovir Reduced Glycerin 1% Gel

Sig: Insert entire contents of one (1) applicator into rectum once daily as directed.

Quantity: Sufficient to last until the next study visit (as requested by designated clinic staff). May be refilled as needed for the duration of participation in the study.

Authorized Prescriber Name (*please print*): _____

Authorized Prescriber Signature: _____

Date: ☐☐–☐☐☐–☐☐
dd *MMM* *yy*

Clinic Staff Instruction: Once prescription is completed, deliver white original (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant's study notebook.

Pharmacy: Dispense 30 pre-filled TFV RG 1% gel applicators.

Pharmacy

MTN-017
TENOFOVIR REDUCED GLYCERIN 1% GEL: RAI-ASSOCIATED RECTAL USE

Instructions: All entries must be made in blue or black ink. Press firmly when completing this form. Corrections may be made by drawing a line through incorrect entries, recording correct information, and initialing and dating the correction.

Site Name:			
DAIDS Site ID:		**Randomization Envelope #:**	

Participant ID: ☐☐☐–☐☐☐☐☐–☐

Study Regimen Sequence: *(check one)*

- ☐ **1 –** Oral; Daily Rectal; RAI Rectal
- ☐ **2 –** RAI Rectal; Oral; Daily Rectal
- ☐ **3 –** Daily Rectal; RAI Rectal; Oral
- ☐ **4 –** Daily Rectal; Oral; RAI Rectal
- ☐ **5 –** Oral; RAI Rectal; Daily Rectal
- ☐ **6 –** RAI Rectal; Daily Rectal; Oral

Study Period: *(check one)*

- ☐ Study Period **1**
- ☐ Study Period **2**
- ☐ Study Period **3**

Tenofovir Reduced Glycerin 1% Gel

Sig: Insert entire contents of one (1) applicator into rectum as directed.

Quantity: Sufficient to last until the next study visit (as requested by designated clinic staff). May be refilled as needed for the duration of participation in the study.

Authorized Prescriber Name (*please print*):_____

Authorized Prescriber Signature: _____

Date: ☐☐–☐☐☐–☐☐
dd *MMM* *yy*

Clinic Staff Instruction: Once prescription is completed, deliver white original (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant's study notebook.

Pharmacy: Dispense 30 pre-filled TFV RG 1% gel applicators.

Pharmacy

Section Appendix 7-2: MTN-017 Study Product Request Slip

Participant ID: ☐☐☐–☐☐☐☐☐–☐ **Randomization Envelope Number:** ☐☐☐

Clinic Staff Instructions: Mark the box that corresponds to the appropriate pharmacy action being requested. If ordering product after a hold, the "RESUME" box must be marked. For "RE-SUPPLY" and "RESUME" indicate the quantity to dispense of the appropriate study product (tablets or gel). Once slip is completed, deliver white original (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant's study notebook.

☐ **RE-SUPPLY → Pharmacy Dispense** *Check One:*
- ☐ 1 Bottle of Truvada Oral Tablets
- ☐ 30 MTN-017 Prefilled Applicators
- ☐ ___ MTN-017 Prefilled Applicators *(specify quantity)*

☐ **HOLD → Reason:** _____

Pharmacy: Do not dispense further MTN-017 study product to the participant until another MTN-017 Study Product Request Slip marked "RESUME" with authorized signature is received.

☐ **RESUME → Pharmacy Dispense** *Check One*:
- ☐ 1 Bottle of Truvada Oral Tablets
- ☐ 30 MTN-017 Prefilled Applicators
- ☐ ___ MTN-017 Prefilled Applicators *(specify quantity)*

☐ **PERMANENT DISCONTINUATION → Reason:** _____

Pharmacy: Do not dispense any further MTN-017 study product to this participant.

☐ **PARTICIPANT DECLINE → Pharmacy: Do not dispense** - participant is refusing study product.

☐ **PARTICIPANT NO LONGER IN STUDY → Pharmacy: Do not dispense** any further MTN-017 study product to this participant.

Clinic Staff Name (*please print*): _____

Clinic Staff Signature: _____

Date: ☐☐–☐☐☐–☐☐
dd *MMM* *yy*

Pharmacy

MTN-017 RECORD OF RECEIPT OF PARTICIPANT-SPECIFIC STUDY TABLETS

DAIDS Site ID:	**CRS Name:**
Product Lot:	

PHARMACY STAFF				CLINIC STAFF/COURIER/RUNNER/PARTICIPANT			
Date and Time Dispensed by Pharmacy dd-mm-yy (hh:mm) 24 hr clock	PTID	Number of Tablets Dispensed by Pharmacy	RPh Initials	PTID (Verify PTID)	Date and Time Received by Clinic Staff dd-mm-yy (hh:mm) 24 hr clock	Clinic Staff/ Courier/ Runner/ Ppt Initials	Comments

Instructions: Complete one row each time study product is dispensed to non-pharmacy staff for delivery to a study participant. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction.

Section Appendix 7-3b: MTN-017 Record of Receipt of Participant-Specific Study Gel

MTN-017 RECORD OF RECEIPT OF PARTICIPANT-SPECIFIC STUDY GEL

DAIDS Site ID:	**CRS Name:**
Product Lot:	

PHARMACY STAFF				**CLINIC STAFF/COURIER/RUNNER/PARTICIPANT**			
Date Dispensed by Pharmacy dd-mm-yy (hh:mm) 24 hr clock	PTID	Number of Gel applicators Dispensed by Pharmacy	RPh Initials	PTID (Verify PTID)	Date and Time Received by Clinic Staff dd-mm-yy (hh:mm) 24 hr clock	Clinic Staff/ Courier/ Runner/ Ppt Initials	Comments

Instructions: Complete one row each time study product is dispensed to non-pharmacy staff for delivery to a study participant. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction.

Section Appendix 7-4: MTN-017 Unused Product Returns Slip

PTID: ☐☐☐-☐☐☐☐☐-☐ **VISIT DATE:** *dd* ☐☐-*MMM* ☐☐☐-*yy* ☐☐

Clinic Staff Instructions: Complete one MTN-017 Unused Product Returns Slip at each Mid-period and End-period/Final Clinic Visit, and any time a participant returns unused study product.

Document all unused study product that the participant returned at the visit. This includes study product that was dispensed at the last visit, and any unused study product that the participant is returning late (i.e., that was expected to be returned at a previous visit). If all returned product has the same dispensation date, complete the first row only. If the returned product is from different dispensations, complete one row for each dispensation date and record the amount returned from each dispensation. If the participant returned only one type of study product (tablets or gel), record zeros for the type of study product the participant did not return. If the participant did not return any unused study product, complete the first row only by recording the last date of dispensation and zeros for the amounts returned. Record any relevant information in the comments section.

Date of Dispensation	**FTC/TDF (Truvada)**		**Tenofovir RG 1% Gel**
	# Bottles	# Tablets	# Unused Applicators
dd *MMM* *yy*			
☐☐-☐☐☐-☐☐	☐	☐☐	☐☐
☐☐-☐☐☐-☐☐	☐	☐☐	☐☐
☐☐-☐☐☐-☐☐	☐	☐☐	☐☐
☐☐-☐☐☐-☐☐	☐	☐☐	☐☐

Comments:

Clinic Staff Initials/Date: _____

Pharmacy

MTN-017 RECORD OF RETURN OF PARTICIPANT-SPECIFIC STUDY TABLETS

DAIDS Site ID:	**CRS Name:**
Product Lot:	

CLINIC STAFF				**PHARMACY STAFF**			
Date Returned by Participant dd-mm-yy (hh:mm) 24 hr clock	PTID	Number of Tablets returned by Participant	Clinic Staff Initials	PTID (Verify PTID)	Date and Time Returned to Pharmacy dd-mm-yy (hh:mm) 24 hr clock	RPh Initials	Comments

Instructions: Complete one row each time study tablets are returned by the participant to non-pharmacy staff for subsequent return to the site pharmacy. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction.

MTN-017 RECORD OF RETURN OF PARTICIPANT-SPECIFIC STUDY GEL

DAIDS Site ID:	**CRS Name:**
Product Lot:	

CLINIC STAFF				**PHARMACY STAFF**			
Date Returned by Participant dd-mm-yy (hh:mm) 24 hr clock	PTID	Number of Gel applicators returned by Participant	Clinic Staff Initials	PTID (Verify PTID)	Date and Time Returned to Pharmacy dd-mm-yy (hh:mm) 24 hr clock	RPh Initials	Comments

Instructions: Complete one row each time study gel is returned by the participant to non-pharmacy staff for subsequent return to the site pharmacy. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction.

12.1 What is the best position to insert the study gel?
Find the position that feels most comfortable. Many people already have a position they prefer (kneeling, squatting, etc.). If you do not have a preferred position, we recommend that you lie on your left side or on your back. See product use instructions.

12.2: What should I do if it hurts when I use the applicator to insert the study gel?
Inserting the study gel should not be painful. If you have pain when inserting the study gel, try another position. If you still have pain in the new position, perhaps you need to change the angle of the applicator. The applicator should be slightly lubricated with the lubricant provided by the clinic staff. If you still feel pain on insertion, please contact the study clinic.

1**2.3: Where does the study gel go to after I put it inside?**
The study gel stays in the rectum. Some study gel will likely come out of the rectum over time. This is normal and expected.

12.4: Can the applicator get lost inside me?
No, the applicator cannot get lost inside you. When you use the applicator, hold it with your fingers about half-way along the barrel, and insert it until your fingers touch your body. Half of the barrel of the applicator should go inside your body. The other half should stay outside the body. Once the contents are inserted, remove the entire applicator and discard.

12.5: What should I do if I have trouble inserting the study gel with the applicator?
The applicators should be easy to use. The applicator should be slightly lubricated with the lubricant provided by the clinic staff. If you have difficulty using the applicators, please contact the study clinic, as the clinic staff may be able to show you different ways that you can insert the study gel, which might make it easier.

12.6: What should I do if I think there is something wrong with an applicator?
If there seems to be something wrong with an applicator (for example, you find it difficult to push the study gel out of the applicator, or if study gel has leaked out, or you think there is some other problem), do not use the applicator. Use another applicator instead. Keep the applicator that had something wrong with it and bring it to the study pharmacy at your next study visit. If you think that something is wrong with all of your applicators, contact the study staff as soon as possible (i.e., do not wait until your next visit) so the staff can make sure you have enough working applicators.

12.7: What happens if I press the plunger too early and most of the study gel comes out on my outside? Can I put more in?
If most of the study gel comes out on your outside, dispose of that applicator and use a new applicator to insert another dose of study gel. If this occurs with more than one applicator, contact the study staff as soon as possible (i.e., do not wait until your next visit) so the staff can make sure you have enough working applicators.

12.8: How do I store the study gel?
Store the study gel in a cool, dry place at room temperature and not in the sun.

12.9: What happens if the applicators get wet before I use them?
If only the wrapper gets wet, the applicator can still be used. Dry the wrapper off before taking out the applicator. If the applicator itself gets wet, it should not be used, but this might only happen if the wrapper is already open.

12.10: What should I do if the wrapper is already open when I want to use the study gel?

You should only use applicators with sealed wrappers, so you should always open the wrapper right before inserting the study gel. If you notice an applicator with a wrapper that is not sealed, do not use that applicator. Use a different applicator with a sealed wrapper instead. Keep the applicator with the open wrapper and bring it to the study pharmacy at your next study visit.

12.11: What should I do if I forget to insert the study gel one day?
You must insert rectally the missed dose as soon as possible, unless the next dose is estimated to be due within six hours. If the next dose is estimated to be due within six hours, the missed dose must be skipped. The next dose will be inserted rectally as originally scheduled.

12.11: What should I do if I have a reaction to the study gel (e.g., unusual itching, stinging)?
Contact the study staff and ask their advice. They might ask you to go to the clinic to be assessed and receive treatment, if needed.

12.13: Can I use the study gel before oral sex (i.e., no intercourse)?
Yes, the gel can be inserted prior to oral sex.

12.14: Does it matter what brand of condoms we use?
Ideally, you should only use the condoms given to you by the study clinic staff. However, if you do not have one of those condoms, and you have a different condom, use that condom. If a condom other than the condoms given to you by the study clinic staff is used, inform the study clinic staff of the change. It is always important to use condoms that do not have nonoxynol 9 (N9) lubricant, as this may damage the rectum. Condoms are the only known way to protect against HIV and other sexually transmitted diseases (STIs), so it is always better to use any condom (even if it was not given to you by the study) than to use no condom.

12.15: What should I do if the study gel leaks out?
It is likely that some study gel will leak out. If this happens you don't need to do anything about it. You should always insert the full amount in the applicator.

12.16: Can I use herbs or other substances for anal sex while I am using the study gel?
Participants should refrain from any practices which include rectal insertion of any product (other than the study gel), including those used during sexual intercourse.

12.17: Does it matter if I do not insert the study gel at the same time every day (at bedtime or longest period of rest)?
Ideally, you should insert the study gel at bedtime or longest period of rest, to prevent the study gel from leaking out when you are standing or being active.

12.18: Can my partner insert the study gel for me?
It is preferable that you insert the study gel yourself, but if you are happy that your partner knows how to do it in a way that won't cause you discomfort, then this is acceptable. It is better for your partner to insert the study gel for you than to not use the study gel at all.

12.19: Will I have access to the study gel if it is shown to be effective?
If the study gel is shown to be safe and effective, it will take some time for the study gel to be allowed to be sold in the shops.

12.20 What happens if I spill my tablets accidentally?
If any of the tablets become lost or unusable before the next scheduled visit, inform the clinic staff immediately so that they make arrangements for replacement tablets to be dispensed.

12.21 Do I need to eat before taking my tablets?
No, you may take the tablet with our without a meal.

12.22 What do I do if I vomit after taking the study tablet?

If you vomit after taking your study tablet and you are able to determine that your tablet has been thrown up (i.e., you can see the tablet in the vomit), then you should wait approximately 30 minutes and then take another tablet. If you vomit again after taking the second tablet, you should not take any more tablets that day but try again the next day, at the scheduled time of the next day's dose.

If you vomit after taking your study tablet and are not able to determine that your tablet has been thrown up (i.e., you cannot see the tablet in your vomit), you should not take any more tablets that day but try again the next day, at the scheduled time of the next day's dose.

Please inform study staff if additional tablets are needed prior to your next schedule visit. Please inform staff at your next scheduled visit of any vomiting issues. If vomiting is severe, please contact the study clinic as soon as possible.

12.23 What if I have trouble swallowing the tablet?
If you have trouble swallowing the tablet, take a sip of water and relax. Place the tablet on the back of your tongue and swallow with water. You may try drinking the water with a straw as this may help to swallow the tablet.

12.24 What if I forget to take the tablet?
If you forget to take the tablet, take the missed dose as soon as possible unless the next dose is due within 6 hours. If the next dose is due within 6 hours, the missed dose should be skipped, and the next dose should be administered as originally scheduled. Inform clinic staff of missed doses at next scheduled visit.

12.25 What are the side effects of the tablet?
The most common side effects are: diarrhea, nausea, vomiting, and intestinal gas. Other side effects that have been reported include: weakness, low phosphate, dizziness, shortness of breath, and rash.