

Section 8. Study Product Considerations for Non-Pharmacy Staff

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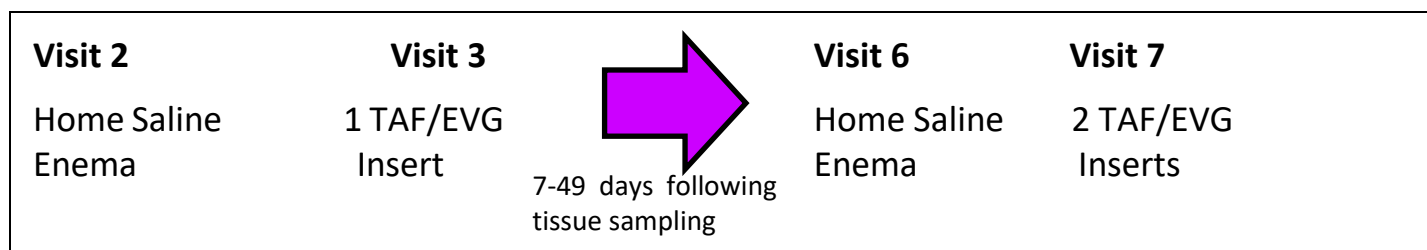
8. Introduction

This section provides information and instructions for non-pharmacy staff related to the ordering, transport, delivery and administration of MTN-039 study product for study participants. Associated instructions for pharmacy staff are provided in the MTN-039 Pharmacist Study Product Management Procedures Manual, which will be made available to each site Pharmacist of Record (PoR) by the MTN LOC Pharmacist.

8.1 Study Product Regimens

Each study participant will initially receive a single TAF/EVG insert for rectal administration. The insert will be administered by clinic staff in the site clinic. Following a washout period of at least 7 days (7-49 days), participants will each receive two TAF/EVG inserts for rectal administration in the clinic. Participants will self-administer a saline enema at home the evening prior to each clinic dosing visit. The total duration of product administration, including the one washout period, is approximately 6-13 weeks.

Figure 8-1 Study Regimen Sequences



8.2 Study Product and Saline Enema Kit

8.2.1 TAF/EVG Inserts

At Dosing Visit 3, a clinician will administer a single insert into the participant's rectum. At Dosing Visit 7, a clinician will administer two inserts into the participants' rectum. The pharmacist will provide a supply of lubricant to the clinic staff for the trial. The lubricant will be used for ease of insertion and should be applied to the anus and not the product.

A Rectal Insert Guide can be found on the MTN-039 webpage and may be used to guide the participant through administration of the insert.

8.2.2 Saline Enema for Home Administration

At Enrollment and Visit 6, participants will be dispensed a saline enema kit for the purpose of cleansing the bowels in preparation for Dosing Visits 3 and 7 and rectal sample collection. The enema will be self-administered by the participant at home, prior to returning for their next scheduled visit.

Detailed instructions on preparing and administering the enema at home will be provided to and reviewed with the participant.

8.3 Prescriptions and Dispensing Study Product and Saline Enemas

8.3.1 Clinic Procedures

MTN-039 Prescriptions will be produced as two-part no carbon required (NCR) forms. A bulk supply of prescriptions will be provided to the Pharmacist of Record (PoR) by the MTN LOC Pharmacist. A new prescription will be required for each dose administration visit. Clinic staff will complete a study prescription and send the original (white) part to designated site pharmacy staff, as described below. The copy (yellow) is retained in the participant binder.

There is only one prescription for product in the study and this prescription is completed at Visit 3 (when requesting one TAF/EVG insert) and at Visit 7 (when requesting two TAF/EVG inserts).

The completed prescription includes PTID; verification of signed informed consent; and indication of the applicable product quantity to be supplied.

The middle section of the prescription includes the printed name and signature of the authorized prescriber, and signature and date. This section must be completed by a study staff member designated in the site's Delegation of Duties (DoD) Log as an authorized prescriber of study product. This person also must be listed as an investigator (either the Investigator of Record or Sub-Investigator) on the current FDA Form 1572.

When completing the Prescription, Home Saline Enema Kit Request Slip and Study Product Request Slip, double-check the accuracy of all entries and then separate the two parts of the completed prescription. Retain the yellow (clinic) copy in the participant study notebook. 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.

8.3.2 Pharmacy Procedures:

Upon receiving the completed MTN-039 Prescription, the pharmacist will review the document for completion and accuracy. If pharmacy staff identifies possible errors on the original prescription, (s)he will return the original prescription to clinic staff for clarification or correction. If corrections are required, corrections must be made on both the white original prescription and the yellow copy. An identical signed and dated note explaining the corrections should be recorded on both copies, on the same date, by the same person. Corrections to original study prescriptions should only be made by an authorized prescriber and fully documented in the participant's chart notes.

The pharmacy staff will prepare requested dose of the EVG/TAF insert along with lubricant that will be dispensed with the insert to aid in administration.

8.3.3 Saline Enema

The MTN-039 Home Saline Enema Kit Request Slip (Appendix 8-2) is used by clinic staff to request the enema kit that is dispensed to participants at Enrollment and Visit 6. The slip 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 record the PTID on the top of the form.

When the form is used to request the enema kit, 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.

8.4 Study Product Request Slip

The MTN-039 Study Product Request Slip (Appendix 8-3) is used by clinic staff to communicate to the study pharmacist that an additional rectal insert is needed, as well as clinic staff decisions to hold, discontinue, or resume study product use. 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.

Clinic staff will record the PTID 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.

8.4.1 Study Product Re-Supply

The MTN-039 Study Product Request Slip will be completed by clinic staff to communicate to the study pharmacist the study product and quantity to be re-supplied in the event one or both of the rectal inserts become unusable (e.g. dropped on the floor).

Any time additional product is needed (except to resume product use after a clinical product hold), mark the "RE-SUPPLY" box on the MTN-039 Study Product Request Slip. Clinic staff will indicate on the slip the quantity of study product to be dispensed by indicating which dose (1 insert or 2 inserts) is being requested. 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.

8.4.2 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-039 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 s/he 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 and country requirements. The “RESUME” box should only be checked if study product is being ordered and dispensed following a product hold and resumption.

8.4.3 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 4 AE), mark the “PERMANENT DISCONTINUATION” box on the MTN-039 Study Product Request Slip. 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 for that participant. Future slips will no longer be completed at the participant’s remaining study visits.

8.4.4 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 with study product, do not mark the “HOLD” box. Instead, mark the “PARTICIPANT DECLINE” box on MTN-039 Study Product Request Slip. Complete the slip and mark “PARTICIPANT DECLINE” at each subsequent visit during 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”.

8.4.5 Product Use Period Completed

When the participant is no longer in the study this box is checked and no further product will be dispensed. It is expected that at least one Product Request Slip will be completed for each participant to inform the pharmacist that the participant has completed product use.

8.5 Chain of Custody

8.5.1 Dispensing from the Pharmacy to Clinic Staff

Study product will be dispensed from the pharmacy to an authorized clinic staff member who will then deliver it to the participant. Each study site must develop an SOP on product dispensation and re-supply during study follow-up and include information on designating a Chain of Custody (dispensing method) for study product. The SOP should be developed with input from both pharmacy and clinic staff. It must be approved by the MTN Pharmacist prior to study activation and may only be modified after consultation with the MTN Pharmacist.

Prescriptions and Request Slips should be delivered to the pharmacy by clinic staff or a runner, or faxed, followed by delivery of the original. Upon receipt of a correctly-completed and signed prescription or request slip, the PoR will prepare the requested product and quantity of study product as documented on the prescription or request slip.

The MTN-039 Record of Receipt of Participant-Specific Study Product (Appendix 8-4) must be completed to document dispensation 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 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 participant for whom they were dispensed. Clinic staff also must document delivery of the study products to a participant in the participant's study chart. 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 learn that the participant will not be completing his/her study visit on the scheduled date.

8.6 Study Product Return

If an insert is dispensed from the pharmacy and not administered, it must be returned to the pharmacy prior to the clinic closing the same day for quarantine and destruction. Upon the clinic staff returning the unused study product to the pharmacy, both the clinic staff member and the pharmacist will together complete the designated Record of Return of Study Product (Appendix 8-5).

Each time the clinic staff member returns participant unused study product to the pharmacy, s/he will complete the first four columns on the Record of Return including the date, time, PTID, the quantity returned, and clinic staff initials. When receiving the returned unused study product, the pharmacist will verify the PTID 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 Study Product will be retained in the site pharmacy.

Section Appendix 8-1: MTN-039 Prescription

MTN-039 Prescription

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.

Participant ID:

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Did the participant provide written informed consent for enrollment into MTN-039? YES NO Clinic Staff Initials: _____

CHECK ONE:

Product Use Period 1	Product Use Period 2
<input type="checkbox"/> 1 TAF/EVG Insert	<input type="checkbox"/> 2 TAF/EVG Inserts

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

<p>MTN-039 Pharmacy Instructions: Dispense 1 or 2 inserts as indicated above. Dispense with lubricant.</p>

<p>Authorized Prescriber Name (<i>please print</i>): _____</p> <p>Authorized Prescriber Signature: _____</p> <p>Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <p style="text-align: center;"><small>dd MMM yy</small></p></p>								

Section Appendix 8-2: Home Saline Enema Kit Request Slip

MTN-039 HOME SALINE ENEMA KIT REQUEST SLIP

Clinic Staff Instructions: Mark the request box for the home saline enema kit. Deliver the original white copy (labeled “Pharmacy”) to the pharmacy. File the yellow copy (labeled “Clinic”) in the participant’s study notebook.

Participant ID: -

Visit #: _____

<input type="checkbox"/> Check box to indicate you are requesting pharmacy provide one saline home enema kit.

Clinic Staff Name (*please print*): _____

Clinic Staff Signature: _____

Date: - -
dd *MMM* *yy*

Appendix 8-3 MTN-039 Study Product Request Slip

Clinic Staff Instructions: Mark whether this is a re-supply (indicate product), clinical hold, resume (after a clinical hold), participant decline, permanent discontinuation or product use period completion notification. Only an authorized prescriber can indicate product resumption. Deliver the original white copy (labeled "Pharmacy") to the pharmacy. File the yellow copy (labeled "Clinic") in the participant's study notebook.

Participant ID: -

<input type="checkbox"/>	RE-SUPPLY →	Pharmacy: (Check one)	<input type="checkbox"/> Dispense one (1) TAF/EVG rectal inserts* <input type="checkbox"/> Dispense two (2) TAF/EVG rectal inserts*
<input type="checkbox"/>	HOLD →	Reason: _____ Pharmacy: Do not dispense further MTN-039 study product to the participant until another MTN-039 Study Product Request Slip marked "RESUME" is received.	
<input type="checkbox"/>	RESUME →	Pharmacy: (Check one)	<input type="checkbox"/> Dispense one (1) TAF/EVG rectal inserts* <input type="checkbox"/> Dispense two (2) TAF/EVG rectal inserts*
<input type="checkbox"/>	PARTICIPANT DECLINE →	Pharmacy: Do not dispense at this visit – participant is refusing MTN-039 study product.	
<input type="checkbox"/>	PERMANENT DISCONTINUATION →	Reason: _____ Pharmacy: Do not dispense any further study product to the participant.	
<input type="checkbox"/>	PRODUCT USE PERIOD COMPLETE →	Pharmacy: Do not dispense any further study product to the participant.	

Clinic Staff Name (please print): _____

Clinic Staff Signature: _____

Date: - -
dd MMM yy

*Dispense lubricant as needed.

