York and Scarborough Teaching Hospitals NHS Foundation Trust R&D Unit
Standard Operating Procedure
Pharm/S58

Actioning a Clinical Trial Investigational Medicinal Product Recall

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/or Q-Pulse 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 Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.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: https://www.research.yorkhospitals.nhs.uk/sops-and-guidance-/ and/or Q-Pulse

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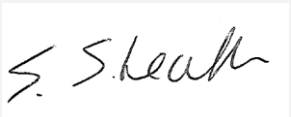
	Signature:	
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This SOP will normally be reviewed every 3 years unless changes to the legislation require otherwise

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
1.0	1st June 2010	
2.0	23rd August 2013	Removal of references to the North and East Yorkshire R&D Alliance. Change of SOP Controller. Addition of Scarborough Hospital as a site working to this SOP. Assurance that Medicines held in the Experimental Medicine Unit will be checked upon a Recall.
3.0	23rd November 2015	Amendment of references to Experimental Medicine Unit to York Clinical Research Facility. Addition of reference to SOPCST7 which now covers responding to MHRA drug alerts across both York and Scarborough Hospitals.
4.0	21st December 2017	Minor amendments to wording. Removal of reference to YCRF and trial status inventory list.
5.0	7th October 2020	Change of author. Change to link for R&D website. Added in additional information regarding contacting sponsor if more supplies are needed.

Contents

1 Introduction, Background and Purpose

This SOP describes the actions to be taken in the event of an instruction to recall a product used within a clinical trial.

This SOP works alongside the pharmacy drug recall procedure.

Where York and Scarborough Teaching Hospitals NHS Foundation Trust are procuring Investigational Medicinal Product to be used in a trial they are sponsoring, it is important that the Technical agreement produced contains the responsibilities of each party involved, i.e. IMP manufacturer and Sponsor, in relation to product recall. .

2 Who Should Use This SOP

The pharmacy clinical trials team within York and Scarborough Teaching Hospitals NHS Foundation Trust is responsible for checking clinical trial stocks of medicines affected by each Drug Alert and documenting any action taken, co-ordinating the response to a drug recall initiated by a trial sponsor and notifying investigators if any trial participants have received an affected batch of Investigational Medicinal Product (IMP) and reconciliation of returned IMPs.

The Principal Investigator and Research Nurses will be responsible for contacting patients who have been given IMP from the affected batch.

3 When this SOP Should be Used

This procedure is applicable to the recall of licensed medicines used in clinical trials and Investigational Medicinal Products supplied by pharmaceutical companies and/or trial sponsors.

4 Procedure(s)

4.1 Drug Alerts from the MHRA

Drug alerts from the MHRA will relate to medicines with a UK Marketing Authorisation.

4.1.1 Notification

A member of the Pharmacy team will notify the clinical trials team of the receipt of a national drug alert notification. They will provide a copy of the MHRA alert and product details, and will state the urgency of the alert and the necessary action to be taken (including recall of the affected batches).

4.1.2 Checking Stock

This, and sections 4.1.3 and 4.1.4 are the responsibility of a member of the Pharmacy clinical trials team.

- Identify a lead person from the clinical trials team to be the point of contact for other departments while the IMP recall is actioned. Record this as required on the Trial Drug Recall Summary Sheet if necessary (Pharm/F41).
- Determine whether the product is used as an IMP in any trials hosted by York and Scarborough Teaching Hospitals NHS Foundation Trust by checking the Pharmacy site file of the clinical trial.
- If the product is NOT used as an IMP in the Trust:
    - Confirm this to the member of the Pharmacy team who is actioning the alert.
    - Sign and date the Pharmacy Recall Record as per standard practice and confirm the action required.
    - Please note: The Pharmacy Recall Record will be filed as per standard practice.
- If the product is used as an IMP in the Trust :
    - Check trial files and any ring-fenced stock to identify whether any of the affected batches have been received. The batch number of the IMP will be recorded on receipt and usually on the prescription and accountability logs. Details of when the affected batch was placed on the market can be found from the drug alert.
    - Identify all areas where the affected IMP is stored in pharmacy, wards, clinics, theatres, emergency departments, and external units.
    - Withdraw all affected stock from use and place in quarantine
    - Record details of any recalled product identified on the trial specific Trial Drug Recall Summary Sheet (Pharm/F41). Use one sheet for each trial.
    - Obtain a print out of the Drug Alert and accompanying email and attach to the Trial Drug Recall Summary Sheet (Pharm/F41).
    - Normal dispensary stock of the product (i.e. not ring-fenced trial stock) will be identified and checked by the designated personnel for the dispensary.
- In ALL cases, report back to the person responsible for coordinating the recall, the outcome of the recall. Sign, date and time the Pharmacy Recall record to confirm action has been taken. The Trial Drug Recall Summary sheet (Pharm/F41) should be filed in the relevant Pharmacy clinical trial file (together with a copy of the standard York Pharmacy Recall Record).

4.1.3 Informing Investigators and Clinical Trial Participants

- For each trial, a member of the clinical trials team will identify and list (on the Trial Drug Recall Summary Sheet (Pharm/F41)) all patients that have received IMP from the recalled batch.

- A member of the clinical trials team will inform the Principal Investigator (PI) for each trial affected by the drug alert and forward a photocopy of the Trial Drug Recall Summary Sheet (Pharm/F41) to the PI and Research Nurse they designate responsibility to. It is the responsibility of the Principal Investigator to contact the clinical trial patients affected by the recall as appropriate. Under normal circumstances this responsibility will be delegated to the Research Nurse.
- The Research Nurse will contact patients who have been supplied with IMP from the affected batch, if appropriate.
- The Research Nurse will request that the patient returns their trial medication to Pharmacy as soon as possible for checking and replacement with alternative stock if available. They will return their copy of the Trial Drug Recall Summary Sheet (Pharm/F41) to Pharmacy after completing section E. A photocopy of the Trial Drug Recall Summary Sheet should be filed in the Trial Master file to show evidence of the patients being contacted.
- A member of the clinical trials team will document all actions taken on the original trial specific Trial Drug Recall Summary Sheet (Pharm/F41) completing section F, attach the copy returned from the Research Nurse containing confirmation of patients being contacted and file in the pharmacy trial file.
- It is the responsibility of the clinical trials team to reconcile the IMP returned from patients against the list of patients on the Trial Drug Recall Summary Sheet (Pharm/F41) and take appropriate action if IMP is not returned. In this circumstance, the Research Nurse should be contacted to ask them to contact the patient again.

4.1.4 Quarantine of Recalled IMP

- Withdraw all affected stock from all storage areas if necessary.
- Place all affected stock into quarantine.
- Record details of quarantined stock on the Trial Drug Recall Summary Sheet (Pharm/F41).
- Contact the Research Nurse to confirm if there is sufficient IMP for patient visits expected in the near future.
- Contact the trial sponsor to inform them of the action taken and request further stock if necessary.
- Establish what further action is required regarding return or destruction of the recalled product. Replacement stock or credit may be available through the trial sponsor, manufacturer or wholesaler.

4.1.5 Central alerts system (CAS) reporting

- If the drug alert is received through the central alerts system, assurance that action has been taken should be reported to the Senior Management Team within Pharmacy.

Drug Recalls Initiated by a Trial Sponsor

4.1.5 Notification

The trial sponsor will notify all trial site pharmacies and investigators of an IMP recall according to their SOPs. This notification may be by letter, e-mail or fax and may be followed by a telephone call if the recall is urgent and requiring immediate action.

If York and Scarborough Teaching Hospitals NHS Foundation Trust are the Sponsor, notification will be received from the R&D unit.

4.1.6 Checking Stock

A member of the Pharmacy clinical trials team should undertake the actions listed in sections 4.1.6, 4.2.3 and 4.2.4

- Locate the pharmacy site file for each trial affected. Once the trial file has been located, check the IMP receipt documentation to ascertain whether the affected batch of IMP has been received. The batch number of the IMP will be recorded on receipt and usually on the prescription and accountability log.
- If the affected batch of IMP has NEVER been received:
    - Document this on the IMP recall notification.
    - Confirm with trial sponsor that affected stock has not been received at site
    - File all related documentation in the trial specific pharmacy file (supply/receipt section).
- If the affected batch of IMP has been received:
    - Identify all areas where the affected IMP is stored in pharmacy, wards, clinics, theatres, emergency departments and external units.
    - Follow the instructions provided by the trial sponsor with regard to withdrawal of affected stock from use and quarantine procedures.
    - Record details of any recalled product identified on the trial specific documentation provided by the sponsor.
    - If the sponsor has not provided instructions or documentation, withdraw all affected stock from use and place in quarantine until further instructions are received.
    - Record details of any recalled product identified on the trial specific Trial Drug Recall Summary Sheet (Pharm/F41). Use one sheet for each trial.

4.1.7 Informing Investigators and Clinical Trial Participants

- A member of the clinical trials team will access dispensing records and identify all patients that have received IMP from the recalled

batch. Follow the instructions provided by the trial sponsor regarding recall of IMP from trial participants. Record on Pharm/F41 as appropriate.

- A member of the Pharmacy clinical trials team will inform the Principal Investigator (PI) for each trial affected by the recall notice and forward a photocopy of the Trial Drug Recall Summary Sheet (Pharm/F41) to the PI and Research Nurse they designate responsibility to. It is the responsibility of the PI to contact any patients affected by the recall. This responsibility may be delegated to the Research Nurse.
- The Research Nurse will contact patients who have been supplied with IMP from the affected batch, if appropriate.
- The Research Nurse will request that the patients return their trial medication to Pharmacy as soon as possible for checking and replacement with alternative stock if available. They will return their copy of the Trial Drug Recall Summary Sheet (Pharm/F41) to Pharmacy after completing section E. A photocopy of the Trial Drug Recall Summary Sheet (Pharm/F41) should be filed in the Trial Master file to show evidence of the patients being contacted.
- A member of the Pharmacy clinical trials team will document all actions taken on the original trial specific Trial Drug Recall Summary Sheet by completing section F (or complete documentation provided by the trial sponsor), attach the copy returned from the Research Nurse containing confirmation of patients being contacted and file in the pharmacy trial file (in the supply/receipt section).
- It is the responsibility of the clinical trials team to reconcile the IMP returned from the patients against the list of patients on the Trial Drug Recall Summary Sheet (Pharm/F41) and take appropriate action if IMP is not returned. In this circumstance, the Research Nurse should be contacted to ask them to contact the patient again.

4.1.8 Quarantine of the IMP

- Withdraw all affected stock from all pharmacy clinical trial storage areas.
- Place all affected stock into quarantine.
- Record details of quarantined stock on the Trial Drug Recall Summary Sheet (Pharm/F41).
- Contact the Research Nurse to confirm if there is sufficient IMP for patient visits expected in the near future.
- Contact the trial sponsor to inform them of the action taken and request further stock if necessary.
- Establish what further action is required regarding return or destruction of the recalled product. Replacement stock should be available through the trial sponsor.

4.2 Out of Hours

If the on call pharmacist receives an MHRA Drug alert, they will follow pharmacy procedures for responding to a MHRA drug alert.

In the case of the drug being an Investigational Medicinal Product, this alert should be given to a member of the clinical trials team to action as soon as possible the next working day as no IMP will be dispensed from Pharmacy out of hours. The clinical trials team will then follow the 'during normal working hours' process as described in section 4.1 above.

The same process applies to receipt of an IMP recall initiated by the sponsor of a clinical trial out of hours.

The only exception to the above would be a drug alert or recall for studies where IMP's are stored outside the Pharmacy. The details of these can be found in each trial pharmacy site file. In these cases, the Principal Investigator of the study should be contacted immediately by the on call Pharmacist and the process for 'during normal working hours' followed as detailed above, as the IMP is at risk of being dispensed.

4.3 Testing the IMP Recall process

This should be conducted by a member of the Pharmacy clinical trials team and a Research Nurse/Principal Investigator from the relevant speciality.

Testing of this process should be conducted on a yearly basis.

The process should be tested on two trials (one trial from the York site and one from the Scarborough site). The trials tested should be selected from a different speciality each year and this should be documented on the IMP Recall Test Form – Pharm/F49.

Of the two trials selected for testing, one should be commercially sponsored and one non-commercially sponsored where possible.

If an actual MHRA drug alert or IMP recall is actioned during the year, the requirement for testing will be reduced accordingly.

Follow the procedure detailed below and record actions on the IMP Recall Test Form (Pharm/F49):

- Select a trial that is open to recruitment.
- Locate the accountability log and select a batch number of the medication listed (which has been dispensed).
- Using the batch number and medication selected, identify the patients that have received this batch.
- Complete the Trial Drug Recall Summary Sheet (Pharm/F41) as required. Write 'TEST' in the recall details section of the form in capital letters. Attach this form to the IMP Recall Test Form (Pharm/F49) after the process has been completed.
- Contact the Research Nurse to inform them that you are performing a IMP recall test and ask them to confirm that they would be able to contact all patients who have received the IMP. IT IS NOT NECESSARY TO CONTACT THE ACTUAL PATIENTS. Confirm if they would be able to get replacement prescriptions so the patient can receive new medication.

- If applicable contact the sponsor to confirm with them that if necessary they could get medication to us within a short space of time.
- The Research Nurse should complete section E once all the patient contact numbers have been obtained/verified as present.
- The process should be reviewed by the Pharmacy clinical trials team and the Research Nurse/Principal Investigator after the test.
- The outcome of the test and any further actions should be agreed and documented on the IMP Recall Test Form (Pharm/F49).
- The IMP Recall Test Form (Pharm/F49) should be filed in the relevant trial pharmacy site file provide evidence of compliance with this SOP.

5 Related SOPs and Documents

Pharm/F41	Trial Drug Recall Summary Sheet
Pharm/S59	Quarantine of IMP
Pharm/F49	IMP Recall Test Form