# MTN-005
# Study Product Considerations

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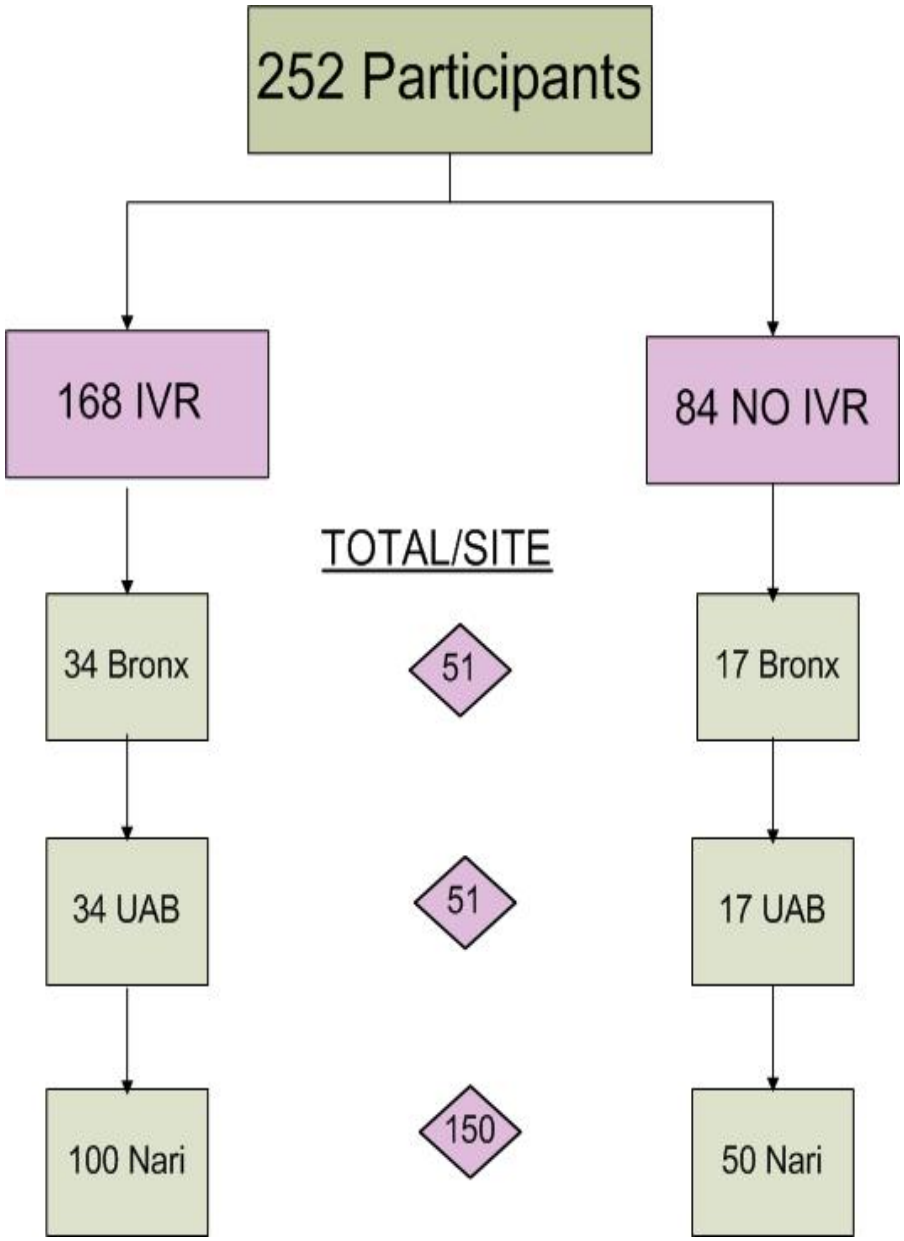
# Presentation Overview

- Study (intravaginal ring)IVR Information
  - Regimen and Rationale
- Requirements to Maintain Blinding
- Randomization
  - Overview
  - Envelopes and labels
  - Prescriptions
- Replacing IVRs
- Ring Return Documentation
- Chain of Custody


252 Participants
168 IVR
84 NO IVR
TOTAL/SITE
34 Bronx
51
17 Bronx
34 UAB
51
17 UAB
100 Nari
150
50 Nari

# Study Product Regimen

- Participants in Group A (IVR) will receive instruction on study IVR use and insertion
- Participants will self insert the IVR (or by clinician if necessary) at Enrollment Visit
- The study IVR should remain in place for 12 consecutive weeks
- The study IVR will be removed by the study clinician/designee at the 12-week visit
- Follow-up will continue for an additional 4 weeks after removal of study IVR

# Study Product Rationale

- The IVR is made of cured silicone elastomer, composed of normal propylorthosilicate (NPOS0, and titanium dioxide
- The ring will contain NO active pharmaceutical ingredient
- Evaluating the safety and adherence of the IVR is a first step prior to evaluating the efficacy for the rings in HIV prevention

# Randomization

- SCHARP will provide one set of randomization envelopes to each site
- Each set of envelopes will be numbered sequentially
- The envelopes will be stored in and assigned by the study clinic
- Each participant will be assigned one randomization envelope

# Randomization Process

- Although the study is not “blinded” participants will not know what group they are randomized to until the enrollment visit
- **Assignment of the randomization envelope is the effective act of enrollment into MTN-005**
  - Once the envelope is assigned the participant is officially enrolled in the study

# Importance of Sequential Envelope Assignment

- It's critical to the integrity of the study to assign clinic randomization envelopes in sequential order
- SCHARP will provide envelope tracking record to help document assignment of envelopes in sequential order
- SCHARP will also monitor sequential assignment of envelopes based on CRFs sent to DataFax

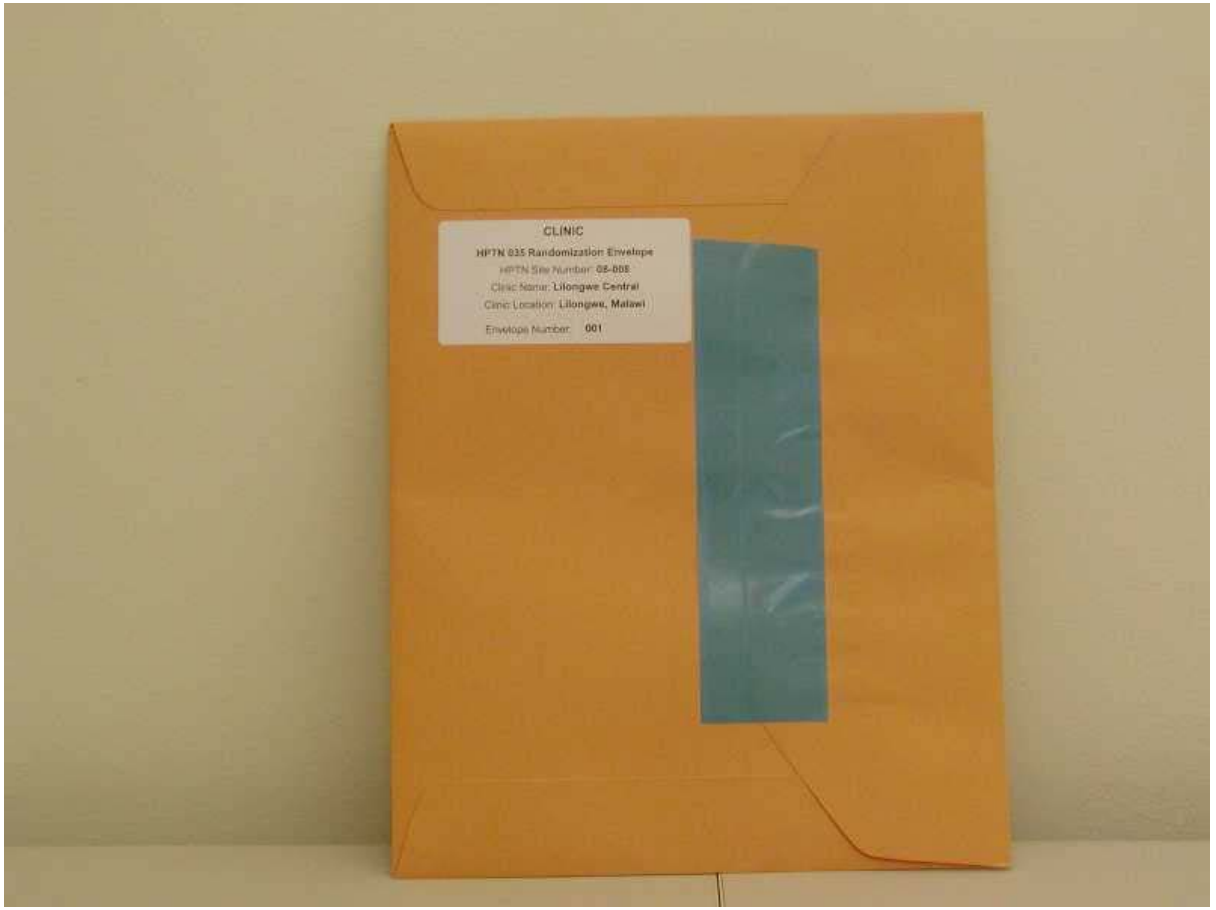
# Randomization Envelopes

- Envelopes will be assembled and reviewed at SCHARP before being shipped
- Envelope specifications
  - Tamper evident: sealed with tape
  - Label on the envelope

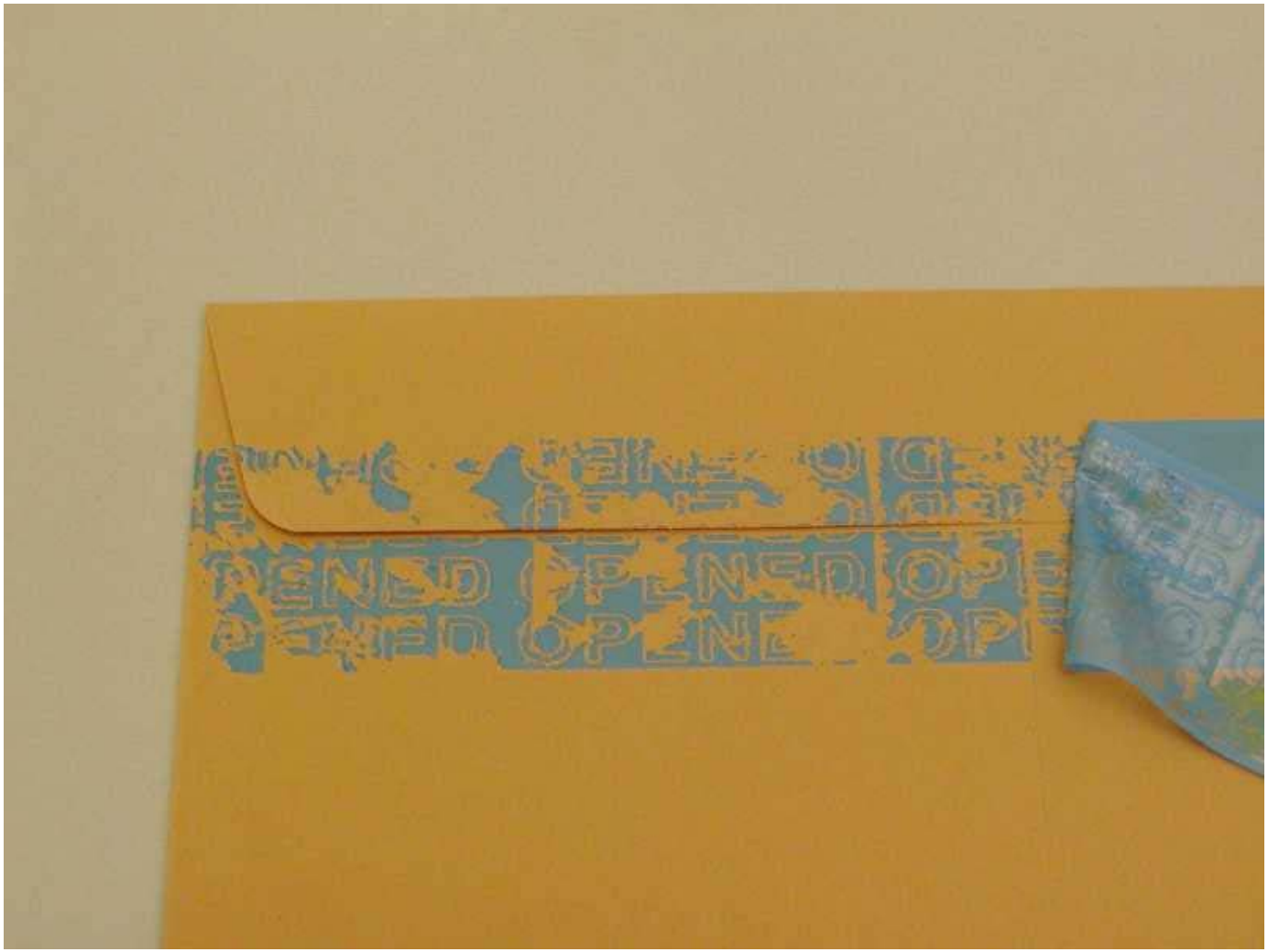
# Randomization Envelope

- The study number: “MTN-005”
- The DAIDS CRS ID
- The name of the site/clinic
- The location of the site (city, country)
- A sequential 3-digit envelope number
- All randomization envelopes should be kept in the site clinic at all times.

# Sample Envelope



# Opened Envelope



# Randomization Envelope

**MTN-005 Randomization Envelope**

CRS Name: Bronx-Leb Hospital CRS

CRS Location: Bronx, USA

DAIDS Site ID: 30261

Envelope Number: **101**

# Before You Randomize…

- Confirm participant's eligibility
- Complete enrollment informed consent process
- Conduct CASI interview
- Collect plasma archive

## MTN-005 Randomization Envelope Tracking Record

| CRS Name: | Bronx-Leb Hospital CRS | DAIDS Site ID: | 30261 |
|---|---|---|---|
| CRS Location: | Bronx, USA | | |

**Instructions:** Complete one row each time a MTN-005 randomization envelope is assigned to a study participant. All entries must be made in blue or black ink. Corrections may be made by drawing a line through incorrect entries, entering correct information, and initialing and dating the correction.

| MTN-005 Randomization Envelope # | Envelope Assigned to Participant ID # | Date Assigned (dd-MMM-yy) | Time Assigned (hh:mm) (24-hour clock) | Clinic Staff Initials |
|---|---|---|---|---|
| 101 | | | | |
| 102 | | | | |
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| 120 | | | | |
| 121 | | | | |

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# MTN-005 Prescriptions

- Each envelope contains one two-part prescription printed on NCR (no carbon required) paper
- The top sheet (original) is labeled pharmacy
- The bottom (duplicate) labeled clinic
- Prescription will indicate assignment, IVR or NO IVR

# MTN-005 Prescriptions

- **Pre-printed** information on all prescriptions include
  - Instructions
  - MTN-005
  - CRS name
  - CRS location
  - DAIDS site ID
  - The 3-digit randomization envelope that is on the outside of the envelope
  - Assignment

# MTN-005 Prescriptions

- On all prescriptions, clinic staff must complete:

  Top section – PTID, verify written consent and clinic initials

  Bottom section – date clinic envelope opened and clinic staff initials

- Assignment:  No IVR or IVR

# Assignment: NO IVR

- Middle section:

  Pharmacy instructions (do not dispense ring)

  Date form is received in the pharmacy

# MTN-005 PRESCRIPTION

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

| | | | |
|---|---|---|---|
| **CRS Name:** | **Bronx-Leb Hospital CRS** | **DAIDS Site ID:** | **30261** |
| **CRS Location:** | **Bronx, USA** | **Randomization Envelope #:** | **Pre-print** |

**Participant ID:** ☐☐☐–☐☐☐☐☐–☐

Did the participant provide written informed consent for enrollment into MTN-005? ..... Yes ☐ No ☐ Clinic Staff Initials _____

## Assignment: No IVR

**Pharmacy Staff Instructions:** DO NOT dispense MTN-005 study intravaginal ring to this participant. Complete the date item below, then store this document with the MTN-005 Site-Specific Pharmacy Dispensing Record.

Date this form received in pharmacy: ☐☐–☐☐☐–☐☐
*dd* *MMM* *yy*

**Clinic Staff Instructions:** Once form is complete, deliver original white copy (Pharmacy) to pharmacy; retain yellow copy (Clinic) in participant study notebook.

Clinic Staff Name (please print): _____

Clinic Staff Initials: _____ Date: ☐☐–☐☐☐–☐☐
*dd* *MMM* *yy*

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# Assignment: IVR

- Middle section:

  • Sig: Insert one non-medicated intravaginal ring into the vagina at the Enrollment Visit. Leave the ring in place for 12 consecutive weeks.

  • Quantity: One non-medicated intravaginal ring. Refill only one additional non-medicated intravaginal ring if needed.

  • Authorized prescriber name (print and signature) and date

## MTN-005 PRESCRIPTION

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

| | | | |
|---|---|---|---|
| **CRS Name:** | **Bronx-Leb Hospital CRS** | **DAIDS Site ID:** | **30261** |
| **CRS Location:** | **Bronx, USA** | **Randomization Envelope #:** | **Pre-print** |

**Participant ID:** ☐☐☐–☐☐☐☐☐–☐

Did the participant provide written informed consent for enrollment into MTN-005? ..... Yes ☐ No ☐ Clinic Staff Initials _____

### Assignment: IVR

SIG: Insert one non-medicated intravaginal ring into the vagina at the Enrollment Visit. Leave the ring in place for 12 consecutive weeks.

Quantity: One non-medicated intravaginal ring. Refill only one additional non-medicated intravaginal ring if needed.

Authorized Prescriber Name (please print): _____

Authorized Prescriber Signature: _____

Date: ☐☐–☐☐☐–☐☐
*dd MMM yy*

**Clinic Staff Instructions:** Complete all items on this prescription. After initialing and dating below, deliver original white copy (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant study notebook.

Clinic Staff Initials: _____ Date: ☐☐–☐☐☐–☐☐
*dd MMM yy*

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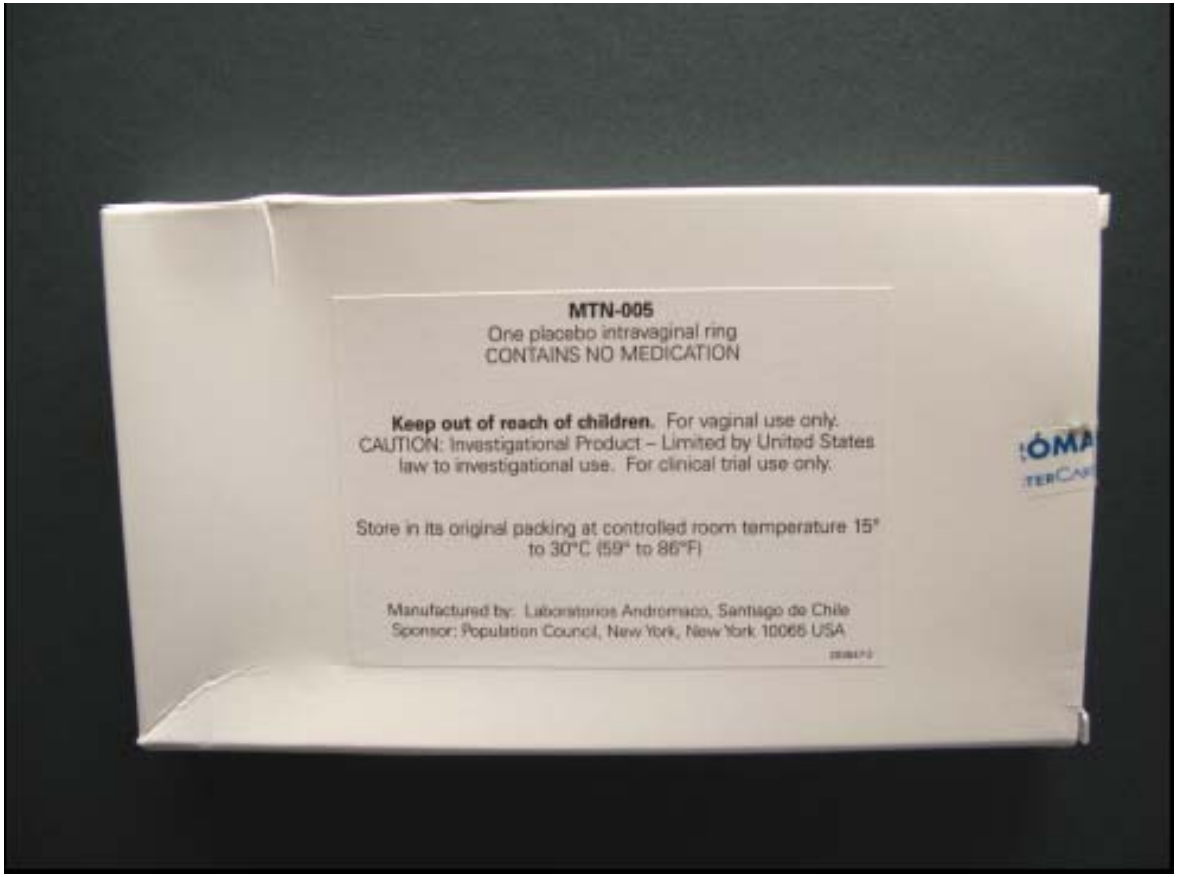
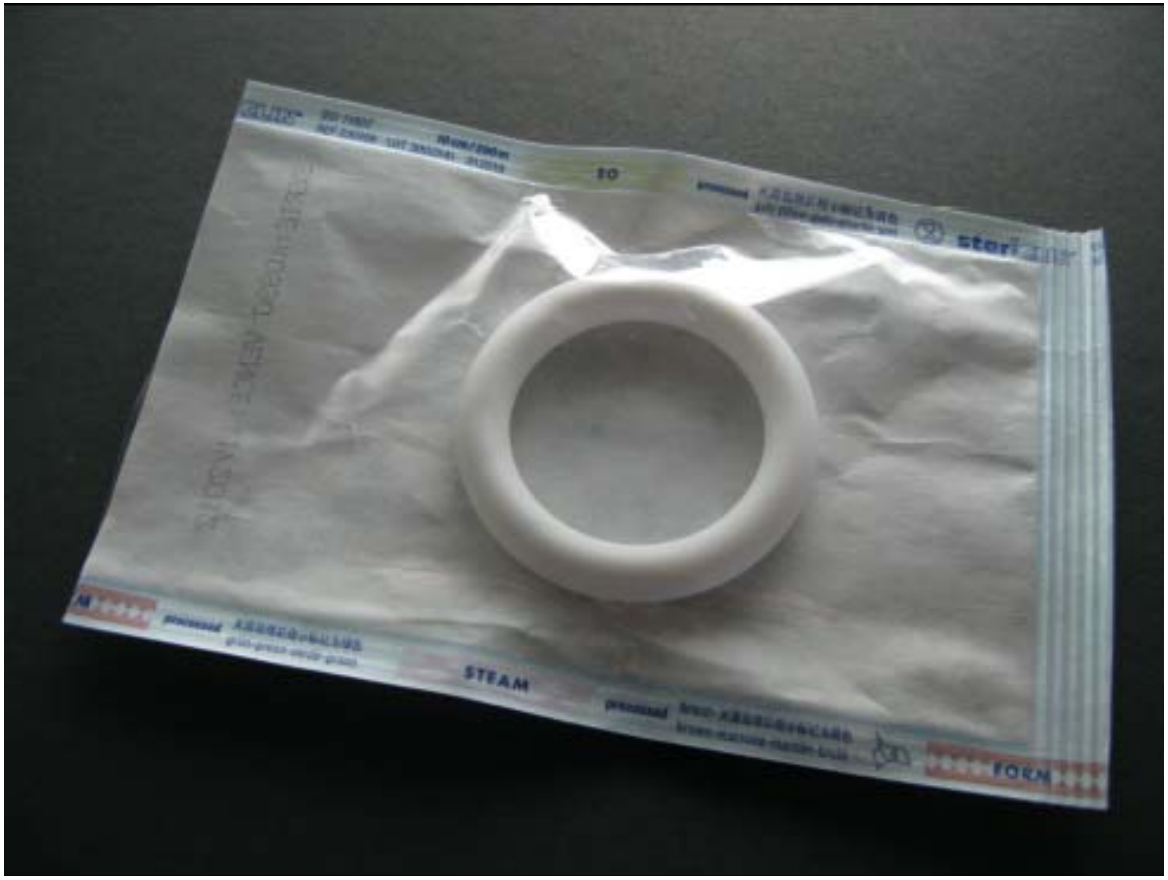
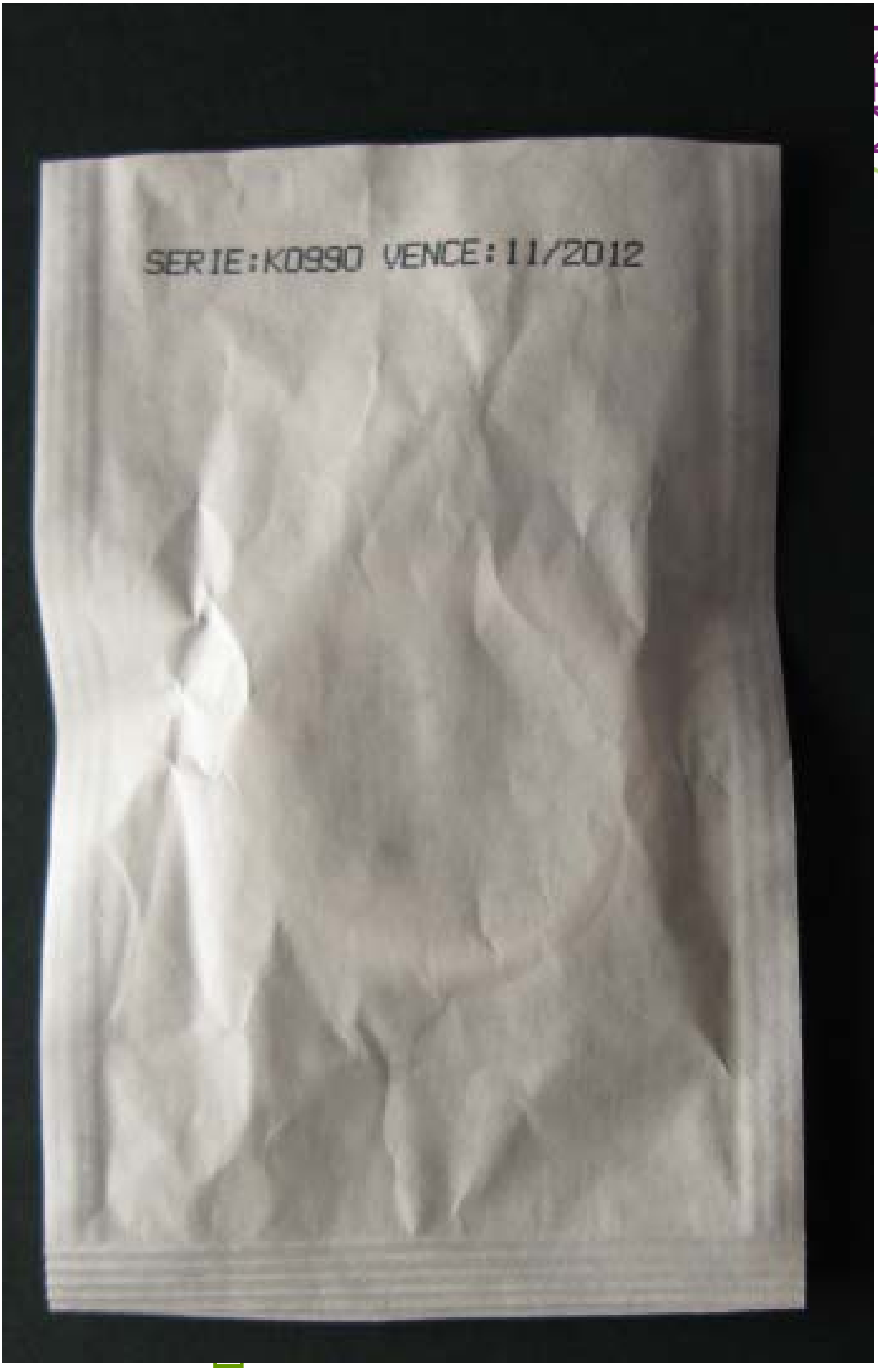
# Box Label

- The protocol number: “MTN-005”
- The carton contents: One placebo intravaginal ring CONTAINS NO MEDICATION
- Storage instructions: “Store at 15°-30°C (59°-86°F)”
- A “Keep out of reach of children” warning
- The investigational product warning
- The manufacturer’s name and address
- The sponsor’s name and address


MTN-005
One placebo intravaginal ring
CONTAINS NO MEDICATION
Keep out of reach of children. For vaginal use only.
CAUTION: Investigational Product – Limited by United States law to investigational use. For clinical trial use only.
Store in its original packing at controlled room temperature 15° to 30°C (59° to 86°F)
Manufactured by: Laboratorios Andromaco, Santiago de Chile
Sponsor: Population Council, New York, New York 10065 USA


TO
STEAM
FORM


SERIE:K0990 VENCE:11/2012

## MTN 005 RECORD OF RECEIPT OF NON-MEDICATED INTRAVAGINAL RING

| Site Name: |
| --- |
| Site Number: |

| Clinic Name: |
| --- |

| PHARMACY STAFF | | | | CLINIC STAFF/RUNNER | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date Dispensed by Pharmacy dd-MMM-yy | PTID | Number of Rings Dispensed by Pharmacy | Pharmacist Initials | PTID | Date and Time Received in Clinic dd-MMM-yy, 00:00 AM/PM | Clinic Staff Initials | Comments |
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Instructions: Complete one row each time a ring 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.

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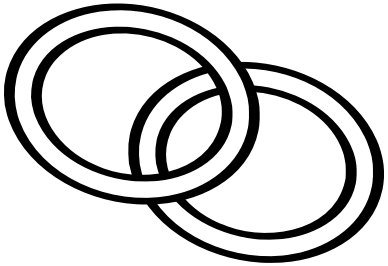
# Ring Expulsion/Replacement

- If ring expulsion occurs the participant should clean it with warm water and reinsert
- Participants should be encouraged to clean the ring and reinsert whenever possible
- The number of rings is limited
- Clinic has amber resealable bags to provide participants for use should they need to remove the ring for any reason
- If the ring is expelled in such a way that cannot be retrieved the clinic should be notified immediately and a new ring can be dispensed

# Ring Expulsion/Replacement

- If the ring is expelled in such a way that cannot be retrieved the clinic should be notified immediately and a new ring can be dispensed
- The prescription allows for one refill
- If a participant requires more than 1 replacement ring it is up to the discretion of the IoR to prescribe a third ring
- This would need to be requested on the site prescription by an authorized prescriber



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# How do you request a new ring?

- MTN-005 Study Ring Request Slip

  Clinic staff completes this form and deliver top (white) copy to the pharmacy and bottom (yellow) copy placed in participant study notebook

# MTN-005 Study Ring Request Slip

- Clinic staff completes this form in the event of a product hold or in the event that a product was held and is now resumed or permanent discontinue
- The appropriate box is marked
- Deliver top (white) copy to the pharmacy and bottom (yellow) copy placed in participant study notebook

## MTN-005 STUDY RING REQUEST SLIP

**Clinic Name:**

**Participant ID:**

☐☐☐–☐☐☐☐☐–☐

**Clinic Staff Instructions:** Mark whether this is a study ring re-supply, hold, resume, or permanent discontinuation request. Deliver the original white copy (labeled "Pharmacy") to the pharmacy. File the yellow copy (labeled "Clinic") in the participant's study notebook

☐ **RE-SUPPLY** → **Reason:** _____

**Pharmacy:** Dispense one non-medicated intravaginal ring.

☐ **HOLD** → **Reason:** _____

**Pharmacy:** Do not dispense further study rings to the participant until another MTN-005 Study Ring Request Slip marked "RESUME" is received.

☐ **RESUME** → **Pharmacy:** Dispense one non-medicated intravaginal ring.

☐ **PERMANENT DISCONTINUATION** → **Reason:** _____

**Pharmacy:** Do not dispense any further study rings to the participant.

Clinic Staff Name (please print): _____

Clinic Staff Signature: _____

Date: ☐☐–☐☐☐–☐☐

*dd* *MMM* *yy*

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# Chain Of Custody

- Trace (with documentation) the study product from the pharmacy to the participant
- Study product may be prepared by the pharmacist based on either original documents or faxed copies, but will not be released to the clinic staff until the original prescription or request slip is received
- Upon receipt of completed and signed prescription, the PoR will prepare one carton of study gel

# Study Product May be Dispensed to the Participant one of 3 ways:

- Pharmacy Directly to the participant
- Pharmacy to authorized clinic staff who will then deliver the study product to the participant
- From pharmacy to authorized transport staff (or runners) who will transfer the study product to authorized clinic staff who will then deliver to the participant

# Chain Of Custody

**Clinic Staff Responsibilities**

- Control access to the study product in their custody.
- Clinic staff must document delivery of the IVR to designated participants in the participants' study charts (chart notes, visit checklists, or on other source documents designated for this purpose by clinic staff)

# Chain Of Custody

**Clinic Staff Responsibilities**

- If the IVR dispensed for a participant is not delivered to the participant, clinic staff must document this in the participant's study chart and return remaining product to the pharmacy as soon as participant’s visit is completed.

# Thank You!