	ALTH AND HUMAN SERVICE RUG ADMINISTRATION	S	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
FDA Florida District 555 Winderley Place, Suite 200		6/6, 7, 8, 9, 10, 13/	2016
Maitland FL 32751 (407) 475-4708 Fax: 407-475-4770		FEI NUMBER	
		3007271263	
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
TO: Mr. Vern Allen, RPh, Owner/President & CEO FIRM NAME	DTOFFT ADDRESS		
	STREET ADDRESS		
PREMIER PHARMACY LABS INC.	8265 COMMERCIA		
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT I		
WEEKI WACHEE, FL, 34613	OUTSOURCING FA	ACILITY	
THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENT OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINAT OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT COF OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBE DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:	ION REGARDING YOUR COMPLIA RECTIVE ACTION IN RESPONS INSPECTION OR SUBMIT THIS I	ANCE. IF YOU HAVE AN O	BJECTION REGARDING AN YOU MAY DISCUSS THE
1. Aseptic processing areas are deficient regarding air filters under positive pressure. Specifically,	supply that is filtered t	hrough high-effici	ency particulate air
<ul> <li>certification for ISO 5 areas available on site (ISO 5 L operations, or evaluation of airflow pattern studies (sm process of all areas.</li> <li>b. Airflow pattern studies (smoke studies) executed ar conducted in (b) (4) (reported to be conducted under s (b) (4) ) was found inadequate in that:</li> </ul>	noke studies) reported a ad included with the mo	as part of the (b) (	<ul> <li>certification</li> <li>ion exercise</li> </ul>
1) The video of the smoke studies conducted on (b) (4	b) for the ISO 5 (b) (4) located showed non-un (b) (4)	interesting and the second sec	working hood rbulent air over the
This turbulence was observed during	(b) (4) and wa	as due to the (b)	(4) $(b) (4)$
laminar air flow $(b)(4)(b)(4)$ $(b)(4)$		our firm failed to r	Contraction of the second s
	ontrol and did not impl s ophthalmic drug prod		
2) Areas depicted in videos included	(b) (4)		and failed to
include evidence of smoke pattern in the	(b) (4)	(ISO 5 Area).	including at rest/
dynamic conditions of routine interventions such as		(b) (4)	
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE	(Print or Type)	DATE ISSUED
REVERSE OF THIS PAGE	Norcen Muniz, Drug Invest CAPT Ileana Barreto-Pettit,		06/13/2016
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	NSPECTIONAL OBSERVA	TIONS	Page 1 of 7

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555 Winderley Place, Suite 200 Maitland FL 32751 (407) 475-4708 Fax: 407-475-4770	FEI NUMBER	
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Industry Information: www.fda.gov/oc/industry	3007271203	
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TO: Mr. Vern Allen, RPh, Owner/President & CEO		
	STREET ADDRESS	
PREMIER PHARMACY LABS INC.	8265 COMMERCIAL WAY	
WEEKI WACHEE, FL, 34613	OUTSOURCING FACILITY	
Specifically, laminar air flow working hood (LAFW) b) (4) which is not a suitable location to prevent cross-co During aseptic operations on 6/6/16, it was observed th	ntamination from personnel walking	
cleanrooms and behind the operator in LAFW <sup>(6)</sup> nume products were ongoing in LAFW((b) (4)		
3. Acceptance criteria for the sampling and testing con- that batches of drug products meet each appropriate spe		
Specifically, SOP 820.4 "Particulate Testing, Visual In not require 100% visual inspection of sterile injectable (b) (4) is visually inspected. In addition, there a and number of defects observed during visual inspection of performance. For example, on 6/6/16 upon inspection 0.5% solution, lot PRO060216NWAB, repackaged on a vial with a red fiber that were segregated as defective	and ophthalmic drug products befor re no criteria for acceptable levels of n are not always documented in the on of the batch record of quarantineo 5/2/16 and pending test results, we f	e release; instead (b) ( f defects and the type
visual inspection of (b) (4) of which (b) (4) 100% visual inspection of the rest of the vials to ensure (b) (4) Machine).	passed. There was no investigation similar defects were not present (pr	d Proparacaine unit do found a leaking vial an or donly documented a or documentation of roduct was (b) (4)
<ul> <li>visual inspection of (b) (4) of which (b) (4)</li> <li>100% visual inspection of the rest of the vials to ensure (b) (4) Machine).</li> <li>4. Equipment and utensils are not maintained and sanit contamination that would alter the safety, identity, strength</li> </ul>	passed. There was no investigation similar defects were not present (pr zed at appropriate intervals to preve ngth, quality or purity of the drug pr	d Proparacaine unit do found a leaking vial an or documentation of oduct was (b) (4) ent malfunctions and oduct.
<ul> <li>visual inspection of (b) (4) of which (b) (4)</li> <li>100% visual inspection of the rest of the vials to ensure (b) (4) Machine).</li> <li>4. Equipment and utensils are not maintained and sanit contamination that would alter the safety, identity, strends Specifically, the (b) (4)</li> </ul>	passed. There was no investigation similar defects were not present (pr zed at appropriate intervals to preve ngth, quality or purity of the drug pr (b) (4)	d Proparacaine unit do found a leaking vial an or documented a or documentation of roduct was (b) (4)
<ul> <li>visual inspection of (b) (4) of which (b) (4)</li> <li>100% visual inspection of the rest of the vials to ensure (b) (4) Machine).</li> <li>4. Equipment and utensils are not maintained and sanit contamination that would alter the safety, identity, strength</li> </ul>	passed. There was no investigation similar defects were not present (pr zed at appropriate intervals to preve agth, quality or purity of the drug pr (b) (4) opriate (b) (4) to ensure proper performance. A fa	I Proparacaine unit dos found a leaking vial and or documentation of roduct was (b) (4) ent malfunctions and oduct. was not iled media fill on
<ul> <li>visual inspection of (b) (4) of which (b) (4)</li> <li>100% visual inspection of the rest of the vials to ensure (b) (4) Machine).</li> <li>4. Equipment and utensils are not maintained and sanit contamination that would alter the safety, identity, strent Specifically, the (b) (4) properly qualified during installation to determine apprand is not maintained at appropriate intervals (b) (4) and CAPA 15004, 1/15/15, issued for leaking</li> </ul>	passed. There was no investigation similar defects were not present (pr zed at appropriate intervals to preve agth, quality or purity of the drug pr (b) (4) opriate (b) (4) to ensure proper performance. A fa	I Proparacaine unit do: found a leaking vial and or documentation of roduct was (b) (4) ent malfunctions and oduct. was not iled media fill on
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PREMIER DUADNA CV LADS DIC	STREET ADDRESS		
PREMIER PHARMACY LABS INC.		TERCIAL WAY	
WEEKI WACHEE, FL, 34613		LING FACILITY	
preventive action and a surface sample	and the second	the equipment on 9/1	
b) (4) containing (b) (4 if all	vials are not used within a batcl	re-sealed	(b) (4)
ensure the vials remain sterile during ha ISO 7 area. In addition, your firm faile wi 6. There is a failure to thoroughly revie	d to protect empty vials from pa ithin the ISO 5 area.	n the re-sealed bag wh articulates generated b	id lacked test data to hich is stored in an y using (b) (4)
ensure the vials remain sterile during ha ISO 7 area. In addition, your firm faile wi 6. There is a failure to thoroughly revie distributed. Specifically,	andling with gloved hands and i d to protect empty vials from pa ithin the ISO 5 area. ew any unexplained discrepancy	n the re-sealed bag wh articulates generated b whether or not the ba	id lacked test data to hich is stored in an y using (b) (4)
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	STREET ADDRESS
FIRM NAME	STREET ADDRESS
FIRM NAME PREMIER PHARMACY LABS INC.	8265 COMMERCIAL WAY

c. CAPA 16011, 4/13/16, was issued for the investigation of a failed potency test result (91% or close to the limit of (b) (4) for Brilliant Blue Lot BBL040416SVAB. No documented evidence was available with the CAPA report to describe the investigation process conducted on site prior to the release of the lot, which included a <sup>(b)(4)</sup> of the lot, laboratory investigation and re-analysis.

d. CAPA 16019, 4/13/16, was issued for the investigation of a failed potency test result (117% or above specification of (b)(4) for Vancomycin Lot VAN041216IJHM. No documented evidence was available with the CAPA report to describe the investigation process conducted on site prior to the release of the lot, which included a (b)(4) of the lot, laboratory investigation and re-analysis.

e. Investigation reports for excursions in Environmental Monitoring (EMI) samples (fingertips) collected during compounding operations were not fully documented or include timely and effective corrective/preventive actions. EMI reports 10, 11,13,14,26 issued during May-June 2015 failed to include a timely implementation of corrective and preventive actions, complete evidence for the identification of the microorganism, or evaluation of trend that would effectively prevent the recurrence of the events. All investigation reports describe out of limit results from 2-6 CFUs and describe the need to reinforce training to employees, without a timeframe for implementation to prevent recurrence.

f. Complaint events identified on site as Quality Related Event Reports (QRE) as described in SOP 120.4, Corrective Action Preventive Action and Complaints, are not logged formally to ensure that all initial reports of events that could be evaluated as complaints are received and formally documented for evaluation. QREs include events reported by clients to the firm for evaluation and may include incorrect product in container, incorrect drug name, incorrect drug quantity or compound quality issues, among others.

7. Establishment of the reliability of the component supplier's report of analyses is deficient in that the test results are not appropriately validated at appropriate intervals. Specifically,

a. Certificates of Analysis received on site for non-sterile Bulk Drug Substances and evaluated in accordance with

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SEE REVERSE OF THIS PAGE	Thing	Noreen Muniz, Drug Investigator CAPT Ileana Barreto-Pettit, Drug Investigator	06/13/2016
	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED

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CITY, STATE AND ZIP CODE WEEKI WACHEE, FL, 34613		PE OF ESTABLISHMENT INSPECTED	
procedure 450.5, Receipt ,Storag registered with FDA.			
b. Procedure 401.2, Vendor Qual pharmaceutical ingredients, prod	uct components, and samp	le analysis for compounded pro	
a complete supplier qualification	•	equires the (b) (4) of a vendor, but does not requi	ire documented
evidence of the information inclu of compliance with 21 CFR 211)	ded with the (b) (4)	(such as evidence for FDA regi	
8. Procedures designed to preven established and followed. Specif	에 같은 것을 가지 않는 것을 알려요. 이 것 같은 것은 것은 것은 것은 것은 것을 것 같은 것을 것 같이 있는 것 같은 것 같	ation of drug products purporti	ng to be sterile are not
a. SOP 324.2, Operation and Mai activities via validated (b) (4), do (b) (4), intervention by (b) Quality Unit, documentation of requires a weekly review of exec	es not define responsibilitie (4) described durin (b) (4) obtained, a		the execution of the the (b) (4) by the
b. SOP 322.3, Operation and Mai product and materials used in rou be conducted for the execution of inspection, evaluation of the (b review as the procedure requires	tine operations via validate the $(b)(4)$ , intervention by (4) (initially by operato	ed (b) (4) does not define respo (b) (4) d rs) and the Quality Unit, and fa	escribed during this
9. The written stability testing pr	ogram is not followed.		
Specifically, your firm failed to f literature research was provided t drug products and re-packaged op	o support the 90-days or 6	months BUDs assigned to comp	
EMPLOYEE(S) SIGNATURE	EMPLO	YEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
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o: Mr. Vern Allen, RPh, Owner/President &	CEO	
RM NAME	STREET ADDRESS	
PREMIER PHARMACY LABS INC.	8265 COMMERCIAL WAY	
TY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED	
WEEKI WACHEE, FL, 34613	OUTSOURCING FACILITY	
Lidocaine 40mg/ml/Epinephrine 0.5 mg/ Promethazine 25mg/0.5 ml TD Gel 1 ml s Butalbital 50mg/ml/Codeine 30 mg/ml ca Vancomycin 250 mg/5ml 5 ml syringe	syringe	
Promethazine 25mg/0.5 ml TD Gel 1 ml s Butalbital 50mg/ml/Codeine 30 mg/ml ca Vancomycin 250 mg/5ml 5 ml syringe 1. The labels of your outsourcing facility 10)(B). Specifically, the following inform ) The statements "This is a compounded on tain this information: Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone SL 10 mg tablets DHEA (Dehydroepiandrosterone) 12 mg ) The date the drug was compounded and ubels. Examples of drug product labels th Progesterone/Estradiol/Estriol/Testostero	syringe ipsules 's drug products do not include information required nation is not found on your drug product labels: drug" and "Not for resale". Examples of product lab one 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe one 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe capsules I list of active and inactive ingredients are not found on to contain this information include: one 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe one 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe	els that do not
Promethazine 25mg/0.5 ml TD Gel 1 ml s Butalbital 50mg/ml/Codeine 30 mg/ml ca Vancomycin 250 mg/5ml 5 ml syringe 1. The labels of your outsourcing facility (0)(B). Specifically, the following inform (0) The statements "This is a compounded of ontain this information: Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone SL 10 mg tablets DHEA (Dehydroepiandrosterone) 12 mg (1) The date the drug was compounded and bels. Examples of drug product labels the Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero	syringe ipsules 's drug products do not include information required nation is not found on your drug product labels: drug" and "Not for resale". Examples of product lab one 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe one 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe capsules I list of active and inactive ingredients are not found on to contain this information include: one 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe one 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe	els that do not
Promethazine 25mg/0.5 ml TD Gel 1 ml s Butalbital 50mg/ml/Codeine 30 mg/ml ca Vancomycin 250 mg/5ml 5 ml syringe 1. The labels of your outsourcing facility 10)(B). Specifically, the following inform ) The statements "This is a compounded on tain this information: Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone SL 10 mg tablets DHEA (Dehydroepiandrosterone) 12 mg ) The date the drug was compounded and ubels. Examples of drug product labels th Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco Progesterone/Estradiol/Estriol/Testosterco	syringe ipsules 's drug products do not include information required nation is not found on your drug product labels: drug" and "Not for resale". Examples of product lab one 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe one 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe capsules I list of active and inactive ingredients are not found on to contain this information include: one 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe one 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe	els that do not
Promethazine 25mg/0.5 ml TD Gel 1 ml s Butalbital 50mg/ml/Codeine 30 mg/ml ca Vancomycin 250 mg/5ml 5 ml syringe 1. The labels of your outsourcing facility (0)(B). Specifically, the following inform 0 The statements "This is a compounded of ontain this information: Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone SL 10 mg tablets DHEA (Dehydroepiandrosterone) 12 mg 0 The date the drug was compounded and bels. Examples of drug product labels th Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone/Estradiol/Estriol/Testostero Progesterone SL 10 mg tablets DHEA (Dehydroepiandrosterone) 12 mg	syringe ipsules 's drug products do not include information required nation is not found on your drug product labels: drug" and "Not for resale". Examples of product lab one 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe one 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe capsules I list of active and inactive ingredients are not found on t contain this information include: one 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe one 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe capsules	els that do not on your product

FC	OOD AND DRUG ADMINISTRATION	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTIO	N
FDA Florida District 555 Winderley Place, Suite 200	6/6, 7, 8, 9, 10, 13	6/2016
Maitland FL 32751 (407) 475-4708 Fax: 407-475-47	770 FEI NUMBER	
	3007271263	
ndustry Information: www.fda.gov/oc/industry AME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	8	
O: Mr. Vern Allen, RPh, Owner/President & CE	0	
IRM NAME	STREET ADDRESS	
PREMIER PHARMACY LABS INC.	8265 COMMERCIAL WAY	
ITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED	
WEEKI WACHEE, FL, 34613	OUTSOURCING FACILITY	
7		
	NA 20mg 6/13/2016	
EMPLOYEE(S) SIGNATURE	WA Constant G132016 MPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
		DATE ISSUED 06/13/2016