|   | DEPARTMENT OF HEA   | LTH AND HUMAN SI  | ERVICES   |                                    |  |
|---|---|---|---|------------------------------------|--|
| DISTRICT ADDRESS AND PHON   |   |   | E(S) OF INSPECTION  |                                    |  |
| 19701 Fairchi   |   |   | 11/8/2018-11/29/2018*   |                                    |  |
| Irvine, CA 92   |   |   | NUMBER<br>14549940  |                                    |  |
| (949)608-2900   | Fax: (949) 608-4417   | 30  | 040240  |                                    |  |
| NAME AND TITLE OF INDIVIDUA   | L TO WHOM REPORT ISSUED   |   |   |                                    |  |
| Andrew C. Hog   | enson, Vice President Pharm   | acy Operation   | IS  |                                    |  |
| FIRM NAME   |   | STREET ADDRESS  |   |                                    |  |
|   | Inc. DBA Premier Pharmacy   | 410 Cloverleaf Dr   |   |                                    |  |
| Services<br>CITY, STATE, ZIP CODE, COUNT                                | RY  | TYPE ESTABLISHMENT INSPECTED  |   |                                    |  |
| Baldwin Park,   | CA 91706-6511   | Producer of   | Sterile Drug Produ  | e Drug Products                    |  |
| observations, and do<br>observation, or have i<br>action with the FDA   | bservations made by the FDA representative(<br>not represent a final Agency determination re<br>implemented, or plan to implement, corrective<br>representative(s) during the inspection or sub-<br>tact FDA at the phone number and address ab | garding your complian<br>e action in response to<br>nit this information to | nce. If you have an objection re<br>an observation, you may discu                                   | garding an<br>ss the objection or  |  |
| DURING AN INSPEC  | TION OF YOUR FIRM I OBSERVED: ${ m ON}~1$   |   |   |                                    |  |
| You produced b  | eta-lactam drugs without providin   | g adequate clean  | ning of work surfaces to  | prevent cross-                     |  |
| contamination.  |   |   |   |                                    |  |
| -   |   |   |   |                                    |  |
|   |   |   |   |                                    |  |
| Specifically,   |   |   |   |                                    |  |
| 1 27  |   |   |   |                                    |  |
| lactam drug produ<br>There are <sup>(b) (4)</sup><br>There is no assura | ntaining penicillin are produced in the<br>ucts; only a cleaning utilizing Sterile<br>ISO Class 5 hoods within the ISO Cl<br>ance that the cleaning process used w<br>n-penicillin beta-lactam drug products                                    | (b) (4)<br>lass 7 buffer room<br>ithin the hoods pro                        | is performed between used by the firm to produ  | n batches.<br>ice sterile drugs.   |  |
| 500mg/100mL N<br>Potassium, 3MU/<br>utilizing <sup>(b) (4)</sup>        | D5W 50mL, Rx# (b) (6) . Betwee  | mycin HCl 850mg<br>on the production of                                     | g, Rx# <sup>(b) (6)</sup> followed  | d by Penicillin G<br>ly a cleaning |  |
|   |   |   |   |                                    |  |
|   |   |   |   |                                    |  |
|   |   |   |   |                                    |  |
|   | EMPLOYEE(S) SIGNATURE   |   |   | DATE ISSUED                        |  |
| SEE REVERSE<br>OF THIS PAGE   | Joey V Quitania, Investiga  | tor   | Jony V Oliferka<br>Invesiigstor<br>Bigned By: Jony V. Outerla-8<br>Dale Signed: 11-20-2018 10-40-25 | 11/29/2018                         |  |
| FORM FDA 483 (09/08)  | PREVIOUS EDITION OBSOLETE   | NSPECTIONAL OBSE  | ERVATIONS   | PAGE 1 of 2 PAGES                  |  |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES   |                                |   |   |  |  |  |  |
|---|--------------------------------|---|---|--|--|--|--|
| FOOD AND DRUG ADMINISTRA<br>DISTRICT ADDRESS AND PHONE NUMBER   |                                |   | DATE(S) OF INSPECTION   |  |  |  |  |
| 19701 Fairchild   |                                |   |   | 11/8/2018-11/29/2018*                          |  |  |  |
| Irvine, CA 92612-2445   |                                |   |   |  |  |  |  |
| (949)608-2900 Fax:(949)608-4417   |                                |   | 3014549940  |  |  |  |  |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED  |                                |   |   |  |  |  |  |
| Andrew C. Hogenson, Vice President Pharmacy Operations  |                                |   |   |  |  |  |  |
|   |                                | 12 19 19 19 19 19 19 19 19 19 19 19 19 19 | overleaf Dr   |  |  |  |  |
| CITY, STATE, ZIP CODE, COUNTRY  | TYPE ESTABLISH                 |   | MENT INSPECTED  |  |  |  |  |
| Baldwin Park, CA 9170   | CA 91706-6511 Produce          |   | r of Sterile Drug Products  |  |  |  |  |
|   |                                |   |   |  |  |  |  |
| <b>OBSERVATION 2</b><br>You did not make adequate product evaluation and take remedial action where actionable microbial contamination was found to be present in the ISO 5 classified aseptic processing area during aseptic production.   |                                |   |   |  |  |  |  |
| Specifically,   |                                |   |   |  |  |  |  |
| Actionable microbial contamination was discovered inside the ISO Class 5 aseptic processing environment; however no evaluation of product impact was made.  |                                |   |   |  |  |  |  |
| For example, on 11/30/2016, an environmental monitoring sample collected from ISO Class 5 work surface,<br>Hood# 67437, during cleanroom certification resulted in an actionable excursion of $^{(b)}(4)$ colony forming units.<br>There were no documented corrective actions performed. In addition, there were no evaluations conducted for<br>products made on or before 11/30/16 to include: Cefepime 1gm/50mL NS, Rx# $^{(b)}(6)$ $^{(b)}(4)$<br>, Rx# $^{(b)}(6)$ ; Vanco 1gm/250mL, Rx# $^{(b)}(6)$ |                                |   |   |  |  |  |  |
| *DATES OF INSPECTION<br>11/08/2018(Thu), 11/09/2018(Fri), 11/13/2018(Tue), 11/14/2018(Wed), 11/15/2018(Thu),<br>11/16/2018(Fri), 11/29/2018(Thu)  |                                |   |   |  |  |  |  |
| SEE REVERSE<br>OF THIS PAGE   | CNATURE<br>Quitania, Investiga | tor                                       | Joey V Ouilania<br>Investigator<br>Signed By, Joay<br>Date Signed: 11-2 | DATE ISSUED<br>11/29/2018<br>(20-2018 10:40025 |  |  |  |
| FORM FDA 483 (09/08) PREVI  | OUS EDITION OBSOLETE           | NSPECTIONAL O                             | OBSERVATIONS  | PAGE 2 of 2 PAGES                              |  |  |  |