	DEPARTMENT OF HEAL	TH AND HUMAN SERVICE ADMINISTRATION	CES			
DISTRICT ADDRESS AND PHO		DATE(S) OF IN	SPECTION			
US Customhous	use Rm900 2nd & Chestnut St 1/		3/2017-2/17/2017*			
Philadelphia	PA 19106					
	(215) 597-4390 Ext: 4200 Fax: (215) 597-0875		21499			
NAME AND TITLE OF INDIVIDU	AL TO WHOM REPORT ISSUED					
Joseph G. Bet	ttinger , Owner					
FIRM NAME		STREET ADDRESS				
Hieber's Pha:	-	3500 5th Ave				
	7-050		:1- p p	0001000		
Pittsburgh,	PA 15213-3337	Producer of Ste	erile Drug Produ	icts		
This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.						
OBSERVATIO	DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:  OBSERVATION 1					
Separate or defi	ined areas to prevent contamination	or mix-ups are defic	cient regarding ope	rations related		
to aseptic proce	ssing of drug products.			111		
necessary to prev #45 units Batch ( 10122016@10, I	ptic operations are not performed in septent contamination of drug products pur 06292016@1, Histamine Phosphate (with Dexamethasone Sodium Phosphate (MED ain B12 A (PF) 1000mcg/ml Injection, Injection, Injection (b) (4)	porting to be sterile s th Preservative) 2.75 (bV) 24mg/ml Injectio (Batch # 01202017@3	uch as Gentamicin 2 mg/5ml Sterile Inj. E n Batch # 11142016	28.8mg/ml 60 ml Batch # @4, and		
glovebox isolator dynamic condition evaluation of the differentials betwo Additionally, the were reviewed an	r and the surrounding room as ISO 7 in ons, did not include documented smoke (b) (4) HEPA filters in the surrounding rowen the (b) (4) glovebox isolator, the surre is no record to indicate that the certified found acceptable to meet the reported surrounding room were found acceptable	that certification acti- studies under dynam om, and there was in rrounding room, and ication activities perf d ISO-5 conditions an	vities were not condictions, did not adequate assessment the adjacent uncontrionmed by at least (b) (c)	t include an of the pressure olled area.		
b) there has been	n no assessment of the impact of the firm	n's practice of	(b) (4)	in the (b) (4)		
	and the surrounding room, (b) (4)	<u></u>		which (b) (4)		
(b) (4)	t and the startounding room, (b) (1)	, which may	(b) (4)	which (=) ( v		
(D) (T)		, winch may	(D) (T)			
c) the sole entrance door to the Sterile Compounding Room is through a small vestibule approximately (b) (4) in size, which has carpet on the floor.						
	1			T		
With the grant particular transfers	EMPLOYEE(S) SIGNATURE	V-027450288484		DATE ISSUED		
SEE REVERSE	Gayle S Lawson, Investigator	(CTNH)	2/17/2017	2/17/2017		
OF THIS PAGE	Lisa B Orr, Investigator		X Lisa B Orr Lisa B Orr Investigator			
			Signed by: Lisa Orr -S			
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	PECTIONAL OBSERVAT	IONS	PAGE 1 OF 5 PAGES		

	DEPARTMENT OF HEAL FOOD AND DRU	TH AND HUMA G ADMINISTRATION		S		
DISTRICT ADDRESS AND PHON	ESS AND PHONE NUMBER		DATE(S) OF INSPECTION			
	house Rm900 2nd & Chestnut St		1/23/2017-2/17/2017* FEI NUMBER			
	elphia, PA 19106 97-4390 Ext:4200 Fax:(215)597-0875		1000121	499		
(210/03) 103	2 Enovisor ram: (210,05, 00,0					
NAME AND TITLE OF INDIVIDUA	AL TO WHOM REPORT ISSUED	•				
177	ttinger , Owner	4117				
FIRM NAME		STREET ADDRESS				
Hieber's Pha		3500 5th				
CITY, STATE, ZIP CODE, COUN	PA 15213-3337	TYPE ESTABLISHME		cile Drug I	Droduata	
Fictsburgh, 1	FA 15215-5557	Floducel	or scer	Tie Diug i	Flounces	
through the carpe walk past, after h Room. The toilet handwashing and e) the(b) (4) (b) (4) depyrogenating g	and partial gowning is performed in a setted vestibule, in which a toilet is located andwashing and donning the hair bonn is (b) (4) from the sole of gowning on 1/26/17, we observed the glass vials used to produce drug production. (b) (4) to protect the components and of	ed and which let and face n entrance door toilet seat in used for s ts, are located is reporte	the sterile hask, to en to the Ste the open p and terilizing d in a room	e compoundin ter the Sterile rile Compour position.  I the (b) (4) drug products in that lacks en (b) (4)	e Compoun ading Roon and sterili	n must ding n. During zing and
	0.000,000,000					
OBSERVATIO		77 E UG	62 B	g = 20	102 N 3	p 71 551
	gned to prevent microbiological co	ntamination	of drug p	roducts purp	porting to	be sterile
are not establish	ned.					
Specifically, a) the (b) (4) sleeves, to includ their intended/co.	(b) (4) are not sterile and there are routine maintenance such as sterilization at the continued use.					
b) there are no procedures to demonstrate that the(b) (4) used in the adequately cleaned, and are free of cleaning agents, chemicals and microbiological organisms.						
	of the(b) (4) glovebox isolator and steril			s conducted u	sing <sup>(b) (4)</sup> ty	pes of
non-sterile low-lint wipes. (b) (4) and there are no documented contact times for the cleaning solutions such as the (b) (4) the use of which						
was observed on 01/26/17.						
		and the second second	<b>1</b> 556 <b>1</b> 769 (1995)		•.1	fares , •ooa
bristle broom and	procedures for the sterile compounding all sweeping debris into a dustpan which deding production operations.					asuc
	EMPLOYEE(S) SIGNATURE				DATE	ISSUED
SEE REVERSE	Gayle S Lawson, Investigato	r (CTNH)	1		2/17/2017 2/1	17/2017
OF THIS PAGE	Lisa B Orr, Investigator			X Lisa B Orr		
				Lisa B Orr Investigator		
	L			Signed by: Lisa Orr -S	U	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
US Customhous Philadelphia,	Customhouse Rm900 2nd & Chestnut St 1/23/2 ladelphia, PA 19106 5)597-4390 Ext:4200 Fax:(215)597-0875		/2017-2/17/2017* R	
NAME AND TITLE OF INDIVIDUA				
Joseph G. Bet	tinger , Owner	STREET ADDRESS		
Hieber's Phan	rmacy	3500 5th Ave		
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHMENT INSPECTE		
Pittsburgh, I	PA 15213-3337	Producer of St	erile Drug Produ	icts
f) Media fills per (b) (4) performed on (k) Compounding St	tal monitoring is performed during proporation.  formed by the firm are inadequate in the control of the	at they are limited t	o (b) (4) . For example	e, the media fill
Specifically, non- glovebox isolator (b) (4) non-sterile half-fa neck and is open face. Sterile glov	sonnel engaged in the of drug productions are sterile gowning articles are worn by the during which (b) (4)	e technician during  r. Gowning articles sterile non-shedding t clothes and which however the techni	the (b) (4) Cleaning of consist of a non-steril g knee-length gown th leaves exposed skin o	the (b) (4) le hair bonnet, at ties at the on(b) (6) neck and
Specifically, the purporting to be sml during the per produced Gentan	ornance to such requirements.  firm did not perform testing to confirm sterile. For example, the firm produced iod from 01/01/2015 to present, for whatcin 28.8mg/ml 60 ml (b) (4) Batch osence of pyrogens.	sterility and/or abse approximately (b) (4 ich no testing was p	nce of pyrogens of dr batches of Gentamici erformed. For examp	ng products n 28.8mg/ml 60 le, the firm
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE  Gayle S Lawson, Investigator  Lisa B Orr, Investigator	(CTNH)	X Lisa B Orr Lisa B Orr Investigator Senert by Lisa Orr S	DATE ISSUED 2/17/2017

INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION			
US Customhouse Rm900 2nd & Chestnut St	1/23/2017-2/17/2017*			
Philadelphia, PA 19106	FEI NUMBER			
(215)597-4390 Ext:4200 Fax:(215)597-0875	1000121499			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	•			
Joseph G. Bettinger , Owner	III. Was and			
FIRM NAME	STREET ADDRESS			
Hieber's Pharmacy	3500 5th Ave			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Pittsburgh, PA 15213-3337	Producer of Sterile Drug Products			

## **OBSERVATION 5**

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the identity and strength of each active ingredient prior to release.

Specifically, the firm did not perform testing to confirm the identity and strength of drug products. For example, the firm produced approximately (b) (4) batches of Gentamicin 28.8mg/ml 60 ml during the period from 01/01/2015 to present, for which no testing was performed. For example, the firm produced Gentamicin 28.8mg/ml 60 ml (b) (4) Batch 06292016@1, for which there was no testing to confirm the identity and strength.

#### OBSERVATION 6

There is no written testing program designed to assess the stability characteristics of drug products.

## Specifically,

- a) there is no data to support the beyond use dates assigned to drugs produced by the firm. For example, the firm produced Gentamicin 28.8mg/ml 60 ml (b) (4) Batch 06292016@1, a solution for bladder irrigation, which is labeled to store frozen for 45 days and thawed and refrigerated for up to 3 days. The firm has conducted no testing to demonstrate that the appropriate physical, chemical, and microbiologic properties are stable over the labeled shelf life.
- b) the firm produces sterile injectable drug products containing preservatives, such as Progesterone 50mg/ml Injection Batch # 11082016@23, Histamine Phosphate (with Preservative) 2.75mg/5ml Sterile Inj. Batch # 10122016@10, Dexamethasone Sodium Phosphate (MDV) 24mg/ml Injection Batch # 11142016@4, and Hydroxocobalamin B12 A (PF) 1000mcg/ml Injection, Batch # 01202017@3, for which there is no data to demonstrate the antimicrobial effectiveness of the preservative over the course of the labeled shelf life.

# **OBSERVATION 7**

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile do not include validation of the sterilization process.

Specifically, the firm has not validated the (b) (4) sterilization processes including the (b) (4) process and the (b) (4) process for injectable drugs produced by the firm. For example, the firm produced injectable drugs such as Methylcobalamin (PF) 1000 ug/mL Batch # 12122016@5 and Histamine Phosphate (with

	Gayle S Lawson, Investiga	가게 있다면 하면 <mark>하게 되었다. 다리를 하는 사람이 되었다면 하다면 하다 하는 사람들이 하는</mark> 사람들이 하는 것이다.	DATE ISSUED 2/17/2017 2/17/2017	.7
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	PAGE 4 OF 5 I	PAGES

	TH AND HUMAN SERVICES G ADMINISTRATION	
US Customhouse Rm900 2nd & Chestnut St Philadelphia, PA 19106	DATE(S) OF INSPECTION  1/23/2017-2/17/2017*  FEI NUMBER	
(215) 597-4390 Ext:4200 Fax: (215) 597-0875	1000121499	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	•	
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FIRM NAME	STREET ADDRESS	
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CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED	
Pittsburgh, PA 15213-3337	Producer of Sterile Drug Products	

Preservative) 2.75mg/5ml Sterile Inj. Batch # 10122016@10, each of which were

(b) (4) and Hydroxocobalamin B12 A (PF) 1000mcg/ml Injection, Batch # 01202017@3 which was (b) (4) . There are no validation studies to assure the effectiveness of the sterilization processes.

#### **OBSERVATION 8**

Drug product were not sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

Specifically, the sterilization and depyrogenation process established by the firm (SOP 2.281 and SOP 4.31) for components such as glass vials and vial stoppers have not been validated. For example, glass vials and vial stoppers which are sterilized and/or depyrogenated by the firm are used to produce injectable drugs such as Hydroxyprogesterone caproate Injection Batch # 09262016@11 and Histamine Phosphate (with Preservative) 2.75mg/5ml Sterile Inj. Batch # 10122016@10, for which no sterilization/depyrogenation validation for the components has been conducted. Additionally, there is no data to demonstrate that vials processed in this manner remain sterile and pyrogen free for the labeled time period of six months.

### \*DATES OF INSPECTION

1/23/2017(Mon),1/24/2017(Tue),1/25/2017(Wed),1/26/2017(Thu),1/27/2017(Fri),2/06/2017(Mon),2/07/2017(Tue),2/08/2017(Wed),2/09/2017(Thu),2/10/2017(Fri),2/17/2017(Fri)

EMPLOYEE(S) SIGNATURE		DATE ISSUED
Gayle S Lawson, Investigator (CTNH) Lisa B Orr, Investigator	X Lisa B Orr Lisa B Orr Investigator Stonet the Lisa Orr -\$	2/17/2017

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