#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 555 Winderley Place, Suite 200 7/13/2017-7/20/2017\* Maitland, FL 32751 3011123993 (407) 475-4700 Fax: (407) 475-4768 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Jeffrey S. Steele , CEO and Co-owner STREET ADDRESS Infusion Systems of SW Florida Inc. dba 1826 Boy Scout Dr Myerlee Pharmacy TYPE ESTABLISHMENT INSPECTED CITY, STATE, ZIP CODE, COUNTRY Fort Myers, FL 33907-2113 Producer of Sterile and Non-Sterile Drug Products

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.

The observations noted in this Form FDA-483 are not an exhaustive listing of objectionable conditions. Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements.

#### DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

#### OBSERVATION 1

Procedures designed to prevent objectionable microorganisms in drug products not required to be sterile are not established, written and followed.

## \*\*\*THIS IS A REPEAT OBSERVATION\*\*\*

## Specifically,

- A. We observed the following aseptic deficiencies during the preparation of sterile drug products:
  - 1. Personnel were observed not sanitizing their gloved hands with (b) (4) prior entering the laminar flow hood (ISO 5) from the buffer room (ISO 7).
  - 2. Personnel were observed touched her gloved hands and forearm on the surface of the workstation during aseptic processing under the laminar flow hood (ISO 5).
  - 3. Personnel, wearing a non-sterile bouffant and exposed facial skin, were observed with their head inside the laminar flow hood (ISO 5) for prolonged periods of time.
  - 4. Personnel were observed cleaning the laminar flow hood (ISO 5) in a non-uniform fashion from the cleanest to dirtiest (i.e. back-to-front) direction.

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DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
555 Winderley Place, Suite 200	7/13/2017-7/20/2017*
Maitland, FL 32751	FEI NUMBER
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Jeffrey S. Steele , CEO and Co-owner	
FIRM NAME	STREET ADDRESS
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Myerlee Pharmacy	507
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Fort Myers, FL 33907-2113	Producer of Sterile and Non-Sterile Drug
(57) as	Products

- B. The media fill documented as being conducted by your pharmacist or technicians under the laminar flow hood (ISO 5) in (b) (4) (ISO 7) were found to be deficient for the following reasons:
  - Media fills do not simulate current production processes and conditions that represent the most stressful/challenging conditions.
    - a. For example, on 04/06/2017, performed a media fill of vials using (b) (4), where the worst case scenario is (b) (4) vials ((b) (4)).
    - b. Prior to June 2016, your firm purchased a (b) (4) hat contained a maximum (b) (4) rials. However, this does not represent the most stressful/challenging conditions.
  - 2. Media fills intended to simulate high risk product is (b) (4) during the process, thus sterilizing any potential growth that may have captured by the media fill process.
  - 3. No growth promotion was conducted to ensure the media was suitable to sustain growth.

#### **OBSERVATION 2**

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

\*\*\* THIS IS A REPEAT OBSERVATION\*\*\*

Specifically,

- A. 05/16/2016, a fungus was detected (identified as *Chaetomium spp.*), during your firm's in-house environmental monitoring conducted in ISO 7 area; no corrective measures were documented.
- B. On 09/23/2016, a fungus was detected (identified as *Alternaria* spp.), during your cleanroom certification report, in your firm's Gowning Room (ISO 7) directly connected to your lab's

  (b) (4) , containing your firm's (b) (4) (ISO5) where high-risk sterile processing occurs; no corrective measures were documented.
- C. Air (viable and non-viable) sampling within all classified areas is not performed during dynamic conditions during your firm's cleanroom re-certifications or during your in-house environmental

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Maitland, FL 32751	FEI NUMBER
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	li di
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monitoring.

- D. There is no continuous or at least periodically monitoring of air pressure differentials during production from the (b) (4) room and (b) (4) room to the surrounding non-classified pharmacy area.
  - 1. In addition, your firm's room recertification report (March 2017) documents a differential pressure out-of-limit reading ( (b) (4) for the Gowning Room (b) (4) ISO 8 area) when compared to the (b) (4) (ISO 7). No corrective actions were conducted by your firm.
- E. Personnel monitoring within all classified areas is not adequate based on the following:
  - 1. Personnel monitoring (e.g., fingertip sampling) is not conducted during (b) (4) operations. You firm stated sampling is conducted every (b) (4).
  - Your personnel's gowning materials are not routinely sampled after preparation of sterile drug products. On 07/18/2017, your technician stated this was only conducted (b) (4) without documentation.

## **OBSERVATION 3**

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

\*\*\*THIS IS A REPEAT OBSERVATION\*\*\*

Specifically,

- A. The (b) (4) (b) (4) sterilization (b) (4) have not been validated. There are no written calibration procedures or calibration documentation available for these pieces of equipment, which would include documentation such as, temperature mapping.
  - 1. The(b) (4) b) (4) is used for all glassware that comes into direct contact with sterile drug products.
  - 2. The (b) (4) is used for the (b) (4) stir bars and the rubber vial stoppers on finished

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Jeffrey S. St	teele , CEO and Co-owner			
FIRM NAME		STREET ADDRESS	0=100	
	tems of SW Florida Inc. dba	1826 Boy Scout	Dr	
Myerlee Pharr		TYPE ESTABLISHMENT INSPECTE		
Fort Myers, 1	FL 33907-2113	Producer of St Products	erile and Non-St	erile Drug
B. The biol	sterile drug products logical indicators used in the verific d to verify (b) ( verification logs document your t	4)	. However, you	(b) (4) are or firm's (b) (4)
OBSERVATION The flow of the	ON 4 building is not designed to	prevent contamina	tion.	
plastic f from the 30mg/li B. On 07/l drug ing again w (b) (4)	7/2017, we observed your personne lip off seals to the stoppered vial price (b) (4) room (ISO 7) during aseptic mg/25mg/ml, lot 07-17-2017@22. 7/2017, we observed your personne gredient when being transported from then entering the laminar flow hood at, the non-sterile (b) (4) touch the seals are the seals ar	or to placing it into production of Pap I did not sanitize on the unclassified a	the laminar flow hoverine/Phentolam cover the (b) (4) rea to the (b) (4) In addition, the	ine/Alprostadil with active om (ISO 7) and
OBSERVATION Test procedures followed.	ON 5 s relative to appropriate laboratory to	esting for sterility a	nd pyrogens are no	t written and
*** THIS IS A	REPEAT OBSERVATION***			
Specifically, A. Your fir	m has not determined sterility suital	oility and endotoxi	n validation for all o	of your sterile
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE June P Page, Investigator Jennifer Lalama, Investigato	or	June P Page Investigator Signed By: 2000405709 Date Signed: 7/20/2017	7/20/2017
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	DEPARTMENT OF HEAL FOOD AND DRUG		
DISTRICT ADDRESS AND PHON	ENUMBER 7 Place, Suite 200		DATE(S) OF INSPECTION 7/13/2017-7/20/2017*
Maitland, FL	32751		FEI NUMBER 3011123993
(407) 475-4700	475-4700 Fax: (407) 475-4768		3011123993
NAME AND TITLE OF INDIVIDUA	AL TO WHOM REPORT ISSUED		L
(T)	teele , CEO and Co-owner		
Influsion Syst	ems of SW Florida Inc. dba	1826 Boy	Scout Dr
Myerlee Pharm		3/27	
Fort Myers, F		Producer Products	of Sterile and Non-Sterile Drug
firm. Th For exan aseptic p	toxin testing was performed on(b) nese (b) (4) nple, on 07/17/2017, your technicia	n used Alpi nine/Alpros	stadil 30mg/1mg/25mg/ml, lot 07-17-
of satisfactory c prior to release.  *** THIS IS A  Specifically,  A. On 06/23 qty: (b) (4) document review.	REPEAT OBSERVATION***  /2017, your firm received a sub-potent vials, from your contract laboratory. A prescriptions (approximately prescriptions)	ons and iden cy failure (70 prescription units) were	D.9%) for HCG 5000IU, lot 04-06-2017@17, and dispensing report associated with this lot released and dispensed prior to a pharmacist's (134%) for HCG 2500IU, lot 06-16-2017@12.
However intentions of this ch potent (6' released a C. Your firm	, your firm stated this was a challenge ally mislabeled to reflect a lower conceallenge sample was HCG 5000IU, lot	sample when entration. You 06-16-2017( associated was eview.	re the labeled concentration of HCG was our pharmacist stated the actual concentration @12; therefore, this lot was found to be sub-rith this lot documents prescriptions were
OBSERVATIO	ON 7		
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PREVIOUS EDITION OBSOLETE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
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Maitland, FL 32751	FEI NUMBER			
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	I			
Jeffrey S. Steele , CEO and Co-owner				
FIRM NAME	STREET ADDRESS			
Infusion Systems of SW Florida Inc. dba	1826 Boy Scout Dr			
Myerlee Pharmacy	3 <del>.</del>			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Fort Myers, FL 33907-2113	Producer of Sterile and Non-Sterile Drug			
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Drug products do not bear an expiration date determined by appropriate stability data to assure they meet applicable standards of identity, strength, quality and purity at the time of use.

# \*\*\* THIS IS A REPEAT OBSERVATION\*\*\*

## Specifically,

- A. No documentation (potency and sterility data) could be provided to support your labeled beyond use date for the sterile drug products that I reviewed:
  - 1. 6 month for Human Chorionic Gonadotropin (2000 IU/vial)
  - 2. 4 months for Testosterone Cypionate (200 mg/mL)
- B. There is no antimicrobial effectiveness testing to ensure efficacy through the beyond use date for all sterile drug products that contain preservatives (e.g., (b) (4)).

#### OBSERVATION 8

Time limits are not established when appropriate for the completion of each production phase to assure the quality of the drug product.

## \*\*\*THIS IS A REPEAT OBSERVATION\*\*\*

PREVIOUS EDITION OBSOLETE

## Specifically,

FORM FDA 483 (09/08)

We could not verify hold times or the length of time it took to perform critical steps in the preparation of sterile drugs (e.g., MICCC, Human Chorionic Gonadotropin, and GHRP-6/Sermorelin), such as temperature recordings or lyophilization of the sterile drug products since batch production and control records were incomplete.

## **OBSERVATION 9**

Each lot of a component, drug product containers and closures liable to objectionable microbiological contamination is deficiently subjected to microbiological tests before use.

SEE REVERSE OF THIS PAGE June P Page, Investigator Jennifer Lalama, Investigator	June P Page Investigator X Signed By: 2000405709 Date Signed: 7/20/2017	7/20/2017
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INSPECTIONAL OBSERVATIONS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
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Myerlee Pharmacy				
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# \*\*\*THIS IS A REPEAT OBSERVATION\*\*\*

# Specifically,

- A. Your firm has no qualified vendor program and no documentation could be provided showing you have qualified any of your non-sterile bulk drug substance or component suppliers.
- B. Your firm has not verified that any Certificate of Analysis (CoA) test results are reliable for any incoming bulk drug substance used in the preparation of sterile drug products.

## \*DATES OF INSPECTION

7/13/2017(Thu),7/14/2017(Fri),7/17/2017(Mon),7/18/2017(Tue),7/19/2017(Wed),7/20/2017(Thu)



	EMPLOYEE(S)SIGNATURE  June P Page, Investigator  Jennifer Lalama, Investigator	June P Page Investigator Signed By: 2000405709 Date Signed: 7/20/2017	DATE ISSUED 7/20/2017
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Date: September 14, 2017

Jeffrey S. Steele Infusion Systems of SW Florida Inc. dba Myerlee Pharmacy 1826 Boy Scout Dr Fort Myers, FL 33907-2113

**Subject: System Notification** 

Dear Jeffrey S. Steele,

We are notifying you that due to a technical error related to a software update, the FDA Form 483 you received recently inadvertently included a sentence meant only for medical device firms. That statement says, "Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements."

This statement refers to quality system requirements applicable only to medical device establishments, but was inadvertently included on certain Form 483's issued to non-device establishments for a brief period of time. Please note that the statement has no bearing on the inspection observations themselves, which remain applicable as of the date that you were issued the Form FDA 483.

Should you have any questions, please send to <a href="mailto:AskORAIT@fda.hhs.gov">AskORAIT@fda.hhs.gov</a>.

Sincerely,

Lisa Creason

Director, Office of Information Systems Management

Office of Regulatory Affairs

Food and Drug Administration