| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION | | | | | | | |
|--|--|------------------------------|--|-------------|--|--|--|
| DISTRICT ADDRESS AND PHONE NUMBER | | | DATE(S) OF INSPECTION | | | | |
| | entral Expressway, Suite 300 | 12/11/2 FEINUMBER | 2018-12/19/2018 | * | | | |
| Dallas, TX 75204 (214)253-5200 Fax:(214)253-5314 | | | 0511 | | | | |
| | | | | | | | |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED | | | | | | | |
| Jerrod L. Roberts, DPh, President/Owner FIRM NAME STREET ADDRESS | | | | | | | |
| Flourish Inte | egrative Pharmacy, LLC | 14720 N Pennsylv | vania Ave | | | | |
| | | TYPE ESTABLISHMENT INSPECTED | | | | | |
| Oklahoma Cit | y, OK 73134-6120 | Producer of Non- | -Sterile Drugs | | | | |
| 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. | | | | | | | |
| DURING AN INSPECTION OF YOUR FIRM I OBSERVED: OBSERVATION 1 | | | | | | | |
| Fach compone | nt is not tested for conformity with a | Il annronriate written | specifications for | nurity | | | |
| strength, and q | | ii appropriate witter | opositioations for | parity, | | | |
| on ongun, and q | | | | | | | |
| | | | | | | | |
| Specifically, your firm uses (b) (4) water in certain drug products whose formulation requires water. Your firm is also using the (b) (4) water to(b) (4) Water ((b) (4)) and (b) (4) Water ((b) (4)) for use in certain drug products. Your firm does not perform testing (analytical or microbiological) to show the water at least/at minimum meets the specifications for Purified Water, USP. | | | | | | | |
| Examples of products made using the (b) (4) water include: | | | | | | | |
| lot #BDIHIG:73 of Tetracaine HCl Nasal 2.5% Solution prepared on 11/12/18 lot #BDIJHH:11 of Chloral Hydrate 100 mg/mL Syrup prepared on 11/15/18 | | | | | | | |
| lot #BDJDEH:64 of (b) (4) prepared on 11/27/18 | | | | | | | |
| Examples of lots made using the (b) (4) Water made from the (b) (4) water include: | | | | | | | |
| 1. (DDE)EEE 17. (1)(1) 2. 200(1) 1. (1) (2)(1) | | | | | | | |
| lot #BDFIEEE:17 of Ketamine Spray 20% Nasal prepared on 8/24/18 using (b) (4) Water (b) (4) | | | | | | | |
| ((b) (4) lot #BDEEDI:67 of Diclofenac/Hyaluronic Acid 3/1.74% Gel prepared on 7/19/18 using (b) (4) Nater ((b) (4) | | | | | | | |
| (b) (4) Water ((b) (4) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | EMPLOYEE(S) SIGNATURE | | | DATE ISSUED | | | |
| SEE REVERSE | Margaret M Annes, CSO | | ## christian 0.00 | 12/19/2018 | | | |
| OF THIS PAGE | | | Mergaret M Annes CSO Signed By: Margaret M. Annes -S Date Signed: 12-19-2016 09:00:27 | | | | |
| | | | X Date Signed: 12-19-2016 09:00.21 | | | | |
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| | LTH AND HUMAN SERVICES UG ADMINISTRATION | | | | |
|--|--|--|--|--|--|
| DISTRICT ADDRESS AND PHONE NUMBER 4040 North Central Expressway, Suite 300 Dallas, TX 75204 (214)253-5200 Fax: (214)253-5314 | DATE(S) OF INSPECTION 12/11/2018-12/19/2018* FEI NUMBER 3010710511 | | | | |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED | | | | | |
| Jerrod L. Roberts, DPh, President/Owner | | | | | |
| FIRM NAME | STREET ADDRESS | | | | |
| Flourish Integrative Pharmacy, LLC | 14720 N Pennsylvania Ave | | | | |
| CITY, STATE, ZIP CODE, COUNTRY | TYPE ESTABLISHMENT INSPECTED | | | | |
| Oklahoma City, OK 73134-6120 | Producer of Non-Sterile Drugs | | | | |

OBSERVATION 2

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

Specifically, your firm does not have a written stability testing program to determine Beyond Use Dates (BUD) placed on all your drug products. For example,

- a. Your firm has no documentation to justify the BUD placed on lot #BDJDEH:64 prepared on 11/27/18 and lot #BDIIDF:41 prepared on 11/12/18 of (b) (4) . The BUD assigned was 180 days after preparation.
- b. Lot #BDIJHH:11 of Chloral Hydrate 100 mg/mL Syrup prepared on 11/15/18 contains (b) (4) water. The BUD assigned is 90 days after preparation at room temperature.

OBSERVATION 3

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, your firm does not conduct routine testing for potency for all drug products produced by your firm.

*DATES OF INSPECTION

12/11/2018(Tue), 12/12/2018(Wed), 12/13/2018(Thu), 12/19/2018(Wed)

| SEE REVERSE OF THIS PAGE | EMPLOYEE(S) SIGNATURE Margaret M Annes, CSC | Margerel M Annies CSC Spred By Margarer M Annes-S Date Signed: 12-19-2016 09:00:27 | DATE ISSUED 12/19/2018 |
|-----------------------------|---|--|------------------------|
| FORM FDA 483 (09/08) | PREVIOUS EDITION OBSOLETS | INSPECTIONAL OBSERVATIONS | PAGE 2 of 2 PAGES |