| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION         |  |  |
|--|--|--|
| 1. Vote in the second  | DATE(S) OF INSPECTION  |  |
|  | 9/8/2020-10/5/2020*<br>FEI MARBER  |  |
| 04   | 3014577316   |  |
| 54   | *  |  |
| <u> </u>   |  |  |
| turing Pharmacy Manage   |  |  |
| P. C.                                    | 120th Pl Ste 100c  |  |
| fusion   | 14   |  |
|  | 7.35   |  |
|  |  |  |
| Outsourc   | cing facility  |  |
| cy determination regarding your com<br>uplement, corrective action in respon | mpliance. If you have an objection regarding an use to an observation, you may discuss the objection or tion to FDA at the address above. If you have any  |  |
| OBSERVED:  |  |  |
|  | 2 22 20 20 20 20 20 20 20 20 20 20 20 20   |  |
| nt regarding the system for  | r monitoring environmental conditions.   |  |
| ed total particle counts (b) (4). In that time, you produced                 | during production in the ISO 5  |  |
| eficient non-viable air monito  ) PCA 30mg per 30mL in (                     | oring:<br>0.9% Sodium Chloride, Lot: (b) (4)   |  |
| nge, Lot: (b) (4)  | , Prep Date: (b) (4) ;   |  |
| • ceFAZolin 2g per 20mL Syringe, Lot: (b) (4) , Prep Date: (b) (4) ; and     |  |  |
|  | m Chloride 250mL Bag, Lot: (b) (4)   |  |
| irements.  | n-free is not laboratory tested to eleasing drug products intended to be sterile.  |  |
|  |  |  |
| Investigator<br>llips Sylvain, Investi                                       | igator Name No Dea 10/5/2020 10/5/2020 X 10/12/2035 X 10/ |  |
|  | DA representative(s) during the insy determination regarding your corplement, corrective action in responsins pection or submit this information and address above.  OBSERVED:  Int regarding the system for the detail particle counts (b) (4). In that time, you produced ficient non-viable air monitors) PCA 30mg per 30mL in figure, Lot: (b) (4). In the count of the count |  |

|  | DEPARTMENT OF HEA                            | ALTH AND HUM  | The state of the s |  |
|--|--|---|--|--|
| DISTRICT ADDRESS AND PHO   |  | IOG ADMINISTRA  | DATE(9) OF INSPECTION  |  |
| 22215 26th A   | ve SE Suite 210                              |   | 9/8/2020-10/5/202  | 20*  |
| Bothell, WA  |  |   | FEI NUMBER<br>3014577316   |  |
| (425) 302-0340   | Fax: (425) 302-0404                          |   | 3014377310   |  |
| l  | TEA.   |   | 1  |  |
| NAME AND TITLE OF INDIVIDU   | AL TO WHOM REPORT ISSUED                     |   | <u> </u>   |  |
| Jacqueline A   | . Biery, Manufacturing Pharm                 | nacy Manage   | er   |  |
| FIRM NAME  | \$2.446 - \$2.5                              | STREET ADDRESS  |  |  |
|  | ealth and Services                           | 3333 S  | 120th Pl Ste 100c  |  |
|  | ba Providence Infusion                       |   |  |  |
| Hospital Ser   |  | TYPE ESTABLISHM   | MENT INSPECTED   |  |
| Tukwila, WA  | 98168-5134                                   | Outsour   | cing facility  |  |
| • fentaNY • fentaNY • fentaNY  OBSERVATION Your outsourcing previous six modes Specifically, the • fentaNY • fentaNY | ng facility did not submit a report          | n 0.9% Sodium 6 in 0.9% Sod to FDA ident d and not iden n 0.9% Sodium | dium Chloride 250mL Bag<br>tifying the drugs compo<br>ntified on your report date<br>m Chloride 250mL Bag,   | g, Lot: (b) (4)  ounded during the  ed (b) (4)  Lot: (b) (4) |
| OBSERVATION The labels of you  | ON 4<br>our outsourcing facility's drug prod | lucts are defi  | icient.  | #5 b   |
| Specifically,  |  |   |  |  |
| a) the following   | information is not found on your drug        | product labe  | ls:  |  |
| The state  | ment "This is a compounded drug";            |   |  |  |
|  | ge form and strength; and                    |   |  |  |
| 1110 0030  | St will mile outsinging und                  |   |  |  |
|  |  |   |  |  |
|  |  |   | 32   |  |
|  | EMPLOYEE(S) SIGNATURE                        |   | N  | DATE ISSUED  |
| SEE REVERSE  | Kenneth O Gee, Investigato                   | r   |  | 10/5/2020  |
| OF THIS PAGE   | Nathaniel B Phillips Sylva                   | in, Invest  | igator Kerneth O Gee Investigator Stand By 200167368 Outs Segred 10-05-202   | MCCC - 1855, 174   |
|  | 9,437  |   | X 18/6128  | 20   |
|  |  |   | 10   |  |
|  |  |   |  |  |

INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

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|  | IEALTH AND HUMAN SERVICES<br>DRUG ADMINISTRATION                |
|--|---|
| DISTRICT ADDRESS AND PHONE NUMBER 22215 26th Ave SE Suite 210 Bothell, WA 98021 (425)302-0340 Fax: (425)302-0404 | DATE(S) OF INSPECTION 9/8/2020-10/5/2020* FEI NAMBER 3014577316 |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED  Jacqueline A. Biery, Manufacturing Pha                       | rmacy Manager   |
| Providence Health and Services<br>Washington Dba Providence Infusion<br>Hospital Services                        | 3333 S 120th Pl Ste 100c  |
| CITY, STATE, ZIP CODE, COUNTRY Tukwila, WA 98168-5134  | TYPEESTABLISHMENTINSPECTED Outsourcing facility                 |

The quantity or volume.

Example of your drug product label that does not contain this information:

- HYDROmorphone 30 mg/30 mL (1 mg/mL) PCA in 0.9% sodium chloride
- b) the following information is not found on your drug product labels:
  - The dosage form and strength.

Examples of your drug product labels that do not contain this information:

- fentaNYL 2 mcg/mL and bupivacaine 0.1% in 0.9% sodium chloride
- fentaNYL 2 mcg/mL and bupivacaine 0.125% in 0.9% sodium chloride
- fentaNYL 1000 mcg/100 mL (10 mcg/mL) in 0.9% sodium chloride
- Midazolam 100 mg/100 mL (1 mg/mL) in 0.9% sodium chloride
- Buffered Lidocaine 3 mL syringe (Lidocaine 0.9%/Sodium Bicarbonate 0.84%)
- Vancomycin 1.25 g added to 250 mL 0.9% sodium chloride bag
- Vancomycin 1.5 g added to 250 mL 0.9% sodium chloride bag
- c) the following information is not found on your drug product labels:
  - The name, address, and phone number of the outsourcing facility; and

| SEE REVERSE<br>OF THIS PAGE | Kenneth O Gee, Invest<br>Nathaniel B Phillips | 7 ·                    | Kanneth O Gele<br>Investigator<br>Signed Spr 200187:2051<br>Date Signed: 19405-2020<br>18:07:28 | 10/5/2020         |
|-----------------------------|---|------------------------|---|-------------------|
| FORM FDA 483 (09/08)        | PREVIOUS EDITION OBSOLETE                     | INSPECTIONAL OBSERVATI | IONS  | PAGE 3 of 4 PAGES |

|   | EALTH AND HUMAN SERVICES DRUG ADMINISTRATION |
|---|--|
| DISTRICT ADDRESS AND PHONE NUMBER   | DATE(S) OF INSPECTION                        |
| 22215 26th Ave SE Suite 210   | 9/8/2020-10/5/2020*                          |
| Bothell, WA 98021   | FEI NUMBER                                   |
| (425)302-0340 Fax: (425)302-0404  | 3014577316                                   |
| Jacqueline A. Biery, Manufacturing Phas   |  |
| FIRM NAME   | STREET ADDRESS                               |
| Providence Health and Services<br>Washington Dba Providence Infusion<br>Hospital Services | 3333 S 120th Pl Ste 100c                     |
| CITY, STATE, ZIP CODE, COUNTRY  | TYPE ESTABLISHMENT INSPECTED                 |
| Tukwila, WA 98168-5134  | Outsourcing facility                         |

The dosage form and strength.

Examples of your drug product labels that do not contain this information:

- Buffered Lidocaine 10 mL syringe (Lidocaine 0.9%/Sodium Bicarbonate 0.84%)
- ceFAZolin 1 gram per 10 mL (100 mg/mL) syringe
- ceFAZolin 2 gram per 20 mL (100 mg/mL) syringe
- ceFAZolin 3 gram per 30 mL (100 mg/mL) syringe
- Oxytocin 30 units per 500 mL 0.9% Sodium Chloride

## \*DATES OF INSPECTION

9/08/2020(Tue), 9/09/2020(Wed), 9/10/2020(Thu), 9/11/2020(Fri), 9/14/2020(Mon), 9/15/2020(Tue), 9/16/2020(Wed), 9/28/2020(Mon), 9/29/2020(Tue), 9/30/2020(Wed), 10/01/2020(Thu), 10/02/2020(Fri), 10/05/2020(Mon)

| SEE REVERSE<br>OF THIS PAGE | EMPLOYEE(S) SIGNATURE  Kenneth O Gee, Investigator  Nathaniel B Phillips Sylvain, Investi | gator Knorsen O Gee hweetgaber Buyen By: 300/1873009 Date Segment 10-00-3020 X | 10/5/2020         |
|-----------------------------|---|--|-------------------|
| FORM FDA 483 (09/08)        | PREVIOUS EDITION ORGAN ETS INSPECTIONAL O   | DEEDWATIONS  | PAGE 4 of 4 PAGES |

The observations of objectionable conditions and practices listed on the front of this form are reported:

- 1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
- 2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."