DEPARTMENT OF HEA	LTH AND HUMAN	SERVICES	100
DISTRICT ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
Pharma Division II		03/12/2018-04/06/2018*	
404 BNA Drive, Building 200, Suite 500		FEI NUMBER	
Nashville, TN 37217 (615) 366-7801   Email: orapharm2_responses@fda.hhs.g		FEI NUMBER	
Industry Information: www.fda.gov/oc/industry	50	3005180755	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED			
Dr. Rickey L. Chance, President & Owner			
Coastal Meds, LLC	1759 Medio	cal Park Drive, Suite C	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHM		
Biloxi, MS 39532	Outsourcin	g Facility	
This document lists observations made by the FDA representative(s) during represent a final Agency determination regarding your compliance. If you h implement, corrective action in response to an observation, you may discuss or submit this information to FDA at the address above. If you have any que	ave an objection re as the objection or	garding an observation, or have implaction with the FDA representative(s)	emented, or plan to during the inspection
DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:			
OBSERVATION 1			
	5		
Aseptic processing areas are deficient regarding the sys		ATT.	
Specifically, environmental monitoring (EM) samples a		n high-risk areas or so that	they represent
the conditions of the areas being monitored. For exam	ple:		50
<ul> <li>The material pass-through box, which is used t room and the ISO 7 cleanroom, is not monitore</li> </ul>			rolled dispensing
t 5't't 250 tokoo (b) (4)	ltt-sessed	(b) (1) with a	4-31 <sub>0</sub> (h) (1)
b. Fingertip samples are taken(b) (4)	the pharmaci	A LINE AND A STATE OF THE STATE	terile (b) (4)
The sample is also limited to $(b)$ $(4)$	on r	is(b) (4)	
c. The surface sample taken from the (b) (4) after the (b) (4) has been sanitized with sterile (l		ted in the ISO 7 cleanroom,	is performed
		(h) (1)	
d. On 3/13/2018, I noted the surface sample take			
(b) (4) was done in an area still wet with	sterile (D) (4	)	
e. Pressure differential data is not reviewed. It is anomalies occur. Data is uploaded (b) (4) and there is no review of the data. As a result, pressure loss. For example, the following press	a there have be	nd printed. The electronic f en no explanations for or i	nvestigations into
*			
SEE EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME	AND TITLE (Print or Type)	DATE ISSUED
REVERSE Dadlay			1/5/2010
OF THIS PAGE	Samantha J.	Bradley, Drug Investigator	4/6/2018
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	DEPARTMENT OF HEA	LTH AND HUMAN	Ref 100 -	
DISTRICT ADDRESS AND PHONE NUMBER			DATE(S) OF INSPECTION	
Pharma Division II			03/12/2018-04/06/2018*	
404 BNA Drive, Building 200, Suite 500			03/12/2018-04/00/2018	
Nashville, TN 37217 (615) 366-7801   Email: orapharm2_responses@fda.hhs.gov Industry Information: www.fda.gov/oc/industry			FEI NUMBER	
		ov	3005180755	
			3003100733	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
Dr. Rickey L. Chance, President & Owne	r			
FIRM NAME		STREET ADDRES		
Coastal Meds, LLC		1759 Med	ical Park Drive, Suite C	
CITY, STATE, ZIP CODE, COUNTRY	* ·	* TYPE ESTABLISH	MENT INSPECTED	
Biloxi, MS 39532		Outsourcii	ng Facility	

	Room to General Area tion:(b) (4)		om to ISO 7 Ante Room
Omb	(Evail) eveen	Time	Pressure (lin-wg)
(b) (4)	0.062	(b) (4)	0.026
()	0.004		0.002
	0.008	1	0.002
	0.010		0.011
	0.026		0.02
	0.064		
	0.014		
	0.008		
	0.025		
	0.036		
	0.005		
	0.028		
	0.065		

METHYLCOBALAMIN, Lot MC/120517, was produced the same day and later distributed. There is no explanation for or investigation into this series of events.

# **OBSERVATION 2**

Protective apparel is not worn as necessary to protect drug products from contamination. Specifically, on 3/13/2018, I observed the aseptic attire worn in the cleanroom does not include goggles, which leaves the skin of personnel exposed around their eyes and forehead.

\*\*\*THIS IS A REPEATED OBSERVATION\*\*\*

# **OBSERVATION 3**

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

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¥		TH AND HUMAN SERVICES  S ADMINISTRATION	
DISTRICT ADDRESS AND PHO		DATE(S) OF INSPECT	ON
Pharma Division I	1	03/12/2018-	04/06/2018*
	uilding 200, Suite 500	* IA B	04/00/2018
Nashville, TN 372		FEI NUMBER	
	Email: orapharm2_responses@fda.hhs.go	y 3005180755	
	tion: www.fda.gov/oc/industry		
Dr. Rickey L. Char	ice, President & Owner		
FIRM NAME		STREET ADDRESS	
Coastal Meds, LLC		1759 Medical Park Drive, S	uite C
Biloxi, MS 39532	NAME OF THE PROPERTY OF THE PR	Outsourcing Facility	
OBSERVATION 4			
	ols do not include the establishment of		2000 TO Sec [1] (1) 12 10 12 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10
	esigned to assure that drug products of	onform to appropriate sta	ndards of identity, strength,
quality, and purity	y. Specifically,		
potential effective seal/closu illuminate  Visual ins products 3/13/201 available, inspection  b. Finished p	quality issues with injectable drug pro 12/30/2016, visual inspectors should lure, or any other defect. It states PM sed with (b) (4) lights or be pectors are not provided with a contra are packaged in amber vials and nume 8, inspectors were not observed holding their visual inspection. There is no finjectable drug products.	ducts. Per SOP O-16, Rev. ( book for fill volume, particul nould be identified using a righter. sting background and suffi rous products are light to an vials up to the ceiling light in o assurance quality defe	D, Testing and Release Criteria, late matter (PM), container contrasting background icient light for inspection. All dark red in color. On hts, the only light source
OBSERVATION 5	i		,
	ned to prevent microbiological contam validation of the sterilization process.		urporting to be sterile do not
	eutical grade, sterilizing(b) (4) <sub>are</sub> (b) on pliance with the manufacturer's test		
700 to 100 to 10	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
SEE REVERSE OF THIS PAGE	SJB	Samantha J. Bradley, Drug I	5 0400 0704 0704 0705 0705
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	DEPARTMENT OF HEALTI FOOD AND DRUG	HAND HUMAN S	ERVICES	
Pharma Division I 404 BNA Drive, Bo Nashville, TN 372	I uilding 200, Suite 500		DATE(S) OF INSPECTION  03/12/2018-04/06/2018*  FEI NUMBER	
(615) 366-7801   Industry Informat	Email: orapharm2_responses@fda.hhs.gov ion: www.fda.gov/oc/industry	6	3005180755	
	JAL TO WHOM REPORT ISSUED ICE, President & Owner			
Coastal Meds, LLC	1981 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984	1759 Medic	al Park Drive, Suite C	
CITY, STATE, ZIP CODE, COU Biloxi, MS 39532		TYPE ESTABLISHME Outsourcing	NT INSPECTED	
Per SOP ( (b) (4) (b) (4) Th		Methods, efformed and (b) (	ective 12/30/2016, the use 4) to(b) (4)	of
Per the m (b) (4)	There is no assurance the	The second secon		etaining the passing.
used (incl placed in	records lack significant information. The uding the vials, tubing, and sterilizing (b) the incubators. In the most recent revisit f vials which were filled.	(4) the filli	ng process followed, or the	e number of vials
OBSERVATION 6	i			
construction to fa not appropriate fo	the manufacture, processing, packing, c cilitate cleaning. Specifically, the mater or the cleaning solutions being used. Or oom door handle, and door frame.	ials used for	equipment within the ISO	7 cleanroom are
OBSERVATION 7	1.			
and the second of the second o	to thoroughly review the failure of a bar ether or not the batch has already been	and the second of the second o		ny of its
to have sterility fa extend to other si	9/24/2015, there have been at least 23 ilures. Each batch was rejected, but invitial batches. The QRE (quality related ent was classified as "Minor".	estigations l	ack significant information	and do not
potential root cau case to support th	es, thirteen (13) out of the 23 were pre- ses of incomplete dissolution, light exp se conclusions. METHYL-PLEX was disco- ses in 2018. No other product formulation	osure, or no ntinued due	ne listed. No evidence was to potency failures for thr	provided in any ee (3)
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE SJB	este este as so	Bradley, Drug Investigator	4/6/2018
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DEPA	ARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
Pharma Division II 404 BNA Drive, Building 200, Suite 500	03/12/2018-04/06/2018*
Nashville, TN 37217	FEINUMBER
(615) 366-7801   Email: orapharm2_response Industry Information: www.fda.gov/oc/indu	1 3003160733
Dr. Rickey L. Chance, President & Owner	
FIRM NAME	STREET ADDRESS
Coastal Meds, LLC	1759 Medical Park Drive, Suite C
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Biloxi, MS 39532	Outsourcing Facility

For sterility failures, each investigation concludes aseptic technique should be followed and hand hygiene sampling was performed. Organisms were identified in seven (7) out of the 13 events and *Bacillus circulans* was identified as the organism in four (4) out of the seven (7) events. Documentation was not reviewed, environmental conditions were not reviewed, EM sampling results were not reviewed, the identified organisms were not evaluated, and these events did not trigger cleaning.

In all investigations, there is a lack of historical review, trend analysis, extension to other batches, a statement regarding product disposition, and overall quality impact assessment.

\*\*\*THIS IS A REPEATED OBSERVATION\*\*\*

## OBSERVATION 8

Each lot of drug product containers and closures is not withheld from use until the lot has been sampled, tested, examined, and released by the quality control unit.

Specifically, sterile, depyrogenated drug product containers and closures are accepted after confirming they match the purchase order, without requiring sampling, testing, examination, or release. There is no specification for the containers and closures; there is no requirement to obtain and review the manufacturer certificate of analysis (COA) for each batch received.

## **OBSERVATION 9**

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.

Specifically, stability studies have not been initiated for all injectable drug products to support their 6-month (180-day) expiration date. Since 9/24/2015, the following products have been made and distributed without stability studies being initiated/performed:

- ADENO-PLEX
- HYDROXOCOBALAMIN
- L-CARNITINE
- LIPO-DEN EXTREME

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DATE(S) OF INSPECTION DISTRICT ADDRESS AND PHONE NUMBER Pharma Division II 03/12/2018-04/06/2018\* 404 BNA Drive, Building 200, Suite 500 FEI NUMBER Nashville, TN 37217 (615) 366-7801 | Email: orapharm2\_responses@fda.hhs.gov 3005180755 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Dr. Rickey L. Chance, President & Owner FIRM NAME STREET ADDRESS Coastal Meds, LLC 1759 Medical Park Drive, Suite C CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Biloxi, MS 39532 **Outsourcing Facility**

- LIPO-DEN MAX
- LIPO-DEN PLUS
- LIPO-PLEX
- LIPO-X
- METHYLCOBALAMIN
- METHYL-PLEX
- PYRIDOXINE
- RODEX

\*\*\*THIS IS A REPEATED OBSERVATION\*\*\*

## **OBSERVATION 10**

Equipment and utensils are not maintained at appropriate intervals to prevent malfunctions that would alter the safety, strength, quality, or purity of the drug product.

Specifically, critical equipment has not been qualified for use. Incubators and refrigerators are lacking temperature mapping studies and are not monitored using calibrated thermometers. These include a refrigerator used for media storage, a refrigerator used for bulk drug substance storage, and (b) (4) incubators used for EM sample and media fill vial incubation.

## **OBSERVATION 11**

The labels of your outsourcing facility's drug products are deficient.

The labels of some of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A) and (B).

Specifically, the following information is not found on some of your drug product labels, as required by section 503B(a)(10)(A):

- · The dosage strength;
- The statement, "Not for resale".

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION Pharma Division II 03/12/2018-04/06/2018\* 404 BNA Drive, Building 200, Suite 500 FEI NUMBER Nashville, TN 37217 (615) 366-7801 | Email: orapharm2\_responses@fda.hhs.gov 3005180755 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Dr. Rickey L. Chance, President & Owner FIRM NAME STREET ADDRESS Coastal Meds, LLC 1759 Medical Park Drive, Suite C CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Biloxi, MS 39532 **Outsourcing Facility**

In addition, the following information is not found on your drug product container labels, as described in section 503B(a)(10)(B):

Information to facilitate adverse event reporting: <a href="www.fda.gov/medwatch and 1-800-FDA-1088">www.fda.gov/medwatch and 1-800-FDA-1088</a>

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

- Adeno-Plex Injectable 30 ml
- o Cyanocobalamin injectable 30 ml
- Hydroxocobalamin injectable 30 ml MDV
- Lipo-B injectable 30 ml
- o Lipo-Den injectable 30 ml MDV
- Lipo-Den Extreme injectable 30 ml MDV
- Lipo-Den Plus injectable 30 ml MDV
- Lipo-Plex injectable 30 ml MDV
- Methylcobalamin injectable 30 ml MDV
- Pyridoxine injectable 30 ml MDV

## \*DATES OF INSPECTION:

03/12/2018 (Mon), 03/13/2018 (Tue), 03/14/2018 (Wed), 03/15/2018 (Thu), 03/16/2018 (Fri), 03/19/2018 (Mon), 04/06/2018 (Fri)

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Jamanta J. Bradley

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DATE ISSUED

Samantha J. Bradley, Drug Investigator

4/6/2018

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