	TH AND HUMAN SERVICES G ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
300 River Place, Suite 5900	2/18/2016-3/16/2016*
Detroit, MI 48207 (313) 393-8100 Fax:(313)393-8139	FEI NUMBER 3008213711
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	•
Paul J. Elmer , President and Owner	
FIRM NAME	STREET ADDRESS
Pharmakon Pharmaceuticals, Inc.	14450 Getz Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Noblesville, IN 46060-3303	Outsourcing Facility

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 WE OBSERVED:

OBSERVATION 1

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

Specifically,

- i. Finished lots of sterile injectable drug products are not tested for potency prior to release and distribution. Morphine Sulfate (PF) 0.5mg/ml in 0.9% Sodium Chloride 1ml fill in a (b) (4) syringe lot #E52418EV11C was processed, released, and distributed on 2/3/16. Potency results were reported as 2460% on 2/10/16, acceptance criteria is (b) (4) (4) (4) (5). This lot was recalled by your firm on 2/11/16.
- ii. Finished lots of sterile injectable drug products containing preservative are not tested for preservative content, for example, Morphine Sulfate 5mg/ml in 0.9% Sodium Chloride 25ml fill in a (b) (4) syringe lot #E51192DK18C. This lot was processed and shipped on 2/18/16 without such testing.

OBSERVATION 2

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

	EMPLOYEE(S) SIGNATURE		DATE ISSUED
SEE REVERSE	Emily J Orban, Investigator	3/16/2016	3/16/2016
OF THIS PAGE	Emilie Kahn, Investigator	X Emily 3 Orban	
	Gary C Pecic, Chemist/Biologist	Emly J Orban Investigator	
	Lisa T Michel, Chemist/Biologist	Signed by: Emily J. Orban -S	

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 1 OF 17 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 300 River Place, Suite 5900 2/18/2016-3/16/2016* Detroit, MI 48207 3008213711 (313) 393-8100 Fax: (313) 393-8139 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Paul J. Elmer , President and Owner FIRM NAME STREET ADDRESS Pharmakon Pharmaceuticals, Inc. 14450 Getz Rd CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED

Outsourcing Facility

i. batches were released prior to receiving potency results that were out of specification. No investigation was conducted into these out of specification test results. Some examples of batches released and shipped include:

Noblesville, IN 46060-3303

		%		Date	Date
Lot #	Active Ingredient	Potency	Date Made	Shipped	Tested
E290653A8R	EPINEPHRINE	0		///	11/6/2014
E14240A2R	NOREPINEPHRINE	0.4		141	2/24/2015
E133348.17R	PROMETHAZINE	1.8		\ ' /	1/15/2015
E34082DK8C	MIDAZOLAM	7.1			1/2/2015
E0228143R	PHENYLEPHRINE	25.3			7/29/2014
E09232530R07	PHENYLEPHRINE	25.9			7/25/2014
E40292DK9C	MIDAZOLAM	27.6			6/9/2015
E39250DK31C	MIDAZOLAM	33.8			7/14/2015
E42428DK4C	MIDAZOLAM	34.7			10/20/2015
E40292DK4C	MIDAZOLAM	37.7			5/15/2015
E1106133R	PHENYLEPHRINE	39.4			5/6/2014
E40292DK7C	MIDAZOLAM	44.2			6/1/2015
E083327Z2R	PROMETHAZINE	45.6			5/18/2015
E30152DK5C	FENTANYL CITRATE	52.9			7/14/2014
E39250DK27C	MIDAZOLAM	55.7			6/23/2015
E15058A13R	NOREPINEPHRINE	66			10/26/2015
E34082DK3C	MIDAZOLAM	68.4			7/22/2014
E600949121R	OXYTOCIN	75.6			6/30/2015
E290653A10R	EPINEPHRINE	77.6			11/14/2014
EJKP0412A1R	VECURONIUM	77.6			8/28/2015
E102F0147R	CEFAZOLIN	80.4			9/10/2015
E60083313R	OXYTOCIN	85.5			11/14/2014

	EMPLOYEE(S) SIGNATURE		DATE ISSUED
SEE REVERSE	Emily J Orban, Investigator	3/16/2016	3/16/2016
OF THIS PAGE	Emilie Kahn, Investigator X	Emily J Orban	
	Gary C Pecic, Chemist/Biologist	Orben	
		by: Emly J. Orban -S	

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 2 OF 17 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER

300 River Place, Suite 5900

Detroit, MI 48207

(313) 393-8100 Fax: (313) 393-8139

DATE(S) OF INSPECTION

2/18/2016-3/16/2016*

FEI NUMBER

3008213711

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED

Paul J. Elmer , President and Owner

•		
FIRM NAME	STREET ADDRESS	
Pharmakon Pharmaceuticals, Inc.	14450 Getz Rd	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED	
Noblesville, IN 46060-3303	Outsourcing Facility	

E06334312R	ATROPINE	85.6	/ I= \	///	12/31/2014
E16HL01222R	PROPOFOL	86		(4)	11/24/2015
E1243458R	PROMETHAZINE	114		(' /	11/10/2015
E46342DK6R	BUPIVICAINE	116			8/25/2015
E61055602R	HEPARIN	116			6/3/2015
E43187DK36C	MORPHINE SULFATE	116			11/19/2015
E600949149R	OXYTOCIN	118			8/11/2015
E271353A2R	EPINEPHRINE	119.9			4/2/2014
E40292DK10C	MIDAZOLAM	120.9			6/11/2015
E37235DD21C	HYDROMORPHONE	121.6			6/26/2014
E0353613R	PHENYLEPHRINE	124.2			10/13/2015
E02281416R	PHENYLEPHRINE	127.6			9/19/2014
E0643928R	PHENYLEPHRINE	129.1			6/8/2015
E02330736C	MORPHINE SULFATE	207.9			8/15/2014
E460953A2R	VANCOMYCIN	0.4			1/19/2015

- ii. No investigation was performed into the following test results for drug products already released and distributed:
 - a. Midazolam HCl 1mg/ml in 0.9% Sodium Chloride 2ml fill in a(b) (4) syringe lot #EMS3063C tested positive for sterility on 5/20/14.
 - b. Ephedrine Sulfate 5mg/ml in 0.9% Sodium Chloride 5ml fill in a (b) (4) syringe lot #E0714148R, Fentanyl Citrate 2mcg/ml and Bupivacaine HCl 0.125% in 0.9% Sodium Chloride 200ml in (b) (4) 250ml Bag lot #E45248DK11C, and Ephedrine Sulfate 5mg/ml in 0.9% Sodium Chloride 10ml fill in a (b) (4) syringe lot #E0725141R were reported as "Cancelled or Sample Untestable" on 3/02/15, 4/16/15, and 6/10/15, respectively. No additional test results were provided for these three batches.

OBSERVATION 3

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OF THIS PAGE	Emilie Kahn, Investigator	X Emily J Orban	
	Gary C Pecic, Chemist/Biologist	Emly J Orban	
	Lisa T Michel, Chemist/Biologist	Investigator Signed by: Emly J. Orban -S	

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 3 OF 17 PAGES

	FOOD AND DRUG	G ADMINISTRATION		
DISTRICT ADDRESS AND PHO			TE(S) OF INSPECTION	
Detroit, MI	ace, Suite 5900		/18/2016-3/16/2016*	
	40207 00 Fax: (313)393-8139	30		
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	AL TO WHOM REPORT ISSUED			
	r , President and Owner			
FIRM NAME		STREET ADDRESS		
Pharmakon Pha	armaceuticals, Inc.	14450 Getz		
	IN 46060-3303	Outsourcing		
are not establish Specifically, i. The following a. Operation HC1 0.4 2/18/16, the lami b. On 2/ in the change of continue Sodium c. Sterile operator Bupivace 2mcg/m d. On 2/ (b) (4) lot #E15 (b) (4) unaware e. Durin (b) (4) [b] (4) [b] (4) [b] (4) [b] (4) [c] (5) [c] (6) [c] (6) [c] (7) [c] (8) [c] (8) [c] (9) [c] (9) [c] (1) [c] (1) [c] (1) [c] (2) [c] (3) [c] (4) [c] (4) [c] (5) [c] (4) [c] (6) [c] (7) [c] (8) [c] (9) [c] (1) [c] (1) [c] (1) [c] (1) [c] (2) [c] (2) [c] (3) [c] (4) [c] (4) [c] (6) [c] (4) [c] (6) [c] (4) [c] (6) [c] (6) [c] (7) [c]	o additionally, a (b) (4) o additional (b) (c) e a (b) (4) was not being using the filling of HYDROmorphone F Vial lot #E52105DD45C and Ep I in a (b) (4) syringe lot #E09130 r gowned arms and/or elbows on the	ow, deliberate For example, doml fill in a blood provided by the ISO 5 onk. After composite leaving the activity and a Bag lot #E345 ond by (4) rine Bitartrate is seed during this ICI 0.4mg/ml is the drine Sulfate 5A11R on 3/15	movements while performed furing the filling of HYE (4) (b) (4) vial lot #E5210 with sanitizer and wave to suite and performed pletion of this task, the outeroom and returning to and Bupivacaine HCl 0.1 50DK9C. The sterials. For example, on (b) (4) vials con (c) (4) (Fent to 150ml in a 150ml (b) (d) (Fent to 150ml in a 150ml (c) (Fent to 150ml in a 150	rming aseptic DROmorphone DSDD25C on them around in a (b) (4) perator did not to Suite to 25% in 0.9% 2/23/16, an taining ranyl Citrate (4) bag). Trate (b) (4) ose 250ml bag aponents though the they were the 30ml fill in a m Chloride to observed to
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Emily J Orban, Investigator Emilie Kahn, Investigator Gary C Pecic, Chemist/Biolog Lisa T Michel, Chemist/Biolog		X Emily J Orban Emily J Orban Investigator Signed by: Emily J. Orban -S	3/16/2016
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	PECTIONAL OBSI	ERVATIONS	PAGE 4 OF 17 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

		TH AND HUMAN SERVICE G ADMINISTRATION	ES	
300 Piver Pl	ne number ace, Suite 5900	2 / 1 8 / 2 i	016-3/16/2016*	
Detroit, MI		FEI NUMBER 3008213	OS NORTH MANNEY	
(313) 393-81	Fax: (313) 393-8139		3/11	
NAME AND TITLE OF INDIVIDUA	AL TO WHOM REPORT ISSUED			
Paul J. Elmer	r , President and Owner	L expert (ppeed		
	armaceuticals, Inc.	street address 14450 Getz Rd		
CITY, STATE, ZIP CODE, COUN	пку	TYPE ESTABLISHMENT INSPECTED		
Noblesville,	IN 46060-3303	Outsourcing Fac:	ility	
#E15700 removin ii. Adequate valuate valuate not been padequate to ensumust perform a include, for exasyringes), most such as sterile iii. A(b) (4) use and operator iv. No document (b) (4)	g the filling of Cefazolin 2GM adde 85.24R on 3/15/16, the operator's ging (b) (4) Cefazolin with 0.9% Idation of aseptic processing operators are formed under worst case conditional ure the sterility of drug products. Cure Personal Aseptic Technique Test's ample, use of all representative contact complex/difficult aseptic operations and repeater pumps. was observed in the gowning and the gowning of the sterility of the gowning and the gowning and repeater pumps.	loved hands were obe Sodium Chloride ions, specifically, prons to assure that steri arrently, each operato , in which the (b) (4) ainer closure systems s, or equipment used g room (b) (4) at the room regardles the (b) (4) has been adequately	served to block fire (b) (4) ocess simulations like processing technology in aseption in a seption in a seption in a seption in a seption in normal aseption in a seption in	(media fills), uniques are otic processing ess does not zes (ex. (b) (4) processing was not in attire.
a. (b) (a This is a repea	t observation of that written on the	ne FDA 483 dated 3/	13/2014.	
				T 101 101 101
SEE REVERSE OF THIS PAGE			X Emily J Orban Emily J Orban Investoator Signed by: Emily J. Orban -S	DATE ISSUED 3/16/2016
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	SPECTIONAL OBSERVATION	ONS	PAGE 5 OF 17 PAGES

		LTH AND HUMAN SERVICE G ADMINISTRATION	is	
DISTRICT ADDRESS AND PHO		DATE(S) OF INS	PECTION 016-3/16/2016*	
Detroit, MI	ace, Suite 5900 48207)7 FEI NUMBER		
	00 Fax: (313)393-8139	3///0.313		
NAME AND TITLE OF INDIVIDU	AL TO WHOM REPORT ISSUED			
	r , President and Owner			
FIRM NAME	- ,	STREET ADDRESS		
	armaceuticals, Inc.	14450 Getz Rd		
Noblesville	лкү IN 46060-3303	Outsourcing Faci	ili+v	
since 1/2015; he a. On 2/b. A bag lot a c. The P specifical lot E570 docume manager. No inversity to the investigation will. The (b) (4)	The owever, you are management stated 19/16, Suite was observed to have a Vancomycin House Was processed in Surface (b) (4) Log does do range. For example, Ceftriaxone 20078M3R was processed on 2/10/16 anted the (b) (4) ment stated these logs were not being stigation has been conducted into the common Certification Reports dated (b) (a) as conducted.	ed and Monitoring, (b) (4) ed there have been not be a pressure reading of the control of the	has been (b) (4) of 0.005 inches of 5% Dextrose in a ples of Suite 10ml fill in a (b) sure (b) (4) a this day. Your first. h report that (b) (4) a ware that (b) (4)	en in place water. 250ml (b) (4) ing outside the (4) syringe Log m 4) is etively. No for each (4) was
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Emily J Orban, Investigator Emilie Kahn, Investigator Gary C Pecic, Chemist/Biolo Lisa T Michel, Chemist/Biol	gist	X Emily J Orban Emily J Orban Investigator Signed by: Emily J. Orban -S	DATE ISSUED 3/16/2016
FORM FDA 483 (09/08)		SPECTIONAL OBSERVATION	ONS	PAGE 6 OF 17 PAGES

	IEALTH AND HUMAN SERVICES DRUG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
300 River Place, Suite 5900	2/18/2016-3/16/2016*
Detroit, MI 48207	FEI NUMBER
(313) 393-8100 Fax: (313) 393-8139	3008213711
- W	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Paul J. Elmer , President and Owner	
FIRM NAME	STREET ADDRESS
Pharmakon Pharmaceuticals, Inc.	14450 Getz Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Noblesville, IN 46060-3303	Outsourcing Facility

- iv. Pressure gauges in Suite used to aseptically process Cephalosporin drug products, were not calibrated prior to 2/20/16. This suite has been in use since 6/2/14.
- v. The anteroom for Suit was observed thave a pressure reading of zero on 2/19/16. This room is considered ISO 6 and is connected to Suite which is classified ISO 5.

This is a repeat observation of that written on the FDA 483 dated 3/13/2014.

OBSERVATION 5

Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room to produce aseptic conditions.

Specifically,

- i. Not all sanitizers and cleaning agents used in the classified areas are sterile. For example, (b) (4) are not purported to be sterile. Also, between 4/30/14 and 5/23/14, a mixture of (b) (4) was used to clean Suites (b) (4) all classified ISO 5; these items were also stated by your firm's management not to be sterile.
- ii. SOP PH109 Sanitization (Disinfection) requires the use of a sporicidal agent (b) (4) to reset microbial resistance. The (b) (4) Sanitization Log for each suite did not document the use of a sporicidal agent:



iii. Disinfectant efficacy studies have not been performed to demonstrate that the disinfectants and the application methods used to clean the ISO 5 areas can sufficiently reduce bioburden.

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	Gary C Pecic, Chemist/Biologist	Emly J Orban Investigator	
	Lisa T Michel, Chemist/Biologist	Signed by: Emily J. Orban -S	

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 7 OF 17 PAGES

	DEPARTMENT OF HEAL	TH AND HUMAN S	SERVICE	CS	
DISTRICT ADDRESS AND PHON	NE NUMBER	DA	TE(S) OF INS		
Detroit, MI	MI 48207		NUMBER)16-3/16/2016*	8
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NAME AND TITLE OF INDIVIDUA		<u> </u>			
Paul J. Elmen	r , President and Owner	STREET ADDRESS			
20000000000000000000000000000000000000	armaceuticals, Inc.	14450 Getz			
	IN 46060-3303	Outsourcing		llity	
v. On 2/18/16, a during the proceed by (4) Vial grate of laminar vi. No document or that Suit (Disinfection). It according to SC Cefazolin 1GM Suite on 8/4/1 vii. On 3/15/16, the ISO 5 suites	ntation was provided to support that was sanitized (b) (4) from 6/2/14 to in addition, no documentation was por PH108 (b) (4) Hood/Floor Cleans in Sterile Water 10ml fill in a (b) (5). The residue was observed on the metal at (b) (4) It observation of that written on the content of the co	Suite was sa 11/5/15, according from 6/2/14 syringe lo	A filter 0% Social Soci	d (b) (4) from 4/20 SOP PH109 Sonat Suite Was con 1/14 and 2/12/15 02F00916R was following lamin	flow hood ml fill in a HEPA filter (23/14-9/22/14 initization leaned (b) (4) 1-10/28/15.
	sonnel engaged in the processing of	drug products	is not	appropriate for	he duties they
Specifically,					
					- 552
OFF DEVICES	EMPLOYEE(S) SIGNATURE			3/16/2	DATE ISSUED
SEE REVERSE OF THIS PAGE	Emily J Orban, Investigator Emilie Kahn, Investigator				3/16/2016
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	Lisa T Michel, Chemist/Biol	ogist		Signed by: Emly J. Orban -S	

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	TH AND HUMAN SERVICES GADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
300 River Place, Suite 5900	2/18/2016-3/16/2016*
Detroit, MI 48207	FEI NUMBER
(313) 393-8100 Fax: (313)393-8139	3008213711
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Paul J. Elmer , President and Owner	
FIRM NAME	STREET ADDRESS
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The current gowning method may leave facial skin exposed. For example, on 2/25/16, an operator aseptically processing Norepinephrine Bitartrate 8mg added to 5% Dextrose 250ml bag lot #E15229B3R in the ISO 5 laminar flow hood 1 was observed with several inches of skin on their forehead exposed.

This is a repeat observation of that written on the FDA 483 dated 3/13/2014.

OBSERVATION 7

Aseptic processing areas are deficient regarding air supply that is filtered through high-efficiency particulate air filters under positive pressure.

Specifically,

On 2/19/16, two ceiling tiles in the Suite processing area were observed to be exposed and not flush with the other ceiling tiles in this room. Your firm classifies this room as ISO 5.

OBSERVATION 8

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

Specifically,

- i. Environmental monitoring is not performed at least daily during drug production in the critical areas to evaluate the quality of the aseptic processing environment and assess whether aseptic conditions are maintained.
 - a. Non-viable particulate monitoring is performed in the aseptic processing areas once every six months.
 - b. Viable monitoring:

Passive air monitoring is performed (b) (4), but was not observed to occur in the laminar flow hoods where processing occurs. On 2/23/16, during processing of Cefazolin 2GM added to 5% Dextrose 50ml USP lot #E157084.114R in

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OF THIS PAGE	Emilie Kahn, Investigator X Emily 104	oan	
	Gary C Pecic, Chemist/Biologist	-	
	Lisa T Michel, Chemist/Biologist Squed by: Embyl Ort	an -S	

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 9 OF 17 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 300 River Place, Suite 5900 2/18/2016-3/16/2016* Detroit, MI 48207 3008213711 (313) 393-8100 Fax: (313) 393-8139 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Paul J. Elmer , President and Owner FIRM NAME STREET ADDRESS Pharmakon Pharmaceuticals, Inc. 14450 Getz Rd CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Noblesville, IN 46060-3303 Outsourcing Facility a media plate for viable passive air monitoring was set (b) (4) , away from the laminar flow hood. Active air monitoring is performe (b) (4) . It is also performed (b) (4) ii. On 2/18/16, an operator processing HYDROmorphone HCl 0.4mg/ml in 0.9% Sodium Chloride 30ml vial lot #E52105DD25C was observed to spray disinfectant on the laminar flow hood surface and then almost immediately after, a surface sample was collected using (b) (4) plates in this location. iii. The frequency of personnel monitoring is inadequate. A (b) (4) requires (b) (4) a. According to SOP PH100 Environmental Control and Monitoring, the action level for personnel monitoring for (b) (4) The following are examples of CFUs reported on gloves: Date Operator Hood Product **CFU** 12/8/14 Ropivacaine HCl lot#E61080474R Promethezine lot#E143044.113R 2/10/15 Rocuronium lot#ERT416X4R 10/13/15 Bupivacaine HCl lot#E50379DK1R 16 HYDROmorphone HCl lot#E47345DD18C HYDROmorphone HCl lot#E50055DD33C 14 10/20/15 HYDROmorphone HCl lot#E50055DD32C Ephedrine Sulfate lot#E05141515R Fentanyl Citrate lot#E48234DK31C Fentanyl Citrate/Ropivacaine HCl EMPLOYEE(S) SIGNATURE DATE ISSUED SEE REVERSE Emily J Orban, Investigator 3/16/2016 OF THIS PAGE Emilie Kahn, Investigator X Emily J Orban Gary C Pecic, Chemist/Biologist Emly J Orban Lisa T Michel, Chemist/Biologist

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 300 River Place, Suite 5900 2/18/2016-3/16/2016* Detroit, MI 48207 3008213711 (313) 393-8100 Fax: (313)393-8139 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Paul J. Elmer , President and Owner FIRM NAME STREET ADDRESS Pharmakon Pharmaceuticals, Inc. 14450 Getz Rd CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Noblesville, IN 46060-3303 Outsourcing Facility

lot#E48234DK32C	
TOTAL TOLD IDIADLE	

The following are examples of CFUs reported on gowns:

Date	Operator	Hood	Product	CFU
7/30/14	(b) (7)(C). (b) (6)	(b) (4)	HYDROmorphone HCl lot#E37235DD24C	TMTC
		_	Ketamine lot#E121005A21C	
			Fentanyl Citrate/Ropivacaine HCl	
			lot#E32266DK16C	
	100 PMP 1555 PM 18	270/77	Fentanyl Citrate lot#E32266DK15C	
12/31/14	(b) (7)(C), (b) (8)	(b) (4)	Oxytocin lot#E60087905R	23
1/13/15	(b) (7)(C). (b) (6)	(6) (4)	Succinylcholine Chloride lot#E44378EV2R	TMTC
3/18/15	(b) (7)(C), (b) (6)	(b) (4)	Morphine Sulfate lot#E44152DK1C	TMTC
	**************************************		Fentanyl Citrate lot#E45078DK2C	
7/21/15	(b) (7) (C), (b)	(b) (4)	Ceftriaxone lot#E4900208M3R	20
	100	30 No.	Cefazolin lot#E102F0079R	
			Cefazolin lot#E15702311R	
	300000		Provocholine lot#EP5032H4R	
10/22/15	(b) (7) (C), (b)	(b) (4)	Sufentanil Citrate/Bupivacaine	105
			lot#E10134417C	; 37 (b) (4)

No investigation has been conducted into these results, nor has any identification been performed on the microorganisms.

iv. No documentation was provided to support that media plates used for operator glove monitoring contain disinfectant neutralizers to assure microbial contamination can be detected.

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OF THIS PAGE Emilie Kahn, Investigator	X Emily J Orban	
Gary C Pecic, Chemist/Biologist	Emly J Orban Investigator	
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	TH AND HUMAN SERVICES G ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
300 River Place, Suite 5900	2/18/2016-3/16/2016*
Detroit, MI 48207	FEI NUMBER 3008213711
(313) 393-8100 Fax: (313) 393-8139	3000213711
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	I
Paul J. Elmer , President and Owner	
FIRM NAME	STREET ADDRESS
Pharmakon Pharmaceuticals, Inc.	14450 Getz Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Noblesville, IN 46060-3303	Outsourcing Facility

v. On 2/15/16, the white colored residue observed on the HEPA filter grate of laminar flow hood analyzed and 1 CFU was recovered from a swab sample. No investigation has been conducted nor has identification been performed on the microorganism.

This is a repeat observation of that written on the FDA 483 dated 3/13/2014.

OBSERVATION 9

Each batch of drug product purporting to be sterile and pyrogen-free is not laboratory tested to determine conformance to such requirements.

Specifically,

Given the observed inadequate environmental controls, testing is deficient in that aseptically filled sterile injectable drug products are released and distributed prior to receiving laboratory results for sterility.

- i. Morphine Sulfate (PF) 0.5 mg/ml in 0.9% Sodium Chloride 1ml fill in a (b) (4) syringe lot #E0833054C was not sent for sterility testing. This batch was processed on 9/24/14 and distributed on 9/25/14.
- ii. Morphine Sulfate (PF) 0.5 mg/ml in 0.9% Sodium Chloride 1ml fill in a (b) (4) syringe lot #E08330552C was sent for sterility testing but results were not received. This lot was processed on 8/19/15 and distributed on 8/19/15.

This is a repeat observation of that written on the FDA 483 dated 3/13/2014.

OBSERVATION 10

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	Lisa T Michel, Chemist/Biologist	Investigator Signed by: Emly J. Orban -S	

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	HEALTH AND HUMAN SEI D DRUG ADMINISTRATION	RVICES
DISTRICT ADDRESS AND PHONE NUMBER 300 River Place, Suite 5900 Detroit, MI 48207 (313) 393-8100 Fax: (313) 393-8139	2/1	8/2016-3/16/2016* MBER 8213711
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Paul J. Elmer , President and Owner		
Pharmakon Pharmaceuticals, Inc.	street address 14450 Getz R	d
Noblesville, IN 46060-3303	Outsourcing	
The operations relating to the processing of peused for other drug products for human use.	nicillin are not perfor	med in facilities separate from those

Specifically,

Procedures have not been established for the separation of tasks and segregation of personnel handling cephalosporin drug products from those for all other human drug products. For example, on 2/13/15, Cefazolin 2GM added to 5% Dextrose 50ml USP lot #E102E0232R was processed in Suite ISO 5 laminar flow hood followed by (b) (4) (Brevital Sodium) 10mg/ml 10ml syringe lot #E6929448C. Suite Is dedicated to processing cephalosporin drug products; however, Suite Is also used to process these products, as recently as 2/10/16 for Ceftriaxone 1GM in Sterile Water 10ml fill in a (b) (4) syringe lot #E570078M3R.

This is a repeat observation of that written on the FDA 483 dated 3/13/2014.

OBSERVATION 11

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

Specifically,

i. No documentation was provided to support that drug product containers and closures are always received with a Certificate of Conformance or are tested for sterility and endotoxin levels prior to use. These containers and closures are evaluated by (b) (4)

For example, 30ml vials lot #(b) (4) was used to package
HYDROmorphone HCl 0.4mg/ml in 0.9% Sodium Chloride 30ml fill in a(b) (4) vial lot
#E52105DD25C, however, a Certificate of Conformance was not received for this batch of vials, nor
was testing performed by your firm prior to use.

EMPLOYEE(S) SIGNATURE Emily J Orban, Investigator Emilie Kahn, Investigator Gary C Pecic, Chemist/Biologist Emily J Orban Emily J Orban	3/16/2016	3/16/2016
Lisa T Michel, Chemist/Biologist Investigator Speed by: Emly 1. Orban - 5	23	

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300 River Place, Suite 5900		/18/2016-3/16/2016*
Detroit, MI 48207		NUMBER
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		
Paul J. Elmer , President and Owner		
FIRM NAME	STREET ADDRESS	
Pharmakon Pharmaceuticals, Inc.	14450 Getz	Rd
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Noblesville, IN 46060-3303	Outsourcin	g Facility

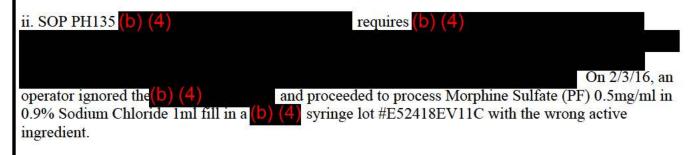
ii. No documentation was provided to support that caps used as closures for sterile drug products packaged in syringes are pyrogen-free. For example, the Certificate of Conformance for the "Tamper Evident Caps (White) Sterile" lot # does not state they are pyrogen-free. These caps were used to package Midazolam HCl 1mg/ml in 0.9% Sodium Chloride 2ml fill in a (b) (4) syringe lot #E091075A4C.

OBSERVATION 12

The responsibilities and procedures applicable to the quality control unit are not in writing and fully followed.

Specifically,

i. SOP PH117 *Quality Management* states "The quality unit has the authority to approve or reject all components, drug product, closures, packaging material, and labeling." Finished drug products are released and distributed prior to review of the batch record. For example, Morphine Sulfate (PF) 0.5mg/ml in 0.9% Sodium Chloride 1ml fill in a syringe lot #E52418EV11C was processed on 2/3/16 and released and distributed on 2/3/16. This batch record was reviewed by Compliance on 2/15/16 and the Pharmacy Operations Manager on 2/18/16, both members of the Quality Unit.



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DEPARTMENT OF HEALTH AND HUMAN SERVICES					
FOOD AND DRUG ADMINISTRATION					
DATE(S) OF INSPECTION					
2/18/2016-3/16/2016*					
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14450 Getz Rd					
TYPE ESTABLISHMENT INSPECTED					
Outsourcing Facility					
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This same SOP requires an operator (b) (4)

On 2/3/16, an employee who

was not a pharmacist, nor the QC, reviewed these items for Morphine Sulfate (PF) 0.5mg/ml in 0.9% Sodium Chloride 1ml fill in a (b) (4) syringe lot #E52418EV11C. This employee signed off as a (b) (4) and did not notice the wrong active ingredient had been selected.

This batch of Morphine Sulfate (PF) 0.5mg/ml in 0.9% Sodium Chloride 1ml fill in a (b) (4) syringe lot #E52418EV11C was recalled on 2/11/16 by your firm due to potency results of 2460% received on 2/10/16.

OBSERVATION 12

The labeling of your outsourcing facility's drug products does not include information required by sections 503B(a)(10)(A) and (B).

Specifically,

The following information is not found on your drug product labeling:

Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1800-FDA-1088.

Examples of drug products that do not contain this information:

- o Adenosine 1mg/ml
- Bupivacaine HCL 0.125%
- o Promethazine HCL 25mg
- o Heparin 25,000 USP Units

OBSERVATION 13

Your outsourcing facility has not submitted a complete report to FDA identifying all products compounded at your facility during the previous six months as required by section 503B(b)(2)(A). Specifically,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION			
300 River Place, Suite 5900	2/18/2016-3/16/2016*			
Detroit, MI 48207 (313) 393-8100 Fax:(313)393-8139	FEI NUMBER 3008213711			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
Paul J. Elmer , President and Owner				
FIRM NAME	STREET ADDRESS			
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CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Noblesville, IN 46060-3303	Outsourcing Facility			

The following products were compounded and not identified on your report dated December 11, 2015:

- Sodium Citrate 4% injection
- Tetracaine 0.5% injection
- Nalbuphine 10mg/ml injection
- Norepinephrine Bitartrate 8mg injection
- Norepinephrine Bitartrate 16mg injection
- Morphine Sulfate Oral Solution 1mg liquid
- Ropivacaine HCL 0.5% injection
- Sodium Phosphate 15mMOL injection
- Sodium Phosphate 3mMOL injection
- Labetalol 5mg/ml
- Norepinephrine Bitartrate 4mg (16 mcg/ml) injection
- Phenylephrine HCL 400mcg
- Nitroglycerin 50mcg/ml injection
- Neostigmine 1mg/ml injection

3/16/2016

Sufentanil Citrate/Bupivacaine 0.4mcg/0.1% injection

*DATES OF INSPECTION

2/18/2016(Thu),2/19/2016(Fri),2/22/2016(Mon),2/23/2016(Tue),2/24/2016(Wed),2/25/2016(Thu),2/26/2016(Fri),3/09/2016(Wed),3/10/2016(Thu),3/11/2016(Fri),3/15/2016(Tue),3/16/2016(Wed)

Emilie Kahn

Emile Kahn

Investigator

Signed by: Emile E. Kahn -S

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