	EALTH AND HUMAN SERVICE DRUG ADMINISTRATION	ES	
FDA Florida District 555 Winderley Place, Suite 200 Maitland FL 32751 (407) 475-4708 Fax: 407-475-4770  Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		DATE(S) OF INSPECTION 6/6, 7, 8, 9, 10, 13/3 FEI NUMBER 3007271263	2016
To: Mr. Vern Allen, RPh, Owner/President & CEO			
FIRM NAME	STREET ADDRESS		
PREMIER PHARMACY LABS INC.	8265 COMMERCI	AL WAY	
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT		
WEEKI WACHEE, FL, 34613	OUTSOURCING F	ACILITY	
THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENT OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATIONS OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT COINDIFICATION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:	TION REGARDING YOUR COMPL RRECTIVE ACTION IN RESPON E INSPECTION OR SUBMIT THIS	LIANCE. IF YOU HAVE AN OF	BJECTION REGARDING AN YOU MAY DISCUSS THE
a. Your firm has no procedures in place to describe the certification for ISO 5 areas available on site (ISO 5 I operations, or evaluation of airflow pattern studies (surprocess of all areas.  b. Airflow pattern studies (smoke studies) executed and conducted in (b) (4) (reported to be conducted under studies) was found inadequate in that:	Laminar Flow Hood an moke studies) reported and included with the m	as part of the (b) (4)	for compounding  certification  on exercise
This turbulence was observed during laminar air flow (b) (4) (b) (4) (b) (4) and poor air (b) (4)	(b) (4) and w	vas due to the (b) (var firm failed to replement corrective and	rbulent air over the  (4) (b) (4) ecognize the nd preventive
2) Areas depicted in videos included include evidence of smoke pattern in the dynamic conditions of routine interventions such as	(b) (4) (b) (4)	(ISO 5 Area), (b) (4)	and failed to including at rest/
SEE REVERSE OF THIS PAGE  EMPLOYEE(S) SIGNATURE  LOVE  LOVE	Noreen Muniz, Drug Inves CAPT Ileana Barreto-Petti	stigator	06/13/2016

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Maitland FL 3275	ace, Suite 200 51 (407) 475-4708 Fax: 407-475-4770		FEI NUMBER	
			3007271263	
	on: www.fda.gov/oc/industry		332177	
	Allen, RPh, Owner/President & CEO			
TO: Mr. Vern	Allen, KPn, Owner/Fresident & CEO	STREET ADDRESS		
PER CATORIS - MENTARES MADERAL	ARMACY LABS INC.	8265 COMMERCIAL WAY		
CITY, STATE AND ZIP	AND CONTRACTOR CONTRACTOR AND A CONTRACTOR OF THE PROPERTY OF	TYPE OF ESTABLISHMENT INSPECTED		
WEEKI WACH		OUTSOURCING		=
(b) (4) which is no	minar air flow working hood (LAFW) of a suitable location to prevent cross-coperations on 6/6/16, it was observed	contamination from p		
3. Acceptance of that batches of of performance	behind the operator in LAFW number of the sampling and testing condrug products meet each appropriate so the sampling and testing condrug products meet each appropriate so the sampling and testing condrug products meet each appropriate so the sampling and testing to sample the sample of sterile injectable visually inspected. In addition, there defects observed during visual inspect the product of the product of the sample of the sam	Inducted by the quality pecification as a condition and Recondle and ophthalmic drugare no criteria for action are not always detion of the batch recondition.	ty control unit is not act dition for their approversity approversity and their approversity approversity and their approversity approversity approved to the second of quarantined Projects of the second of quarantined Projects and the second of the s	dequate to assure al and release. reparations" does ease; instead (b) (4) ects and the type in record at the time paracaine unit dose
a vial with a rec visual inspectio	lot PRO060216NWAB, repackaged or a fiber that were segregated as defective on of (b) (4) of which (b) (4) spection of the rest of the vials to ensure Machine).	we on 6/2/16; howeve passed. There was	r, the batch record onl no investigation or do	ly documented a ocumentation of
	nd utensils are not maintained and san hat would alter the safety, identity, str			
Specifically, the	e (b) (4)	(b) (4)		was not
properly qualifi and is	ed during installation to determine appropriate interval APA 15004, 1/15/15, issued for leaking	ls to ensure proper pe	(b) (4) erformance. A failed r dentify adequate corre	
	PLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND T		DATE ISSUED
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DISTRICT OFFICE ADDRE	ESS AND PHONE NUMBER	4	DATE(S) OF INSPECTION	
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555 Winderley Place Maitland FL 32751	e, Suite 200 (407) 475-4708 Fax: 407-475-4770		FEI NUMBER	=
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	www.fda.gov/oc/industry	0.0	3007271203	
	IVIDUAL TO WHOM REPORT IS ISSUED			
TO: Mr. Vern Al	llen, RPh, Owner/President & CEO	LOTOSET ADDDESS		
	MACY LABS INC.	STREET ADDRESS 8265 COMMERC	TAT 31/A3/	
CITY, STATE AND ZIP COI		TYPE OF ESTABLISHMEN		
WEEKI WACHE		OUTSOURCING		
investigated.	and a surface sample of 13 CFUs (s		equipment on 9/12/1:	
and purity after st	g product containers are not retested torage for long periods and exposure val or rejection by the quality control	e to conditions that mig	and the properties of the second section secti	A DOUGHOUSE CONTRACTOR OF THE PARTY OF THE P
Specifically, the (b) (4) containing	The state of the s	) which is re-se used within a batch (rar	ealed (b) nge in size from appro	oximately (b) (4)
ensure the vials re	ever, your firm did not establish an a emain sterile during handling with g dition, your firm failed to protect en within the ISO 5	loved hands and in the npty vials from particular	re-sealed bag which	is stored in an
6. There is a failu distributed. Specia	are to thoroughly review any unexpl fically,	ained discrepancy who	ther or not the batch	has been already
failed to include a investigation repo manual inspection	(b) (4) , was issued for failed not employee for (b) (b) (c) thine parameters to ensure the report a comprehensive evaluation of impact the describes that 5 unit vials (single n, but no additional evaluation of the inadequate equipment use and maintain	(4) butted failure was not assected product (b) (4) windose droppers) were for (b) (4) parameters was parameters was parameters)	th the same equipment ound leaking during t	complete parameters and nt. The the post-filling
of dispensed Viga root cause as a	1/15/15, was issued to describe the imox 0.5% Lot VIG121714NUHM,  (b) (4) eact to other lots processed in the sar	Tetracaine Hydrochlo, but no additio	ride. The investigation al information is inc	on describes the cluded to
25255	OYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITI	LE (Print or Type)	DATE ISSUED
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Maitland FL 32751 (407) 475-4708 Fax: 407-475-4770	FEI NUMBER
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	
TO: Mr. Vern Allen, RPh, Owner/President & CEO	
FIRM NAME	STREET ADDRESS
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- c. CAPA 16011, 4/13/16, was issued for the investigation of a failed potency test result (91% or close to the limit of (b) (4) for Brilliant Blue Lot BBL040416SVAB. No documented evidence was available with the CAPA report to describe the investigation process conducted on site prior to the release of the lot, which included a 604 (b) (4) of the lot, laboratory investigation and re-analysis.
- d. CAPA 16019, 4/13/16, was issued for the investigation of a failed potency test result (117% or above specification of (b) (4) for Vancomycin Lot VAN041216IJHM. No documented evidence was available with the CAPA report to describe the investigation process conducted on site prior to the release of the lot, which included of the lot, laboratory investigation and re-analysis.
- e. Investigation reports for excursions in Environmental Monitoring (EMI) samples (fingertips) collected during compounding operations were not fully documented or include timely and effective corrective/preventive actions. EMI reports 10, 11,13,14,26 issued during May-June 2015 failed to include a timely implementation of corrective and preventive actions, complete evidence for the identification of the microorganism, or evaluation of trend that would effectively prevent the recurrence of the events. All investigation reports describe out of limit results from 2-6 CFUs and describe the need to reinforce training to employees, without a timeframe for implementation to prevent recurrence.
- f. Complaint events identified on site as Quality Related Event Reports (QRE) as described in SOP 120.4, Corrective Action Preventive Action and Complaints, are not logged formally to ensure that all initial reports of events that could be evaluated as complaints are received and formally documented for evaluation. QREs include events reported by clients to the firm for evaluation and may include incorrect product in container, incorrect drug name, incorrect drug quantity or compound quality issues, among others.
- 7. Establishment of the reliability of the component supplier's report of analyses is deficient in that the test results are not appropriately validated at appropriate intervals. Specifically,
- a. Certificates of Analysis received on site for non-sterile Bulk Drug Substances and evaluated in accordance with

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WEEKI WACHEE, FL, 34613	OUTSOURCING FA	CILITY	
evidence of the information included with the of compliance with 21 CFR 211) or require an on-sit 8. Procedures designed to prevent microbiological contestablished and followed. Specifically,  a. SOP 324.2, Operation and Maintenance of activities via validated (b) (4), does not define responsible (b) (4), intervention by (b) (4) describe	id sample analysis for concedure requires the infication of a vendor, but if (4) (such as evidence the audit at a regular frequent on tamination of drug products (b) (4), use	mpounded products (b) (4) does not require do e for FDA registrati ency. ducts purporting to ed for glassware dep conducted for the e evaluation of the	does not include cumented on and evidence be sterile are not execution of the (b) (4) by the
b. SOP 322.3, Operation and Maintenance of product and materials used in routine operations via be conducted for the execution of the (b)(4), interversins pection, evaluation of the (b)(4) (initially by review as the procedure requires a (b)(4) review of 9. The written stability testing program is not follow Specifically, your firm failed to follow SOP 890.1 "5 literature research was provided to support the 90-day drug products and re-packaged ophthalmic drug products."	validated (b) (4) does not not not not by (b) (4) operators) and the Quality executed (b) (4).  ved.  503B Beyond Use Dating ys or 6 months BUDs ass	y Unit, and fails to  "" in that no stability signed to compound	lities and steps to bed during this include a timely y studies or
EMPLOYEE(S) SIGNATURE  SEE	EMPLOYEE(S) NAME AND TITLE	(Print or Type)	DATE ISSUED
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

FDA Florida District

555 Winderley Place, Suite 200

Maitland FL 32751 (407) 475-4708 Fax: 407-475-4770

DATE(S) OF INSPECTION

6/6, 7, 8, 9, 10, 13/2016

FEI NUMBER

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Industry Information: www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Mr. Vern Allen, RPh, Owner/President & CEO

FIRM NAME	STREET ADDRESS
PREMIER PHARMACY LABS INC.	8265 COMMERCIAL WAY
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED
WEEKI WACHEE, FL, 34613	OUTSOURCING FACILITY

- 10. Your outsourcing facility has not submitted a report to FDA identifying a product compounded during the previous six months as required by section 503B(b)(2)(A). Specifically, the following products were compounded and not identified on your report dated 12/31/15:
- Hydrocodone Bitartrate 10 mg capsules
- Lidocaine 40mg/ml/Epinephrine 0.5 mg/ml/Tetracaine 5mg/ml 3 ml syringe
- -Promethazine 25mg/0.5 ml TD Gel 1 ml syringe
- -Butalbital 50mg/ml/Codeine 30 mg/ml capsules
- -Vancomycin 250 mg/5ml 5 ml syringe
- 11. The labels of your outsourcing facility's drug products do not include information required by section 503B(a) (10)(B). Specifically, the following information is not found on your drug product labels:
- a) The statements "This is a compounded drug" and "Not for resale". Examples of product labels that do not contain this information:
- Progesterone/Estradiol/Estriol/Testosterone 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe
- Progesterone/Estradiol/Estriol/Testosterone 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe
- Progesterone SL 10 mg tablets
- DHEA (Dehydroepiandrosterone) 12 mg capsules
- b) The date the drug was compounded and list of active and inactive ingredients are not found on your product labels. Examples of drug product labels that do not contain this information include:
- Progesterone/Estradiol/Estriol/Testosterone 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe
- Progesterone/Estradiol/Estriol/Testosterone 60mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe
- Progesterone SL 10 mg tablets
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STREET ADDRESS

8265 COMMERCIAL WAY

TYPE OF ESTABLISHMENT INSPECTED

OUTSOURCING FACILITY

TO: Mr. Vern Allen, RPh, Owner/President & CEO

PREMIER PHARMACY LABS INC.

CITY, STATE AND ZIP CODE

FIRM NAME

WEEKI WACHEE, FL, 34613

c) Furthermore, the following information is not found on the container labels for the drug products you produce: Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1-800-FDA-1088. Examples of container labels that do not contain this information include:

- Progesterone/Estradiol/Estriol/Testosterone 25mg/0.5mg/1.5mg/1mg/mL Cream in syringe

- Progesterone/Estradiol/Estriol/Testosterone 60mg/0.5mg/0.5mg/0.5mg/0.5mg/mL Cream in syringe

- Progesterone SL 10 mg tablets

- DHEA (Dehydroepiandrosterone) 12 mg capsules

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EMPLOYEE(S) SIGNATURE

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EMPLOYEE(S) NAME AND TITLE (Print or Type)

Noreen Muniz, Drug Investigator CAPT Ileana Barreto-Pettit, Drug Investigator DATE ISSUED

06/13/2016

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