	DEPARTMENT OF HEAL	FH AND HUMAN S	ERVICE	S	
Maitland, FL	NE NUMBER y Place, Suite 200	7 /	730/20 NUMBER 015316	19-8/9/2019*	
NAME AND TITLE OF INDIVIOUS Tushar Palan	altowhomReportissued , MS, RPh, Partial Owner & Ph	armacist in	Charg	re	
FIRM NAME Medoz Pharma	Medoz Pharmacy of Polk Inc 40230 Highway 27 Ste 100				
CITY, STATE, ZIP CODE, COUN					
observations, and do observation, or have action with the FDA	observations made by the FDA representative(s) not represent a final Agency determination regainplemented, or plan to implement, corrective a representative(s) during the inspection or submitted FDA at the phone number and address above	rding your compliantion in response to this information to	nce. If you	ou have an objection re rvation, you may discu	garding an ss the objection or
OBSERVATION You produced he personnel to present to pre	ETION OF YOUR FIRM I OBSERVED: ON 1 Lazardous drugs without providing a event cross-contamination. 10/31/18, according to formulation (ICG) 1,000U/mL Injection, lot #10312 (Phthalmic Solution, lot #10312018@) aning was conducted between batches dition, your firm failed to identify on the was used for these hazardous drug productions.	worksheets, yo 2018@7, BUD: 10, BUD: 3 Da of hazardous do e formulation w	our firm 3 Day ays on rug pro	n produced (b) (4) of Cy the same product oducts. Both lots w	of Chorionic velosporin (Cornion day without ere released and
OBSERVATION Vermin was obs	ON 2 served in your production area.				
Specifically,					×
SEE REVERSE OF THIS PAGE EMPLOYEE(S) SIGNATURE Jessica L Pressley, Investigator Jessica L Pressley, Investigator Signed By Jesica L Pressley S X DATE ISSUED 8/9/2019					

INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

PAGE 1 of 7 PAGES

		TH AND HUMAN SERVIC G ADMINISTRATION	ES	
DISTRICT ADDRESS AND PHON		DATE(S) OF IN	SPECTION 019-8/9/2019*	
Maitland, FL	/ Place, Suite 200 32751	FEI NUMBER		
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NAME AND TITLE OF INDIVIDUA	ALTO WHOM REPORT ISSUED			
Tushar Palan,	MS, RPh, Partial Owner & Ph		ge	
FIRM NAME	cy of Polk Inc	STREET ADDRESS 40230 Highway 2	7 Ste 100	
CITY, STATE, ZIP CODE, COUN	ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED			
Davenport, FI	33837-7807	Producer of Ste	rile & Non-Ster	ile Drugs
(where s door). b) Numero sterile s Pharmac these are Your fir construction	us dead ants were observed (7/30/sterile drug products are produced) us dead ants were observed (7/30/suite (where non-sterile drug products, house hold eas. m's Pharmacist stated he noticed to the state of the s	floors (corners of 1)	ers of the walls ved). According was	vithin the non- to your firm's s used to spray
Specifically, a) A small dead bench where gow b) A colony of dunclassified area c) Colonies of sm	served in an area immediately adjaces	(b) (4) bag cont d by a door).	on the anteroom floo taining sterile stoppe on the hallway floors	ers located in the
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Jessica L Pressley, Investi	gator	Jessica L Pressley Investigator Signed By Jessica L Pressley -S Date Signed: 08-09-2019 11:13:05	0ATE ISSUED 8/9/2019
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE IN	SPECTIONAL OBSERVAT	IONS	PAGE 2 of 7 PAGES

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
555 Winderley Place, Suite 200	7/30/2019-8/9/2019*
Maitland, FL 32751 (407)475-4768	FEI NUMBER 3015316526
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Tushar Palan, MS, RPh, Partial Owner	& Pharmacist in Charge
	& Pharmacist in Charge
Tushar Palan, MS, RPh, Partial Owner	See the second s
Tushar Palan, MS, RPh, Partial Owner	STREET ADDRESS

OBSERVATION 4

The ISO 5 classified aseptic processing areas had visibly dirty equipment or surface.

Specifically,

- a) Your firm's Bio-Safety Cabinet (b) (4) ISO 5 work surface contained blue stains (resembling stamped ink). On 7/31/19, the blue stains were observed on your Pharmacist's gloves and crimping handle during the production of Methylcobalamin, 5mg/mL injection, lot #07312019@1, BUD: 3 Days (b) (4) (b) (4) (b) (4) (b) (4) clean room) and Chorionic Gonadotropin (HCG) 1,000U/mL Injection, lot #07312019@3, BUD: 3 Days (b) (4) (b) (4) clean room) which can potentially cause product contamination.
- b) Your firm's (b) (4) clean room (where sterile drug products are produced) contained cracks within the flooring in front of the Biosafety Cabinet (b) (4) which appear difficult to clean and sanitize.

OBSERVATION 5

Personnel donned gowning apparel improperly, in a way that may have caused the gowning apparel to become contaminated.

Specifically,

a) Your firm stores all gowning components in an unclassified area (non-sterile hair net, sterile gloves, non-sterile gown, non-sterile shoe covers, non-sterile sleeve protectors and non-sterile face mask). Your Pharmacist was observed donning the non-sterile hair net, non-sterile shoe covers, and non-sterile face mask within the unclassified area.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Jessica L Pressley,	Investigator	Jassica L. Fressley Investigator Signed By: Jessica L. Fressley -S Date Signed: 08 09-2019 11, 12:38 X	DATE ISSUED 8/9/2019
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIO	ONS	PAGE 3 of 7 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION						
	TADDRESS AND PHONE NUMBER Winderley Place, Suite 200		DATE(S) OF INSPECTION			
Maitland, FL			7/30/2019-8/9/2019* FEINUMBER			
	(407)475-4700 Fax: (407)475-4768		3015316526			
NAME AND TITLE OF INDIVIDUA	NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED					
Tushar Palan,	Tushar Palan, MS, RPh, Partial Owner & Pharmacist in Charge					
FIRM NAME	FIRM NAME Medoz Pharmacy of Polk Inc 40230 Highway 27 Ste 100					
Medoz Pharmac city, state, zip cobe, count		40230 Hig				
THE STREET STREET, STR	vavenport, FL 33837-7807 Producer of Sterile & Non-Sterile Drugs					
c) Within the inside the d) Your firm ISO 8 and conducting	ne ISO 8 anteroom your firm's Pharma ame into contact with the anteroom floor into the ISO 7 (b) (4) clean room in its Served moving the ISO 5 BSC donning his sterile gloves. The ISO 5 BSC donning his sterile gloves.	your firm's P from the ISO clean (b) (2	harmacist was observed with (b) (4) clean round room without changing his BSC your Pharmac	om, through the s garb. Prior to sist changed his		
Specifically, your of the stoppers v BUD: 3 Days (b) 5mg/mL injection	r firm's Pharmacist was observed (7/3 with his gloved hands to the vials of (b) (4) clean room). n, lot #07312019@1 was released and s	1/19) manuall Methylcobala On 8/2/19, R shipped.	y stoppering and touching the min, 5mg/mL injection, lot x (b) (6) for (b) (4) of M	#07312019@1, fethylcobalamin,		
Personnel did not disinfect and change gloves frequently enough to prevent contamination. EMPLOYEE(S) SIGNATURE DATE ISSUED						
SEE REVERSE OF THIS PAGE	Jessica L Pressley, Investig	gator	January L Preschy Investigator Signed By Jesseu L Preschey S Date Signed: 08-09-2019 11:13:08	8/9/2019		
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	PECTIONAL OB	SERVATIONS	PAGE 4 of 7 PAGES		

		TH AND HUMAN SERVICE ADMINISTRATION	ES	
DISTRICT ADDRESS AND PHO	NE NUMBER	DATE(S) OF INS		
	Place, Suite 200	7/30/2	019-8/9/2019*	
Maitland, FL	32751) Fax: (407) 475-4768	301531	6526	
(407)415-4700	7 Lax. (407) 470 4700			
NAME AND TITLE OF INDIVIDUA	ALTO WHOM REPORT ISSUED			
Tushar Palan,	MS, RPh, Partial Owner & Ph		ge	
FIRM NAME		STREET ADDRESS		
The second secon	cy of Polk Inc	40230 Highway 2	7 Ste 100	
Davenport, FI		Producer of Ste	rila & Non-Star	rile Druge
Davenport, Fr	33037-7007	Troducer or sec.	tile a Non Ster	Tie brugs
OBSERVATION HEPA filters were Specifically, a) On 7/30/ (b) not proper b) On 7/30/ (b) clean and	ON 8 ere not sealed around each perimeter 19, your firm's ISO 7 (b) (4) (4) to be visually un-clean (Herly sealed. 19, your firm's ISO 7 (b) (4) (4) to contain gaps between the disanitize and chipping paint surrounder chipping of paint surrounding the cei	clean room containe EPA and ceiling aroun clean room containe e ceiling and HEPA fring the ceiling frame.	e. d 1 HEPA filter d the HEPA appea d 1 HEPA filter rame making it diff In addition, your fi	(b) (4) and (b) (4) ficult to properly rm's Pharmacist
Stated the	e empling or paint surrounding the cer	ing traine is monitored	during ms dairy ch	canning eneckrist.
area. Specifically, you	on 9 ts were not used in your facility's correct firm's Pharmacist stated he cleans to 7/31/19. Your firm's Pharmacist stated	ne ISO 5 BSC's with o	nly (b) (4)	. This practice
OBSERVATION Environmental	ON 10 monitoring was not performed in year	our aseptic processing	g areas.	
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Jessica L Pressley, Investi	gator	Jessica L Preseley investigator Soped by Jessica L Pressley -S Date Signed: 68-69-2019 11.13 08	8/9/2019
FORM FDA 483 (09/08)	PREVIOUS EDITION OUSOLETE IN	SPECTIONAL OBSERVATION	ONS	PAGE 5 of 7 PAGES

	ALTH AND HUMAN SERVICES UG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
555 Winderley Place, Suite 200	7/30/2019-8/9/2019*
Maitland, FL 32751 (407)475-4700 Fax:(407)475-4768	3015316526
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Tushar Palan, MS, RPh, Partial Owner & P	harmacist in Charge
FIRM NAME	STREET ADDRESS
Medoz Pharmacy of Polk Inc	40230 Highway 27 Ste 100
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Davenport, FL 33837-7807	Producer of Sterile & Non-Sterile Drugs

Specifically, according to your firm's Pharmacist, Environmental Monitoring (EM) is conducted by your vendor every (b) (4), but after cleaning has occurred therefore making the results unreliable.

OBSERVATION 11

ISO-5 classified areas were not certified under dynamic conditions.

Specifically, uni-directional airflow was not verified under operational conditions within your firm's (b) (4) clean rooms where sterile products are produced.

OBSERVATION 12

Media fills were not performed that closely simulate aseptic production operations incorporating, as appropriate, worst-case activities and conditions that provide a challenge to aseptic operations.

Specifically, your firm's Media fill dated, 6/12/19 fails to closely simulate current aseptic operations. In addition, no environmental and personnel monitoring was conducted during the media fill.

OBSERVATION 13

Your firm exposed stock solutions, intended to be sterile, to lower than ISO 5 quality air.

Specifically, I observed (7/30/19) the storage of Tacrolimus 10mg/ML Base C Stock, lot #04262019@3, exp.: 7/25/19 and Alprostadil 500 MCG/mL Alcohol Stock, lot #05012019@2, exp.: 10/28/19 solutions in an unclassified area for further use after the container closure system had been punctured multiple times, and therefore compromised, throughout the assigned expiry period.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Jessica L Pressley,	Investigator	Jessica I. Prasaley Investigator Signed By: Jessica I. Preusley :S Date Signed: 98-09-2019 11:33-08.	DATE ISSUED 8/9/2019
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATION	s	PAGE 6 of 7 PAGES

	LTH AND HUMAN SERVICES G ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
555 Winderley Place, Suite 200	7/30/2019-8/9/2019*
Maitland, FL 32751 (407)475-4700 Fax: (407)475-4768	3015316526
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
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FIRM NAME	STREET ADDRESS
Medoz Pharmacy of Polk Inc	40230 Highway 27 Ste 100
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Davenport, FL 33837-7807	Producer of Sterile & Non-Sterile Drugs
Davenport, FL 33837-7807	Producer of Sterile & Non-Sterile Drugs

OBSERVATION 14

Your firm released drug product in which the strength differs from, or its purity or quality falls below, that which it purports or is represented to possess.

Specifically, your firm is utilizing a non-calibrated AND, Model: (b) (4) balance to weigh active ingredients designated for your firm's non-sterile drug products, therefore lacking assurance if the required amounts are being added to a particular batch.

*DATES OF INSPECTION

7/30/2019(Tue), 7/31/2019(Wed), 8/01/2019(Thu), 8/09/2019(Fri)

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Jessica L Pressley,	Investigator Jassica L Pressley Investigator Signed By Jassica L Press X	DATE ISSUED 8/9/2019 9/-S 13.08
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	PAGE 7 of 7 PAGES