

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

| | |
|--|---|
| DISTRICT ADDRESS AND PHONE NUMBER 60 Eighth Street NE Atlanta, GA 30309 (404) 253-1161 Fax: (404) 253-1202 ORAPHARM2_RESPONSES@fda.hhs.gov | DATE(S) OF INSPECTION 5/13/2024-5/23/2024* FEI NUMBER 3012384835 |
|--|---|

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Michael R. Morelli, VP, Scientific Affairs

| | |
|-------------------|-----------------------------------|
| FIRM NAME SKNV | STREET ADDRESS 3265 W Mcnab Rd |
|-------------------|-----------------------------------|

| | |
|--|--|
| CITY, STATE, ZIP CODE, COUNTRY Pompano Beach, FL 33069-4807 | TYPE ESTABLISHMENT INSPECTED 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 I OBSERVED:
OBSERVATION 1**

The container of your outsourcing facility's drug products does not include information required by section 503B(a)(10)(B) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically, your containers do not include the following information:

- a) Information to facilitate adverse event reporting: <www.fda.gov/medwatch> and 1-800-FDA-1088
- b) Directions for use, including, as appropriate, dosage and administration.

OBSERVATION 2

Your outsourcing facility did not submit a report to FDA identifying the drugs compounded during the previous six month period.

Specifically, the following products were compounded and not identified on your report dated December 2023:

- a) 031041 FLUOCINOLONE ACETONIDE 0.01% / MINOXIDIL 5% / TRETINOIN 0.025% SOLUTION with NDC # 72934-4348-08
- b) 351036 CICLOPIROX 0.77% / SALICYLIC ACID 2% Shampoo with NDC # 72934-7425-06
- c) 201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% Cream with NDC # 72934-2406-04

***DATES OF INSPECTION**

| | | | |
|---------------------------------|--|---------------------------------|--------------------------|
| SEE REVERSE OF THIS PAGE | EMPLOYEE(S) SIGNATURE Jared P Stevens, Investigator | Jared P Stevens Investigator | DATE ISSUED 5/23/2024 |
| | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER

60 Eighth Street NE
Atlanta, GA 30309
(404) 253-1161 Fax: (404) 253-1202
ORAPHARM2_RESPONSES@fda.hhs.gov

DATE(S) OF INSPECTION

5/13/2024-5/23/2024*

FEI NUMBER

3012384835

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED

Michael R. Morelli, VP, Scientific Affairs

FIRM NAME

SKNV

STREET ADDRESS

3265 W Mcnab Rd

CITY, STATE, ZIP CODE, COUNTRY

Pompano Beach, FL 33069-4807

TYPE ESTABLISHMENT INSPECTED

Outsourcing Facility

5/13/2024(Mon), 5/14/2024(Tue), 5/15/2024(Wed), 5/16/2024(Thu), 5/17/2024(Fri), 5/20/2024(Mon),
5/21/2024(Tue), 5/23/2024(Thu)

**SEE REVERSE
OF THIS PAGE**

EMPLOYEE(S) SIGNATURE

Jared P Stevens, Investigator

Jared P Stevens
Investigator
Signed By: Jared P. Stevens -S
Date Signed: 05-23-2024
14:06:31

X

DATE ISSUED

5/23/2024

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."