

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

|                                                                                                                                                                                                                                                                                                  |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER<br>Division of Pharmaceutical Manufacturing Assessment<br>10903 New Hampshire Avenue; White Oak Building 51,<br>Room 2269, Silver Spring, MD 20993<br>Email: OPMABLAInspection483Responses@fda.hhs.gov<br>Industry Information: www.fda.gov/oc/industry | DATE(S) OF INSPECTION<br>01/09 - 17/2025<br><br>FEI NUMBER<br>3003809840 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Mr. Cian O'Brien, Site Head - Sanofi Waterford, Ireland (b) (4)

|                                                         |                                                                  |
|---------------------------------------------------------|------------------------------------------------------------------|
| FIRM NAME<br>Genzyme Ireland Limited                    | STREET ADDRESS<br>Unit 701 IDA Industrial Park, Old Kilmeadon Rd |
| CITY, STATE AND ZIP CODE<br>Waterford, Ireland X91 TP27 | TYPE OF ESTABLISHMENT INSPECTED<br>Drug Product Manufacturer     |

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) (WE) OBSERVED:

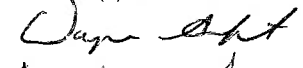
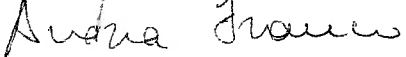
Observation 1: Procedures, process and testing designed to prevent microbial contamination of the drug product purporting to be sterile are not established. Specifically,

a. As observed on 16 January 2025 for assembly of the stoppering system to the (b) (4) Fill Line (b) (4) for (b) (4) drug product manufacture Batch (b) (4) you did not perform the (b) (4) setup of the (b) (4) in an aseptic manner. Specifically, you did not maintain sterility of the stoppering equipment (b) (4) sterilized by (b) (4) during (b) (4) and instead you rely on sanitization of the (b) (4) component contact equipment (e.g., (b) (4) stopper bowl and (b) (4) with (b) (4) (b) (4) to render it ready for aseptic fill-finish.

You further failed to sanitize the (b) (4) upon (b) (4) into Grade A space from Grade C space for each (b) (4) event. Additionally, you failed to conduct smoke studies for the stoppering system installation (b) (4) interventions.

b. As observed on 13 January 2025 for the (b) (4) setup of the (b) (4) for (b) (4) drug product batch (b) (4) the following deficiencies were noted:

- An operator was observed using a sanitized (b) (4) glove during assembly of the (b) (4) sterilized (b) (4) (b) (4) to the sanitized (b) (4)
- During assembly of each of the sterile (b) (4) to the (b) (4) drug product (b) (4) (b) (4) an operator was observed touching the connection interface, blocking first air (unidirectional laminar air flow) over the (b) (4) with the sanitized (b) (4) glove, with (b) (4) and (b) (4) touching the (b) (4) glove.
- The (b) (4) located directly over the oper (b) (4) during manufacture is a sanitized surface, not sterile.

|                                   |                                                                                                                                                                                                     |                                                                                                                                      |                           |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| SEE<br>REVERSE<br>OF THIS<br>PAGE | EMPLOYEE(S) SIGNATURE<br><br> | EMPLOYEE(S) NAME AND TITLE (Print or Type)<br>Wayne Seifert, Senior Regulatory Specialist<br>Andrea Franco, Pharmaceutical Scientist | DATE ISSUED<br>01/17/2025 |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------|

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

|                                                                                                                                                                                                                                                                                                  |                                                                  |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------|
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER<br>Division of Pharmaceutical Manufacturing Assessment<br>10903 New Hampshire Avenue; White Oak Building 51,<br>Room 2269, Silver Spring, MD 20993<br>Email: OPMABLAInspection483Responses@fda.hhs.gov<br>Industry Information: www.fda.gov/oc/industry |                                                                  | DATE(S) OF INSPECTION<br>01/09 - 17/2025 |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED<br>TO: Mr. Cian O'Brien, Site Head - Sanofi Waterford, Ireland (b) (4)                                                                                                                                                                     |                                                                  | FEI NUMBER<br>3003809840                 |
| FIRM NAME<br>Genzyme Ireland Limited                                                                                                                                                                                                                                                             | STREET ADDRESS<br>Unit 701 IDA Industrial Park, Old Kilmeadon Rd |                                          |
| CITY, STATE AND ZIP CODE<br>Waterford, Ireland X91 TP27                                                                                                                                                                                                                                          | TYPE OF ESTABLISHMENT INSPECTED<br>Drug Product Manufacturer     |                                          |

You failed to maintain or provide manufacturing surfaces intended to be sterile in assurance of product sterility.

Observation 2: The (b) (4) systems in support of (b) (4) drug product manufacture are not adequately maintained. Specifically,

On 09 January 2025, the following was observed:

- a. (b) (4) on the floor at the (b) (4) skid, below the (b) (4) system.
- b. A (b) (4) leak at the (b) (4) supply to the (b) (4) analyzer.
- c. (b) (4) dripping from the multiple (b) (4) distribution tank (Tank (b) (4) from the manway.
- d. (b) (4) on the floor below the (b) (4) below (b) (4)

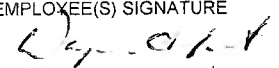
Observation 3: A standard operating procedure was not followed. Specifically,

a. According to QU-SOP-0056623, "Monitoring of (b) (4) in the (b) (4) Facilities and the Aseptic Processing Workshop", v4.0, Section 5.6, Tracking Out of Trends (OOT) for (b) (4) the instruction is to record the OOT details in logbook (b) (4) 000426. There was no logbook available for documenting the (b) (4) OOTs and for trending.

b. According to QU-WIN-0034155, "Data Integrity", v13.0. Section 5.4, Logbook Reviews, upon completion of the final activity on the page, the page review must be conducted by an independent person. You failed to complete the page review for the following logbooks:

- Internal Sample Request Logbook ENV24000691
- Inspection Hood Measurement Logbook ENV240000545
- Cold Room Entry/Exit Logbook ENV240000825

Observation 4: Equipment used in the QC Microbiological Lab is not adequately maintained. Specifically,

|                                   |                                                                                                                                                                                                     |                                                                                                                                      |                           |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| SEE<br>REVERSE<br>OF THIS<br>PAGE | EMPLOYEE(S) SIGNATURE<br><br> | EMPLOYEE(S) NAME AND TITLE (Print or Type)<br>Wayne Seifert, Senior Regulatory Specialist<br>Andrea Franco, Pharmaceutical Scientist | DATE ISSUED<br>01/17/2025 |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------|

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

|                                                                                                                                                                                                                                                                                                  |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER<br>Division of Pharmaceutical Manufacturing Assessment<br>10903 New Hampshire Avenue; White Oak Building 51,<br>Room 2269, Silver Spring, MD 20993<br>Email: OPMABLAInspection483Responses@fda.hhs.gov<br>Industry Information: www.fda.gov/oc/industry | DATE(S) OF INSPECTION<br>01/09 - 17/2025<br>FEI NUMBER<br>3003809840 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Mr. Cian O'Brien, Site Head - Sanofi Waterford, Ireland

(b) (4)

|                                                         |                                                                  |
|---------------------------------------------------------|------------------------------------------------------------------|
| FIRM NAME<br>Genzyme Ireland Limited                    | STREET ADDRESS<br>Unit 701 IDA Industrial Park, Old Kilmeadon Rd |
| CITY, STATE AND ZIP CODE<br>Waterford, Ireland X91 TP27 | TYPE OF ESTABLISHMENT INSPECTED<br>Drug Product Manufacturer     |

On 15 January 2025, Laminar Flow Hood LAF (b) (4) used in in-process control bioburden testing was observed with the (b) (4) HEPA filter screen discolored, with the same observed for many other LAF units. You indicated the discoloration was rust. You failed to maintain the qualified state.

1.0A  
01/17/25

SEE  
REVERSE  
OF THIS  
PAGE

EMPLOYEE(S) SIGNATURE

*Wayne Seifert*  
*Andrea Franco*

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

Wayne Seifert, Senior Regulatory Specialist  
Andrea Franco, Pharmaceutical Scientist

DATE ISSUED

01/17/2025