	TH AND HUMAN SERVICES G ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
22215 26th Ave SE Suite 210	11/9/2021-12/17/2021*
Bothell, WA 98021	FEINUMBER
(425)302-0340 Fax: (425)302-0404	3012465222
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Robert A. Myers, Operations Manager	
FIRM NAME	STREET ADDRESS
Compound Preferred LLC	1125 Hollipark Dr.
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Idaho Falls, ID 83401	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

You did not make adequate product evaluation and take remedial action where actionable microbial contamination was found to be present in the ISO 5 classified aseptic processing area during aseptic production.

Your investigations are inadequate in that corrective actions do not address the root cause in nonconformances. Specifically,

A) Viable count excursions:

 The Quality Unit opened non-conformances (NC) for each of the thirteen (13) personnel monitoring excursions observed between 08/02/2019 to 11/08/2021 in the ISO 5 and ISO 7 classified areas. However, an adequate root cause, and corrective and preventive action to address the nine (9) non-conformances related to the detection of spore forming microorganisms was not determined. Instead, as a corrective action, the Quality Unit decided to relax the Action Limit for fingertip glove sampling and increase the Action Limit from ^{(b)(4)}

CFU to (b) (4) CFUs. In addition, SOP 08-004, "Environmental Monitoring and Personnel Monitoring", Revision 12, Effective Date: 10/15/2021 was implemented to reflect this change.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Kenneth O Gee, Invest Sangeeta M Khurana, I		Kenneth O Gee Investigator Signed By 2001873651 Disense 12-17-2021 18-45-33	DATE ISSUED 12/17/2021
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIO	DNS	PAGE 1 of 12 PAGES

	NT OF HEALTH AND HUMAN SERVICES OD AND DRUG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
22215 26th Ave SE Suite 210	11/9/2021-12/17/2021*
Bothell, WA 98021	FEI NUMBER
(425)302-0340 Fax: (425)302-0404	3012465222
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Robert A. Myers, Operations Manage	er
FIRM NAME	STREET ADDRESS
Compound Preferred LLC	1125 Hollipark Dr.
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Idaho Falls, ID 83401	Outsourcing Facility

#	NC#	NC Date	Product	Lot#	Organism	Location	CFU
1	02	10/02/2021	Procaine 2%	(b) (4)	B. megaterium, B. aryabhattai	Fingertip	1
2	07	10/28/2021	Avastin		Not isolated and identified	Gown	32
3	09	11/13/2021	Avastin		B. mycoides	Fingertip	1
4	10**	11/16/2021	PEG/DEX		Paenibacillus lactis	Left Settle Plate	TNT*
5	14	12/28/2021	Methylcobalamin, Procaine 1%, Dexpanthenol		B. mycoides	Fingertip	1
6	19	02/22/2021	(b) (4)		Paenibacillus jilunlii	Fingertip	1
7	20**	02/26/2021	Procaine 2%, Dexpanthenol		Cytobacillus oceanisediminis	Fingertip	TNT*
8	28	04/23/2021, 04/26/2021, 04/29/2021	Avastin (b) (4) (D) (4)		Not isolated and identified	Gown	1, 1, 2
9	37	07/01/2021	Avastin (136)	-	B. subtilis	Fingertip	1
10	40	07/29/2021	Avastin (163)		B. altitudinis, B. pumilus	Fingertip	1
11	47	08/21/2021	Dexpanthenol, Procaine 1%		B. idriensis, Paenibacillus timonensis, Corynebacterium singulare	Fingertip, Gown, Hood	1, 1, 1
12	50**	09/18/2021, 09/21/2021	MIC B-Complex		Micrococcus luteus	(b) (4)	18

 SEE REVERSE OF THIS PAGE
 EMPLOYEE(S) SIGNATURE
 DATE ISSUED
 12/17/2021

 Sangeeta M Khurana, Investigator
 X
 Signed by 2001873861 X
 12/17/2021

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

PAGE 2 of 12 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHONE NUMBER 22215 26th Ave SE Suite 210	DATE(S) OF INSPECTION 11/9/2021-12/17/2021*				
Bothell, WA 98021	FEI NUMBER 3012465222				
(425)302-0340 Fax:(425)302-0404	5011100111				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED					
Robert A. Myers, Operations Manager					
FIRM NAME	STREET ADDRESS				
Compound Preferred LLC CITY, STATE, ZIP CODE, COUNTRY	1125 Hollipark Dr. TYPE ESTABLISHMENT INSPECTED				
Idaho Falls, ID 83401	Outsourcing Facility				
13 51 09/27/2021 Procaine 1% (50, (b) (4	Plates discarded. Excursions recorded on 8/20 and 08/24/21, neither reported to QA				
*TNT is too numerous to count	1.1.0 1				
** Product lots associated with NC 10, 20, and 50	were not compounded for distribution				
recovered on a ^{(b) (4)} plate taken from a failed to isolate and identify the colonie Quality Unit initiated NC-07 and decide three months to determine the alert leve already established an action level of (b "Environmental Monitoring and Person Later, the Quality Unit added an alert le "Environmental Monitoring and Person action level was established as (b) (4) (b) (4) . However, on 05/04/2021, the Quality U (b) (4) times on the person 04/23, 04/26 and 04/29/2021 respective production of Avastin (Lot (b) (4) (Lot (b) (4)). The Quality Unit fail and released the compounded drugs for	Unit opened NC# 28 when the alert level exceeded onnel gowns (1 CFU, 1 CFU and 2 CFUs recovered on ely). These excursions were observed during the and (b) (4)), ^{(b) (4)} (Lot (b) (4)) and ^{(b) (4)} led a second time to isolate or identify the colonies distribution.				
3) On two occasions, 08/26/2021 and 08/3	30/2021, your compounding technician observed				
SEE REVERSE OF THIS PAGE Sangeeta M Khurana, Investi					
FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE IN	SPECTIONAL OBSERVATIONS PAGE 3 of 12 PAGES				

DISTRICT ADDRESS AND PHON				G ADMINISTRATION			
22215 26th Av		Suite 210			TE(S) OF INSPECTION	2/17/202	1*
Bothell, WA 9	WA 98021 0340 Fax:(425)302-0404			FEI	012465222		• - - - - - - - - - -
NAME AND TITLE OF INDIVIDUA	AL TO WHOM R	EPORT ISSUED		0			
Robert A. Mye			Manager				
FIRM NAME	c 1	TTC		STREET ADDRESS	1		
Compound Pref		лпс		1125 Holli			
Idaho Falls,	ID 834	401		Outsourcine	g Facil <mark>i</mark> ty	ŝ	
lots obse corre "Env conc B) Non-via 1) A re 11/0	were rel rved the ective an vironme currently ble courview of 8/2021	leased for d e positive gr nd preventive ental Monitory verifies the nt excursion all environs by the firm	obial growth wa istribution. The rowths, and start we action, the Qu oring and Person e microbial grow hs: mental non-conf showed there we areas as shown in	Quality Unit re ed the non-com nality Unit did n nel Monitoring wth results.	eviewed the formance, N not update S g", to state th erved betwee on-viable par	log on 09. IC-51. Ho OP 08-00 at a secon	27/2021, owever, as a 04, ad person 2019 to
	- unite 1	wateroutine to the	it cas as shown in	I the table belo	w.		
Coresta da C	r	T	T			1	
	NC#	Date	Drug Product	Lot#	Location]	
	r	T	T				
	NC# 11 12	Date 11/18/2021 11/24/2021	Drug Product Avastin Avastin, Dexamethasone, Vancomycin, Ceftazidime	Lot#	Location ISO 5 ISO 7		
	NC#	Date 11/18/2021 11/24/2021 12/02/2021	Drug Product Avastin Avastin, Dexamethasone, Vancomycin, Ceftazidime (b) (4), Avastin	Lot#	Location ISO 5 ISO 7 ISO 5		
	NC# 11 12 13	Date 11/18/2021 11/24/2021	Drug Product Avastin Avastin, Dexamethasone, Vancomycin, Ceftazidime	Lot#	Location ISO 5 ISO 7		
	NC# 11 12 13 18 30	Date 11/18/2021 11/24/2021 12/02/2021 02/23/2021 05/27/2021 06/09/2021,	Drug Product Avastin Avastin, Dexamethasone, Vancomycin, Ceftazidime (b) (4), <u>Avastin</u> Avastin Avastin	Lot#	Location ISO 5 ISO 7 ISO 5 ISO 5 ISO 5 ISO 5		
	NC# 11 12 13 18	Date 11/18/2021 11/24/2021 12/02/2021 02/23/2021 05/27/2021	Drug Product Avastin Avastin, Dexamethasone, Vancomycin, Ceftazidime (b) (4), <u>Avastin</u> Avastin	Lot#	Location ISO 5 ISO 7 ISO 5 ISO 5 ISO 5		
SEE REVERSE OF THIS PAGE	NC# 11 12 13 18 30 33 39	Date 11/18/2021 11/24/2021 11/24/2021 12/02/2021 02/23/2021 05/27/2021 06/09/2021, 06/10/2021 07/16/2021 07/16/2021 s) SIGNATURE th O	Drug Product Avastin Avastin, Dexamethasone, Vancomycin, Ceftazidime (b) (4), Avastin Avastin Avastin (b) (4) and Avastin	Lot# 	Location ISO 5 ISO 7 ISO 5 ISO 5 ISO 5 ISO 5 ISO 5 ISO 5	neth O Gee ssigator s 201673861 e Gupte 12-17-2021 15 32	DATE ISSUED 12/17/202

8		TH AND HUMAN SERVICE ADMINISTRATION	ES	
DISTRICT ADDRESS AND PHON 22215 26th At	NE NUMBER 7e SE Suite 210	DATE(S) OF INS 11/9/20	PECTION 021-12/17/2021*	
Bothell, WA	98021	FEI NUMBER		
(425) 302-0340	Fax: (425) 302-0404	501240	5222	
22				
Robert A. Mve	ers, Operations Manager			
FIRM NAME	·····	STREET ADDRESS		
Compound Pref	3	1125 Hollipark I	Dr.	
Idaho Falls,		Outsourcing Fac:	ility	
 (b) (4) of the ISO non-viable particulate particulate count count taken from Monitoring and (b) (4) of 2) In accession reveaulation of the second particulate count taken from Monitoring and (b) (c) of the second particulate count taken from Monitoring and (b) (c) of the second particulate count taken from Monitoring and (b) (c) of the second particulate count taken from Monitoring and (b) (c) of the second particulate count taken from Monitoring and (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	iculate count samples are taken from 5 classified hood. The Quality Unit culate count excursions observed be However, an adequate root cause, non-conformances was not determin it exceeded the required specification n ^{(b) (4)} sample locations would be (Personnel Monitoring", Revision 12 f non-viable particulate count results Idition to the above eight (8) non-via aled two (2) more non-viable particu 021 to 07/02/2021 and 08/16/2021 to any non-conformance, conduct any re two excursions.	opened non-conformetween 08/02/2019 to and corrective and punch and corrective and punch and corrective and punch and a single location b) (4). In addition 2, Effective Date: 10 s. able particulate excun able particulate excun ab	nances for each of o 11/08/2021 in the reventive action to it decided if the ne n the non-viable p n, SOP 08-004, "En /15/2021 was chan risions, the firm's ne reved during the w ever, the Quality U etermine the root of	e ISO 5/ISO 7 o address the on-viable articulate nvironmental nged to reflect records eeks of 06/ Juit did not
	rols do not include the establishmer are that drug product containers con			
Specifically, yo Endotoxin,	ur firm does not the follow manufac (b) (4) test	turer's test instruction for your compounde		ng the
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Kenneth O Gee, Investigator Sangeeta M Khurana, Investig	gator	Kenneth D. Gee Investigato supreef by 2001873661 Date Signed 12-17-2021 15 45 33	DATE ISSUED 12/17/2021
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	PECTIONAL OBSERVATION	ONS	PAGE 5 of 12 PAGES

		LTH AND HUMAN SERVIO	CES	
Bothell, WA	Ave SE Suite 210	DATE(S) OF II 11/9/2 FEI NUMBER 30124	2021-12/17/202	1*
	ual to whom REPORT ISSUED Yers, Operations Manager			
FIRM NAME Compound Pre		STREET ADDRESS 1125 Hollipark	Dr.	
CITY, STATE, ZIP CODE, COU Idaho Falls,	INTRY	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility		
endotoxin test A. Perform	etion Solution 30mL MDV, Lot (b we observed that your firm failed to n the Endotoxin Control Series rm only performs (b) (4));	n 11/16/2021. Du (b) (4) not perform	uring the (b) (4)
В.	per the manufacturer's instr (b) (4)	uctions.	for testin	1g
	ve not performed any endotoxin (b) (4) by your compounded	(b) (4) products.	to rule o	out the potential
E. Ensure	rm has not calculated the ts. Per the manufacturer's instruction (b) (4) each compounded product has acturer's instructions the ^{(b) (4)} reacti	(b) (4) perfe	should be valida	oxin test. Per th
	sted the ^{(b) (4)} for Procaine (1%) Lot		(b) (4)	7/2021, your
	sted the ^{(b) (4)} for Procaine (1%) Lot EMPLOYEE(S) SIGNATURE Kenneth O Gee, Investigator	(b) (4) , and the		7/2021, your DATE ISSUED 12/17/2021

DEPARTMENT	F OF HEALTH AND HUN	JAN SERVICES
DISTRICT ADDRESS AND PHONE NUMBER 22215 26th Ave SE Suite 210 Bothell, WA 98021 (425) 302-0340 Fax: (425) 302-0404		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Robert A. Myers, Operations Manage:	r	
FIRM NAME Compound Preferred LLC CITY, STATE ZIP CODE, COUNTRY		s llipark Dr. MENTINSPECTED
Idaho Falls, ID 83401	Outsour	cing Facility
) . The (b) (21. A review of yo	4) recorded was ^{(b) (4)} for Procaine 1% our Full Production List from 08/02/2019 to
OBSERVATION 3 Aseptic processing areas are deficient regarequipment to produce aseptic conditions.	rding the system fo	or cleaning and disinfecting the room and
between 08/02/2019 to 11/08/2021 ISO 5 and 7 classified areas. Nine	show there were th (9) viable growth e	monitoring non-conformances observed nirteen (13) viable growth excursions in the excursions out of these thirteen (13) were ganisms. The Quality Unit failed to take

"Cleanroom Suite Cleaning and Sanitizing" Rev. 3, Effective Date: 7/21/2021.
B) On 11/16/2021 during the production of Procaine 1%, Lot (b) (4), we observed the bottom of (b) (4) used to move components and items into the clean room were not disinfected

(b) (4)

, per your firm's SOP 05-001,

continued the practice of using a sporicidal agent

with either (b) (4) or a sporicidal agent. These (b) (4) were placed on a work bench alongside a cardboard box while collecting supplies for aseptic processing. Your SOP 09-002, "Sterile Product Preparation", Rev. 6, Effective Date; 05/17/2021, also does not adequately specify the steps to disinfect the (b) (4).

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Kenneth O Gee, Inves Sangeeta M Khurana,		Kenneth 0 Gee Investigator Signed By 2001673861 X Dis Sogned 12-17-2021 15 45 33	DATE ISSUED 12/17/2021
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATI	ONS	PAGE 7 of 12 PAGES

	T OF HEALTH AND HUMAN SERVICES DD AND DRUG ADMINISTRATION	
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	
22215 26th Ave SE Suite 210	11/9/2021-12/17/2021*	
Bothell, WA 98021	FEI NUMBER 3012465222	
(425)302-0340 Fax:(425)302-0404	5012400222	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		
Robert A. Myers, Operations Manage	r	
FIRM NAME	STREET ADDRESS	
Compound Preferred LLC	1125 Hollipark Dr.	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED	
Idaho Falls, ID 83401	Outsourcing Facility	
Attachment A Cleanroom Cleaning	management stated that they follow the manufacturer's are adequate disinfection of the classified areas. However to be the the transfer of the state of the transfer of the tr	
Attachment A Cleanroom Cleaning Sanitizing" Rev. 3, Effective Date: disinfectant / sporicidal agents, and Cleanroom Cleaning Log.	are adequate disinfection of the classified areas. However	and nt A
Attachment A Cleanroom Cleaning Sanitizing" Rev. 3, Effective Date: disinfectant / sporicidal agents, and Cleanroom Cleaning Log. This is a repeat observation from the FI 2019. OBSERVATION 4 The flow of components, drug product com	are adequate disinfection of the classified areas. However 3. Log from your SOP 05-001, "Cleanroom Suite Cleaning 7/21/2021 does not specify the contact times for the 1 there is no place to record the contact times on Attachme DA inspections conducted in March of 2017 and August attainers, closures and in-process materials through the	and nt 4
Attachment A Cleanroom Cleaning Sanitizing" Rev. 3, Effective Date: disinfectant / sporicidal agents, and Cleanroom Cleaning Log. This is a repeat observation from the FI 2019. OBSERVATION 4	are adequate disinfection of the classified areas. However 3. Log from your SOP 05-001, "Cleanroom Suite Cleaning 7/21/2021 does not specify the contact times for the 1 there is no place to record the contact times on Attachme DA inspections conducted in March of 2017 and August attainers, closures and in-process materials through the	and nt 4

A) On 11/16/2021, we observed a compounding technician getting ready for sterile drug compounding operations. ^{(b)(6)} first removed^{(b)(6)} street clothing and donned a clean pair of surgical scrubs, a clean pair of socks and rubber clogs and a clean pair of non-sterile gloves. Then instead of going directly to the ISO 5 / ISO 7 classified areas ^{(b)(6)} began collecting supplies needed for sterile drug compounding such as sterilized gowns, face hoods and **(b) (4)** particle counter head. The supplies were stored in **(b) (4)** in an unclassified storage area. We observed ^{(b)(6)} clean surgical scrubs come in direct contact with the **(b) (4)**. Wearing the same surgical scrubs, the compounding technician then entered the ISO 8 classified gowning area and started donning the sterile gown over the surgical scrubs to prepare for aseptic operations.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Kenneth O Gee, Invest Sangeeta M Khurana,		Kenneth O Gee Investigator Signed By 2001873861 X 15 45 33	DATE ISSUED 12/17/2021
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIO	DNS	PAGE 8 of 12 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
	ve SE Suite 210	11/) OF INSPECTION 9/2021-12/17/2021*	
Bothell, WA 9 (425) 302-0340	98021 Fax:(425)302-0404	FEI NUM 301	MBER 2465222	
(120) 002 0000	1999. (1997) 892 -			
NAME AND TITLE OF INDIVIDUA		k		
Robert A. Mye	ers, Operations Manager	STREET ADDRESS		
Compound Pred		1125 Hollipa Type establishment inspe		
Idaho Falls,	Second and the second sec	Outsourcing Facility		
 B) On 11/16/2021, while preparing for sterile drug compounding operations, the compounding technician repeatedly moved back and forth between the ISO 8 gowning room, ISO 7 clean room and ISO 8 (b) (4) room. The movement between ISO 8 gowning room, and the ISO 7 clean room was more than seven times during cleaning and environmental monitoring operations. The movement between the ISO 7 clean room and ISO 8 (b) (4) room was at least two times. C) On 11/16/2021, during the production of Procaine 1%, Lot (b) (4) , the compounding pharmacist used (b) (4) to transfer the compounded drug product from an unclassified Weigh/Prep, Room 3 into the ISO 7 clean room for further processing in the ISO 5 classified hood. In addition, while the filling operations were on-going, a compounding technician opened the (b) (4) multiple times. This (b) (4) leads to an unclassified Product Release Room 7. (b) (4) was opened to transfer plastic tubing, a needle holder, four (4) trays of filled and capped glass vials of Procaine 1%, Lot (b) (4) for crimping to an unclassified room and was not cleaned prior to the start of sterile compounding operations. 				
OBSERVATION 5 Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.				
Specifically, since the previous FDA inspection conducted in August of 2019, your firm has not performed any dynamic smoke studies that fully simulate sterile drug production activities in your ISO 5 hoods located in the ISO 7 clean room.				
During the current inspection, we reviewed the most recent smoke studies performed in March of 2021 at your firm. The smoke studies were conducted only under static conditions. No dynamic studies were performed that showed:				
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Kenneth O Gee, Investigator Sangeeta M Khurana, Investig	jator	Kenneth O. Gee investigator Signet by 2021873661 Date Signet 12-17-2021	DATE ISSUED 12/17/2021
EODA(EDA 493 (00/09)		PECTIONAL OBSERV	VATIONS	PAGE 9 of 12 PAGES

22215 26th Av Bothell, WA 9		DATE		
	FOOD AND DRUG ADMINISTRA 15 26th Ave SE Suite 210 nell, WA 98021)302-0340 Fax: (425)302-0404		DATE(S) OF INSPECTION 11/9/2021-12/17/2021* FEI NUMBER 3012465222	
NAME AND TITLE OF INDIVIDUA Robert A. Mye	rtowhow REPORT ISSUED	I		
FIRM NAME Compound Pref	erred LLC	STREET ADDRESS 1125 Hollip		
CITY, STATE, ZIP CODE, COUNT Idaho Falls,		TYPE ESTABLISHMENT INSPECTED Outsourcing Facility		
 A) The entire filling process, including the priming of the pump used to fill the vials with the compounded drug product. B) The practice of ^{(b)(4)} operators working together in your ISO 5 classified hood during filling and capping operations. The ISO 5 classified hood is used for (b) (4) operations at your facility, including the aseptic filling of Procaine (1%) HCl 10mg/mL Injection Solution 30mL MDV, (b) (4) on 11/16/2021. In addition, your Full Production List from 08/02/2019 to 10/19/2021 shows you have produced approximately ^{(b)(4)} lots of sterile compounded products. This is a repeat observation from the FDA inspection conducted in March of 2017. 				
OBSERVATION 6 The responsibilities and procedures applicable to the quality control unit are not fully followed. Specifically, A) On 11/16/2021, (b) (4) , which directly connects the ISO 7 clean room with the unclassified Product Release Room 7, was not cleaned and disinfected prior to the start of filling operations for Procaine 1%, Lot (b) (4) in the ISO 5 classified hood, located in the ISO 7 clean room. Your SOP 05- 001 "Cleanroom Suite Cleaning and Sanitizing", Effective Date, 07/21/2021, Rev. 3, Section 3.2.5, states (b) (4) ; however, the SOP does not specify when the (b) (4) should be cleaned (before or after the sterile drug production).				
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Kenneth O Gee, Investigato Sangeeta M Khurana, Invest		Kenneth D Gee investigator Signed By 2001873651 D L 15 45 33	DATE ISSUED 12/17/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER 22215 26th Ave SE Suite 210 Bothell, WA 98021 (425)302-0340 Fax: (425)302-0404	DATE(S) OF INSPECTION 11/9/2021-12/17/2021* FEI NUMBER 3012465222		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Robert A. Myers, Operations Manager			
FIRM NAME	STREET ADDRESS		
Compound Preferred LLC CITY, STATE, ZIP CODE, COUNTRY	1125 Hollipark Dr. TYPE ESTABLISHMENT INSPECTED		
Idaho Falls, ID 83401	Outsourcing Facility		
B) On 11/12/2021, during our walkthrough of your facility we observed (b) (4) vials of "Methylcobalamin 5mg/mL, Injection Solution, Lot: (b) (4), 30 mL MDV, Exp Date:01/10/2020, Prep Date:10/12/2021" stored on the top shelf of Refrigerator (^{b)(4)}) in the Product Release Room 7. Your firm's management stated Refrigerator (^{b)(4)}) was empty, unmonitored, and out of service. However, the refrigerator was not marked with any signage indicating it was out of service, and your Quality Unit failed to explain why the product was still stored in an unmonitored refrigerator. In addition, your firm has no procedure regarding the handling of out of service equipment. There is also no procedure or log which documents the inventory or storage location of your compounded products.			
OBSERVATION 7 Routine calibration of automatic and mechanical equipment is not performed according to a written program designed to assure proper performance. Specifically, on 11/16/2021 after aseptic filling operations of Procaine (1%) HCl 10mg/mL Injection Solution 30mL MDV, Lot (b) (4) , your firm used an uncalibrated (b) (4) to conduct the (b) (4) testing for confirming the (b) (4).			
According to your firm's management an uncalibrated (b) (4) was used from 08/02/2019 to 08/12/2021, and an uncalibrated (b) (4) was used from 08/13/2021 to 11/19/2021 for (b) (4) testing. In addition, the firm's management also stated there are no written procedures to assure routine calibration of the (b) (4).			
There is no assurance that while using these uncalibrated (b) (4) the readings obtained during the (b) (4) testing are accurate for (b) (4) lots of sterile compounded products produced since 08/02/2019.			
SEE REVERSE OF THIS PAGE	gator $X = \frac{12/17/2021}{X = 15.4633}$		
FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INS	PECTIONAL OBSERVATIONS PAGE 11 of 12 PAGES		

	DEPARTMENT OF HEALTH AND HUMAN SERVICES			
22215 26th A Bothell, WA	FOOD AND DRUG ADMINISTRA 22215 26th Ave SE Suite 210 Bothell, WA 98021 425)302-0340 Fax: (425)302-0404		DATE(S) OF INSPECTION 11/9/2021-12/17/2021* FEI NUMBER 3012465222	
	at to whom Report issued ers, Operations Managei	r Street Address		
Compound Pre		1125 Hol	llipark Dr.	
CITY, STATE, ZIP CODE, COUN Idaho Falls,		TYPE ESTABLISHM Outsourd	ient INSPECTED cing Facility	
and the second contract of the second	e), 11/17/2021(Wed), 11/19/	the second s	2021(Fri), 11/15/2021(Mon) 021(Fri)	22

SEE REVERSE OF THIS PAGE			Kenneth O Gee Investigator Stigned by 2001873651 Date Stigned 12-17-2021 15 45 33	DATE ISSUED 12/17/2021
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIO	NS	PAGE 12 of 12 PAGES

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."