| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION |                              |  |  |  |  |  |
|--|------------------------------|--|--|--|--|--|
| DISTRICT ADDRESS AND PHONE NUMBER                                    | DATE(S) OF INSPECTION        |  |  |  |  |  |
| 555 Winderley Place, Suite 200                                       | 5/23/2023-6/2/2023*          |  |  |  |  |  |
| Maitland, FL 32751   | FEI NUMBER                   |  |  |  |  |  |
| (407) 475-4700 Fax: (407) 475-4768                                   | 3013023419                   |  |  |  |  |  |
| ORAPHARM2_RESPONSES@fda.hhs.gov                                      |                              |  |  |  |  |  |
|  |                              |  |  |  |  |  |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED                   |                              |  |  |  |  |  |
| Kenneth G. Josefczyk, Director Centralized Pharmacy BayCare          |                              |  |  |  |  |  |
| FIRM NAME  | STREET ADDRESS               |  |  |  |  |  |
| BayCare Integrated Service Center, LLC                               | 7802 E Telecom Pkwy          |  |  |  |  |  |
| /dba BayCare Central Pharmacy  |                              |  |  |  |  |  |
| CITY, STATE, ZIP CODE, COUNTRY                                       | TYPE ESTABLISHMENT INSPECTED |  |  |  |  |  |
| Temple Terrace, FL 33637-0928  | Outsourcing (503B) 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 labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically, the following information is not found on your drug product labels:

a) Dosage form

Examples of your drug product labels that do not contain this information:

- · Norepinephrine bitartrate 16 mg/250 mL
- · Oxytocin 30 units in 500 mL NaCl 0.9%
- · Ephedrine sulfate 25 mg/5 mL
- · Neostigmine methylsulfate 4 mg/4 mL
- · Succinylcholine chloride 100 mg/ 5 mL
- · Iohexol 2.4 g Iodine/8 mL
- b) A list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient, as required under section 503B(a)(10)(A)(iii)(X).

Examples of your drug product labels that do not contain this information:

· Norepinephrine bitartrate 16 mg/250 mL

| SEE REVERSE<br>OF THIS PAGE | EMPLOYEE(S) SIGNATURE  Joanne E King, Investigator                  |  | Joanne E King<br>Investigator<br>Signed By 1300174887<br>D 13:33:08 ed: 06-02-2023 | DATE ISSUED 6/2/2023 |
|-----------------------------|---|--|--|----------------------|
| FORM FDA 483 (09/08)        | FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS |  | PAGE 1 of 2 PAGES  |                      |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION |                                   |                             |   |                   |  |  |
|--|-----------------------------------|-----------------------------|---|-------------------|--|--|
|  | DISTRICT ADDRESS AND PHONE NUMBER |                             | DATE(S) OF INSPECTION   |                   |  |  |
|  | ey Place, Suite 200               |                             | 5/23/2023-6/2/2023*<br>FEI NUMBER   |                   |  |  |
| Maitland, FL   | 32751<br>Fax:(407)475-4768        |                             | 3013023419  |                   |  |  |
|  | SPONSES@fda.hhs.gov               |                             |   |                   |  |  |
| _  |                                   |                             |   |                   |  |  |
| NAME AND TITLE OF INDIVIDU   |                                   |                             |   |                   |  |  |
|  | osefczyk, Director Centraliz      |                             | y BayCare   |                   |  |  |
| FIRM NAME  | mantad Campina Campan IIC         | STREET ADDRESS              | la la cama Dissus   |                   |  |  |
|  | grated Service Center, LLC        | /802 E T                    | 7802 E Telecom Pkwy   |                   |  |  |
| CITY, STATE, ZIP CODE, COUN  | Central Pharmacy                  | TYPE ESTABLISHME            | TYPE ESTABLISHMENT INSPECTED  |                   |  |  |
| Temple Terra   | ce, FL 33637-0928                 | Outsourc                    | Outsourcing (503B) Facility   |                   |  |  |
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| *DATES OF I  | NSPECTION                         |                             |   |                   |  |  |
| 5/23/2023(Tue)   | , 5/24/2023(Wed), 5/25/2023(Thu)  | ), 5/26/2023(               | (Fri), 5/31/2023(Wed), 6/0  | 1/2023(Thu).      |  |  |
| 6/02/2023(Fri)   | , 5/2 //2025 (                    | ), 2, 20, 2025 (            | (111), 5/51/2025(64), 6/6   | 1,2023 (1114),    |  |  |
| 0/02/2023(111)   |                                   |                             |   |                   |  |  |
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|  | T                                 |                             |   | 1                 |  |  |
|  | EMPLOYEE(S) SIGNATURE             |                             | 1   | DATE ISSUED       |  |  |
| SEE REVERSE  | Joanne E King, Investigator       | r                           | Japane E Vin-   | 6/2/2023          |  |  |
| OF THIS PAGE   |                                   |                             | Joanne E King<br>Investigator<br>Signed By: 1300174867<br>Date Signed: 06.02.2023 |                   |  |  |
|  |                                   |                             | Date Signed: 06-02-2023<br>X 13:33:08   | =                 |  |  |
|  |                                   |                             |   |                   |  |  |
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| FORM FDA 483 (09/08)   | PREVIOUS EDITION OBSOLETE IN      | NSPECTIONAL O               | OBSERVATIONS  | PAGE 2 of 2 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."