	F HEALTH AND HUMAN SERVICES ND DRUG ADMINISTRATION		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER 300 River Place Suite 5900 Detroit, MI 48207		DATE(S) OF INSPECTION 8/8/16, 8/9/16, 8/10/16, 8/11/16, 8/12/16, 8/16/16, 8/19/16 FEI NUMBER	
Industry Information: www.fda.gov/oc/industry		3007181436	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
TO: Anthony S. Kantzavelos, Pharm.D (Owner)			
FIRM NAME	STREET ADDRESS		
Nora Apothecary dba Rx Compounding, LLC	1101 E. 86th St.	1101 E. 86th St.	
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INS	SPECTED	
Indianapolis, IN 46240	Producer of Sterile Drug	Products	
OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERM OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NU DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:	CORRECTIVE ACTION IN RESPONSE THE INSPECTION OR SUBMIT THIS INF	TO AN OBSERVATION, YOU MAY DISCUSS THE	
OBSERVATION 1			
Equipment, materials, and/or supplies are not adequ	uately disinfected prior to er	tering the aseptic processing areas.	
Specifically,			
While loading the items into the pass-through cham prescription number (b) (6), (b)(4) and Tobramycin 14mg spraying (b)(4) sterile (b)(4) onto the equipment/m did not make contact with all of the equipment and (b)(4) transfer chamber.	g/ml prescription number (b) (aterials located in the (b)	the operator was observed (4) . However, the sterile (b)(4)	
OBSERVATION 2 Personnel were observed performing aseptic manip open unit, whether before or after it is filled with standard specifically,		vement of first pass air around an	
During the aseptic compounding of Vancomycin 25 prescription number (b) (6), (b)(4) the operator was obserbottles.	이 그 그림에는 집에 들어서 이 동안 되었다면서 동안하는 생물을 하지 않는데 되었다면서 그렇게 되었다면서		
OBSERVATION 3			
Personnel engaged in aseptic processing were obser	ved wearing non-sterile glo	ves.	
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (P	int or Type) DATE ISSUED	
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	MENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER 300 River Place Suite 5900 Detroit, MI 48207	8/8/16, 8/9 8/16/16, 8/	DATE(S) OF INSPECTION 8/8/16, 8/9/16, 8/10/16, 8/11/16, 8/12/16, 8/16/16, 8/19/16 FEI NUMBER 3007181436	
(313) 393-8100 Industry Information: www.fda.gov/oc/industry	. 70,000 100,000 100,000		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED)		
TO: Anthony S. Kantzavelos, Pharm.D (Owner) FIRM NAME	STREET ADDRESS		
Nora Apothecary dba Rx Compounding, LLC	1101 E. 86th St.		
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED		
Indianapolis, IN 46240	Producer of Sterile Drug Products		
2) The non-sterile nitrile gloves which are che (b)(4) until after they are exposed to the compounding of Vancomycin 25mg/ml presenumber (b) (6), (b)(4) the non-sterile nitrile gloves folds in which the non-sterile glove surfaces	the interior ISO 5 environment. Additionally cription number (b) (6), (b)(4) and Tobramycin 1 the operator was using were not form fitting	4mg/ml prescription ng with visible creases and	
OBSERVATION 4 The ISO 5 classified area is located within a Specifically, The environment of the curtained anteroom sare filled is not classified nor was the HEPA (b)(4) certifications performed on 1/26/ (b)(4) of the anteroom is partially covered.	surrounding the (b)(4) wh filter located in this anteroom certified during the file and 7/26/16. Additionally, the HEPA file		
OBSERVATION 5 Chemical sanitizing agents are not used in yo	our facilities cleanrooms.		
Specifically,			
The curtained anteroom floor, walls, and surf currently sanitized using (b)(4) only. Noom.	Faces, in which the ISO 5 (b)(4) No sanitizing chemical agents are used during	is located, is ng the sanitization of this	
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED	
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FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

age 2 of 8 4

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	NT OF HEALTH AND HUMAN SERVICES OD AND DRUG ADMINISTRATION			
300 River Place Suite 5900 Detroit, MI 48207 (313) 393-8100		DATE(S) OF INSPECTION 8/8/16, 8/9/16, 8/10/16, 8/11/16, 8/12/16, 8/16/16, 8/19/16 FEI NUMBER		
Industry Information: www.fda.gov/oc/industry	3	3007181436		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	-			
TO: Anthony S. Kantzavelos, Pharm.D (Owner)				
FIRM NAME	STREET ADDRESS	STREET ADDRESS		
Nora Apothecary dba Rx Compounding, LLC	1101 E. 86th St.			
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSI			
Indianapolis, IN 46240	Producer of Sterile Drug	Products		
OBSERVATION 6				
The environmental monitoring is performed is	not representative of aseptic con-	ditions.		
6 16 11				
Specifically,				
(b)(4) prior to reading. Due to the excessive in on (b)(4) to be completely dessicated and disin 6/3/15. 2) The test media used with the (b)(4)	ntegrating. Also this lot of agar pl	lates, lot no. (b)(4), expired on		
does not contain any sanitant neutralizing ingreobserved on (b)(4) to be completely dessicated		(4) incubated on 7/15/16 were		
OBSERVATION 7				
The certification of ISO 5 classified area is not	representative of its condition of	use		
Specifically,				
The unidirectional airflow studies performed dand 7/26/16 did not include studies under dyna		(b)(4) on 1/26/16		
OBSERVATION 8				
Beta-lactam drugs were produced without prov	iding adequate containment, segr	egation, and/or cleaning of work		
surfaces, utensils, and/or personnel to prevent of	. [1] 2 [2] [2] [2] [2] [2] [2] [2] [2] [2]	S CONTRACTOR CONTRACTOR OF THE SAME		
Specifically,				
EMPLOYEE(S) SIGNATURE	, EMPLOYEE(S) NAME AND TITLE (Pri	nt or Type) DATE ISSUED		
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ORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIO	NS Page 3 of 5/11		

	ENT OF HEALTH AND HUMAN SERVICE DOD AND DRUG ADMINISTRATION	ES		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION		
300 River Place Suite 5900		8/8/16, 8/9/16, 8/10/ 8/16/16, 8/19/16	16, 8/11/16, 8/12/16,	
Detroit, MI 48207		FEI NUMBER		
(313) 393-8100		3007181436		
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		5007101130		
To: Anthony S. Kantzavelos, Pharm.D (Owner)				
FIRM NAME	STREET ADDRESS			
Nora Apothecary dba Rx Compounding, LLC 1101 E. 86th St.				
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED			
Indianapolis, IN 46240	Producer of Sterile D	Producer of Sterile Drug Products		
(b)(4) hood. There was no documented clear prescriptions.				
EMPLOYEE(S) SIGNATURE SEE	EMPLOYEE(S) NAME AND TITLE	E (Print or Type)	DATE ISSUED	
SEE REVERSE OF THIS PAGE PAGE	Robert M. Barbosa (Investig	ator)	08/19/2016	

FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

age 4 of 8 4

2 mB 9/19/16