[1] [HEALTH AND HUMAN SERVICES D DRUG ADMINISTRATION	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER 10 Waterview Blvd., 3rd Floor	DATE(S) OF INSPECTION 10/4/2016, 10/6, 1	
Parsippany, NJ 07054	10/24/2016	
(973) 331-4900 Fax: (973)331-4969	FEI NUMBER	
Industry Information: www.fda.gov/oc/industry	3012837733	
TO: Mr. John F. Walker, COO	STREET ADDRESS	
PharmScript, LLC	150 Pierce Street	
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED	
Somerset, NJ 08873-4185	Producer of Non-sterile and Sterile Drug P	roducts.
OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT C OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING TI YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUM DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED: OBSERVATION 1	HE INSPECTION OR SUBMIT THIS INFORMATION TO FDA ABER AND ADDRESS ABOVE.	AT THE ADDRESS ABOVE, IF
The ISO 5 classified area is located	(b) (4) ling room (until inspection date) included	which (b) (4)
(b) (4) in which sterile drug products are produced. compounding room through this door and your firm movement while gowning, hand washing, and other after the following deficiencies related to (b) (4) A. Your Policy and Procedures: Sterile IV Admixture (b) (4) and for the months of August and September (b) (4)	has no procedures for providing adequate aseptic processing occurs. are noted:	control of
rescriptions were produced and dispensed in this time 00MG/100ML NACL) produced and dispensed on J 50ML) produced and dispensed on 7/14/16, and Rx roduced and dispensed on 7/21/16.	wo significant figures. Specification: (b) (4) was working properly; however the significant including: Rx (b) (6) (IV-TEF the significant including: Rx (b) (6) (IV-VANCO 1) (b) (6) (IV-OCTREOTIDE 50MCG/50) (b) (4) was documented as 0.00 (specificant including: Rx (b) (4) (b) (4) was documented as 0.00 (specificant including: Rx (b) (4) (b) (4) was documented and approximately (b) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	of three significant (b) (4) approximately (b) (4) LARO .5GM/D5W DML NACL) ification: (b) (4)
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
SEE ZKNUON	Liatte Krueger, CSO	
REVERSE OF THIS PAGE BURGE	Tonia Bernard, CSO	10/24/2016

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DISTRICT OFFICE ADDRESS AND PHONE NUMBER 10 Waterview Blvd., 3rd Floor		10/4/2016	DATE(S) OF INSPECTION 10/4/2016, 10/6, 10/7, 10/11, 10/13, 10/24/2016	
Parsippany, NJ 07054 (973) 331-4900 Fax: (973)331-4969		FEI NUMBER		
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		30128377	/33	
TO: Mr. John F. Walker, COO	f	•		
FIRM NAME		STREET ADDRESS	-	
PharmScript, LLC		150 Pierce Street	SH	
CITY, STATE AND ZIP CODE		TYPE OF ESTABLISHMENT INSPECTED		
Somerset, NJ 08873-4185		Producer of Non-sterile and Sterile	e Drug Pro	oducts
(b) (4) was recorded as 0.12 in Wc. No invest approximately products were produced on 7 NACL) and Rx (b) (6) (IV-PIPER-TAZO 3 OBSERVATION 2	7/04/16 inc	cluding: Rx (b) (6) (IV-TE)		NG 354 - 174 256 25 - 164 154 154 154 154 154 154 154 154 154 15
Personnel donned gowning apparel improperly contaminated. Garbing and hand washing is inconsistently and observed to not wash forearms (to the elbows), ast. Gloves donned for aseptic processing and sterile, open-backed gowns. An IV technician exposed wrists, facial hair, and clothing (b) (4)	d incorrect, not use sa cleaning a engaged in	etly performed by IV technician anitizer prior to placing gloves are not sterile and do not prope	ns. IV tecks on, and derly overla	chnicians were don shoe covers ap with non-
OBSERVATION 3 The ISO 5 (b) (4) was not certified under dynamoke studies during certification to verify uni-				
DBSERVATION 4		, Kar (b	1 (4	
HE CONTROL OF THE CO		failed airflow testing on) (1)	during
to determine if product had been affect		of your latest passing result, ve) (4)	,
DBSERVATION 5				
Media fills were not performed that closely simi	ulate asep	tic production operations incom	morating	es appropriate,
vorst-case activities and conditions that provide				" 11 1
ne production of ophthalmic eye drops such as	vancomyc	cin and tobramycin is	(b) (4)	
		erile preparation) by an IV tech		-
b) (4) There is no assurance that IV technician			nout cont	tamination. For
EMPLOYEE(S) SIGNATURE		PLOYEE(S) NAME AND TITLE (Print or Type)		DATE ISSUED
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OF THIS PAGE SB	Tor	nia Bernard, CSO		10/24/2016

	AND DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	589 - S. Vali	DATE(S) OF INSPECTION 10/4/2016, 10/6, 10/7, 10/11, 10		
10 Waterview Blvd., 3rd Floor Parsippany, NJ 07054		10/24/2016		
(973) 331-4900 Fax: (973)331-4969	563	3012837733		
Industry Information: www.fda.gov/oc/industry				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			-	
ro: Mr. John F. Walker, COO	1.5			
FIRM NAME	STREET ADDRESS	*		
PharmScript, LLC	harmScript, LLC 150 Pierce Street			
ITY, STATE AND ZIP CODE	TYPE OF ESTABLISHME			
Somerset, NJ 08873-4185	Producer of Non-ste	Producer of Non-sterile and Sterile Drug Products		
example, Vancomycin ophthalmic eye drops Rx (b) (4) and dispensed	(b) (6) was prepared o d on September 3, 2016.	n September 2, 2016 by (b)) (4)	
BSERVATION 6				
Cleaning and disinfecting of the ISO 5 (b) (4)	is inadequate. For example	e,		
Disinfecting agents and cleaning wipes used ar	e not sterile.			
Sporicidal agents are not used.		A 10 10 10 10 10 10 10 10 10 10 10 10 10		
Non-sterile cleaning wipes, inadequately satura			(4)	
f the (b) (4) Additionally, personnel observed	d did not clean from back	to front.		
N'ARRAY I ATANT A		<u>.</u>		
BSERVATION 7	(b) (4)	without adaquat		
our firm produced non-sterile drugs while ontrols to prevent contamination of the production	2 2 2 2	without adequat	E	
Rx# FacState DispDt	Drug	PackagedOn		
	L/MUPIROCIN OINT 1:			
		JSP · 10/9/16 10:17 AM		
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