DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER 158-15 Liberty Avenue Jamaica, NY 11433 (718) 340-7000 Ext:5301 Fax: (718) 662-5661	DATE(8) OF INSPECTION 2/27/2017-3/17/2017* FEI NUMBER 2010240202			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
Gary L, Hanley, O.D. , Chief Executive Of	ficer			
FIRM NAME	STREET ADDRESS			
SterRx	141 Idaho Ave			
Plattsburgh, NY 12903-3987	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 Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.				
Specifically,				
environment) during Blow Fill Seal product production of 1% Cyclopentolate HCl, 1% b) You have not certified at the point of use the during Blow Fill Seal production of 1% Cyclopentolate HCl, 1% Tropicamide, a	e (b) (4) perations for the sterile ophthalmic drug production of and 2.5% Phenylephrine HCl. O 5 environment) are not sampled as part of your connel engaged in Blow Fill Seal manufacturing			
OBSERVATION 2 Procedures designed to prevent microbiological contamination of drug products purporting to be sterile do not include adequate validation of the sterilization process.				
Specifically,				

DATE ISSUED

3/17/2017

EMPLOYEE(5) SIGNATURE

Chad N Thompson, Investigator

Rachael A Moliver, Investigator

SEE REVERSE

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DE		TH AND HUMAN SERVE ADMINISTRATION	/ICES	
DISTRICT ADDRESS AND PHONE NUMBER	TOOD AND DAG	DATE(S) C	FINSPECTION.	
158-15 Liberty Avenue			2/27/2017-3/17/2017*	
Jamaica, NY 11433 (718) 340-7000 Ext:5301 Fax	11433		FEINUMBER 3010840309	
(/16) 340-7000 EAC:3301 FAX	: (110)002-3001			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
Gary L, Hanley, O.D. , Chie	f Executive Of			
FIRM NAME		STREET ADDRESS		
SterRx CITY, STATE, ZIP CODE, COUNTRY		141 Idaho Ave	FN	
Plattsburgh, NY 12903-3987		Outsourcing F	acility	
a) Validation of the product		s conducted in the	(b) (5 (2)
the	(b) (4	1)		dated: 2/16/17,
is inadequate because:		CP 18		1 (0 (1 (6) (4)
The firm did not evalu validation. No analysis as	s or rationale as to	why or how the f presentative prod	irm determined	to use (b) (4)
standard practice of firm	b) (4) using (b) (4) using (t) (4)		b) (4)	elude the firm's). Rather, the roduct.
b) Media fills did not represe manufacturing run. OBSERVATION 3 Aseptic processing areas are defice				
to produce aseptic conditions.				
Specifically,				
Cleaning validation is material can effectively recovery results, not manalysts conducting Results	y be recovered fro	om surfaces of the ance criteria, were in the	firm's equipment observed amon Final Summary	
	on, Investigate iver, Investiga		X Chad N Thompson Ost N Thompson Integrator Signed by: Chad N Thompson-S	DATE ISSUED 3/17/2017

INSPECTIONAL OBSERVATIONS

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FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

	DEPARTMENT OF HEAL					
FOOD AND DRUG ADMINISTRAT DISTRICT ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION				
158-15 Libert			2/27/2017-3/17/2017*			
Jamaica, NY 1			3010840309			
(110) 340-100	00 EAC:3301 FAX: (/10)002-3001					
NAME AND TITLE OF INDIVIDUA						
(1977)	ey, O.D. , Chief Executive Of					
FIRM NAME		STREET ADDRESS	o Buo			
SterRx CITY, STATE, ZIP CODE, COUNT	TRY	141 Idaho Ave				
Plattsburgh,	NY 12903-3987	Outsourcing Facility				
i. The results of this study fail to satisfy the requirements of Protocol (b) (4) (b) (4) (b) (4) (b) (4) (b) (4) (c) (b) (4) (d) (e) (e) (e) (for the frequency for cleaning for the frequency for cleaning (for the frequency for cleaning for the frequency for cleanin						
OBSERVATION 4 Results of stability testing are not used in determining expiration dates.						
Specifically, the raw data was not available for Research & Development (b) (4) completed to (b) (4) of (b) (4) for the ophthalmic drug products: 1% Cyclopentolate HCl, 1% Tropicamide, and 2.5% Phenylephrine HCl.						
PRODUCTION - 11-11-11-11-11-11-11-11-11-11-11-11-1	OBSERVATION 5 The labels of your outsourcing facility's drug products are deficient.					
Specifically, the following information is not found on some of your drug product labels:						
 a) The statements "This is a compounded drug" and "Office use only"; b) The address and phone number of your facility; c) The date that the drug was compounded; d) Storage and handling instructions; e) The national drug code number, if available. 						
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Chad N Thompson, Investigate Rachael A Moliver, Investiga		X Chad N Thompson Chad N Thompson Interligible Signed by Chad N Thompson - S	DATE ISSUED 3/17/2017		

INSPECTIONAL OBSERVATIONS

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PREVIOUS EDITION OBSOLETE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHONE NUMBER 158-15 Liberty Avenue	2/27/2017-3/17/2017*				
Jamaica, NY 11433 (718) 340-7000 Ext:5301 Fax:(718)662-5661	3010840309				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED					
Gary L, Hanley, O.D. , Chief Executive Of	ficer				
FIRM NAME	STREET ADDRESS				
SterRx	141 Idaho Ave				
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED				
Plattsburgh, NY 12903-3987	Outsourcing Facility				

Examples of drug products that do not contain this information:

- Cyclopentolate HCl 1% 0.5 ml-Printed Label for Vial
- Phenylephrine HCL 2.5% 0.5 ml- Printed Label for Vial
- Tropicamide 1% 0.5 ml- Printed Label for Vial

*DATES OF INSPECTION

 $\frac{2}{27/2017(Mon), 2}{28/2017(Tue), 3}{01/2017(Wed), 3}{02/2017(Thu), 3}{03/2017(Fri), 3}{06/2017(Mon), 3}{07/2017(Tue), 3}{08/2017(Wed), 3}{17/2017(Fri)}$

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