	DEPARTMENT OF HEA	LTH AND HUM	AN SERVICES
		UG ADMINISTRAT	
DISTRICT ADDRESS AND PHO	on Blvd., Suite 1500		DATE(S) OF INSPECTION 7/30/2018-8/10/2018*
			7/30/2010-0/10/2016" FEI NUMBER
Chicago, IL 60661-4716 (312)353-5863 Fax:(312)596-4187			3006572203
NAME AND TITLE OF INDIVIDU	IAL TO WHOM REPORT ISSUED		
Andrew J. Ro	seboom , Co-Owner and Pharma	cist-In-Ch	narge
FIRM NAME		STREET ADDRESS	
dba Precksho	l Illinois Compounding LLC t Professional Pharmacy	V-1-2-1-1	Knoxville Ave, Ste E
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHM	
Peoria, IL 6	1614-4300	Producer	c of Sterile and Non-Sterile Dru s
action with the FDA questions, please cor		mit this informat	nse to an observation, you may discuss the objection to FDA at the address above. If you have any
OBSERVATIO	N 1		
Your facility was	s designed and/or operated in a way th	at permits po	or flow of materials.
Specifically,			
supplies such as (b) (4) and zip-loc	e production of Papaverine, Phentolan or(b) (6) and Papaverine, Phentol	ottles, sterile v nine, Alprosta lamine, Alpro	to transfer in sterile processing pharmaceutical grade pharmaceutical grade adil (15: 0.5: 25) in ML injectable, lot stadil (25: 0.8: 20) in ML injectable, lot
OBSERVATIO	N 2		
		iod with no d	ocumentation to support the hold time.
	solutions are neig for an extended per	ioa with no d	ocumentation to support the note time.
Specifically,			
intermediary stoo your firm produc	res bulk stock solutions inside an unce ck solution at ^{(b) (4)} to ^{(b) (4)} for up to ^{(b) (4)} ced (b) (4) of Alprostadil stock solution ding to your firm management on 08/0	days after proon, lot 071220	cessing without (b) (4) . For examp
	EMPLOYEE(S) SIGNATURE		DATE ISSUED
SEE REVERSE	Bei Y He, Investigator		8/10/2018
OF THIS PAGE			Bel Y 146 fromstigster Signed By: 2001875498 X Sale Signed 06-10-2018 13-38-11

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 7/30/2018-8/10/2018* 550 W. Jackson Blvd., Suite 1500 Chicago, IL 60661-4716 FEI NUMBER 3006572203 (312)353-5863 Fax: (312)596-4187 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Andrew J. Roseboom , Co-Owner and Pharmacist-In-Charge STREET ADDRESS 5832 N Knoxville Ave, Ste E Dolan Central Illinois Compounding LLC dba Preckshot Professional Pharmacy TYPE ESTABLISHMENT INSPECTED CITY, STATE, ZIP CODE, COUNTRY Peoria, IL 61614-4300 Producer of Sterile and Non-Sterile Drug

to be (b) (4) prior to being (b) (4) for later use. Your firm utilized this lot of stock solution to produce the sterile products through (b) (4) in the ISO 5 hood on 07/12/18, 07/13/18, 07/16/18, 07/18/18, and 07/19/18.

Products

RX	LOT	DRUG	FILLED	BUD
(b) (6)	07122018@12	Phentolamine, Alprostadil Injectable 0.83MG/16.66MG	07/12/18	08/09/18
	07132018@11	Papaverine, Phentolamine, Alprostadil Injectable	07/13/18	08/10/18
•	07132018@9	Papaverine, Phentolamine, Alprostadil Injectable	07/13/18	08/10/18
•	07132018@6	Alprostadil 20MCG/ML Aqueous SOLN	07/13/18	08/26/18
•	07162018@9	Phentolamine, Alprostadil Injectable 0.83MG/16.66MG	07/16/18	08/13/18
	17162018@8	Papaverine, Phentolamine, Alprostadil Injectable	07/16/18	08/13/18
-	07162018@7	Papaverine, Phentolamine, Alprostadil Injectable	07/16/18	08/13/18
	07182018@9	Papaverine, Phentolamine, Alprostadil Injectable	07/18/18	08/15/18
	07182018@15	Papaverine, Phentolamine, Alprostadil Injectable	07/18/18	08/15/18
	07192018@7	Papaverine, Phentolamine, Alprostadil Injectable	07/19/18	08/16/18

OBSERVATION 3

Your firm prepares multi-dose sterile drug products with an extended beyond use date without preservatives. Specifically,

> Acetylcysteine Ophthalmic solutions are produced by your firm without preservatives. This ophthalmic solution is dispensed to your patients as a multi-dose sterile product with a beyond use date of 45 days in

SEE REVERSE OF THIS PAGE	Bei Y He, Investigato	Bai Y He brentigator Screen 62-201876464 X Date Signed: 08-10-2018 13:28-11	8/10/2018
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	PAGE 2 of 4 PAGES

	LTH AND HUMAN SERVICES UG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
550 W. Jackson Blvd., Suite 1500	7/30/2018-8/10/2018*
Chicago, IL 60661-4716 (312)353-5863 Fax: (312)596-4187	3006572203
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Andrew J. Roseboom , Co-Owner and Pharma	cist-In-Charge
FIRM NAME	STREET ADDRESS
Dolan Central Illinois Compounding LLC dba Preckshot Professional Pharmacy	5832 N Knoxville Ave, Ste E
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Peoria, IL 61614-4300	Producer of Sterile and Non-Sterile Drug Products

frozen/refrigerated conditions.

Tacrolimus in Corn Oil NF Ophthalmic solutions are produced by your firm without preservatives. This ophthalmic solution is dispensed to your patients as a multi-dose sterile product with a beyond use date of 28 days in room temperature.

OBSERVATION 4

Disinfecting agents and cleaning pads used in the ISO 5 classified aseptic processing areas were not sterile.

Specifically,

During sterile processing on 07/30/18, your Pharmacy Technician utilized non-sterile, low-shedding (b) (4) wipes sprayed with sterile (b) (4) to transfer sterile processing materials such as vials, syringes, and sterile (b) (4) spray bottles into the ISO 5 hood. I observed sterile production of Papaverine, Phentolamine, Alprostadil (15: 0.5: 25) in ML injectable, lot 07302018@18 for (b) (6) and Papaverine, Phentolamine, Alprostadil (25: 0.8: 20) in ML injectable, lot 07302018@17 for (b) (6) in your ISO 5 hood on 07/30/18.

OBSERVATION 5

Equipment was not disinfected prior to entering the aseptic processing areas.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Bei Y He, Investigator	Bol Y He brestgetor Spreed by 2001876488 Spreed: Ob 16-2018 13:36.11	DATE ISSUED 8/10/2018
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FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 3 of 4 PAGES

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	on Blvd., Suite 1500	7/30/2	018-8/10/2018*	
Chicago, IL	3 Fax: (312) 596-4187	300657	2203	
(312) 353-5865	3 Fax: (312)596-418/			
NAME AND TITLE OF INDIVIDUA	AL TO WHOM REPORT ISSUED			
Andrew J. Ros	seboom , Co-Owner and Pharma	cist-In-Charge		
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dba Preckshot	I Illinois Compounding LLC Professional Pharmacy	5832 N Knoxvill	e Ave, Ste E	
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHMENT INSPECTED	VS 2 25 20	we es
Peoria, IL 61	1614-4300	Products	rile and Non-St	erile Drug
	ocessing, your firm attached a pre-mo		colored with black co	to a (b) (4)
	tize the ISO 5 hood. I observed the fo			
	served sterile production of Papaverin			
75. 1 10. 10. 10. 10. 10. 10. 10. 10. 10.		verine, Phentolamine, A		20) in ML
injectable, lot 07.	302018@17 for (b) (6) in your IS	O 5 hood on 07/30/18.		
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*DATES OF II		I) 9/02/2019/Thu) 9	/03/2019/E-:\\ 9/07	//2019(Tyra)
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