		TH AND HUMAN SERVICE ADMINISTRATION	s	
DISTRICT ADDRESS AND PHON	E NUMBER	DATE(S) OF INSE		
			019-5/31/2019*	
Parsippany, N	07054 Fax: (973)331-4969	3013931	875	
(9/3) 331-4900) Edx: (9/3)331-4909			
NAME AND TITLE OF INDIVIDUA	L TO WHOM REPORT ISSUED			
Mr. Michael F	Rutkowski, Vice President and	General Manager		
FIRM NAME		STREET ADDRESS		
QuVa Pharma,		519 State Route 173		
CITY, STATE, ZIP CODE, COUNT		TYPE ESTABLISHMENT INSPECTED		
Bloomsbury, N	NJ 08804-4047	Outsourcing Facility		
observations, and do observation, or have action with the FDA	observations made by the FDA representative(s) not represent a final Agency determination regain implemented, or plan to implement, corrective representative(s) during the inspection or submit tact FDA at the phone number and address about	arding your compliance. If y action in response to an obse- it this information to FDA a	ou have an objection re- rvation, you may discus	garding an ss the objection or
OBSERVATIO	TION OF YOUR FIRM I OBSERVED: ON 1 trol unit lacks responsibility to appr	ove and reject all pro	cedures or specifi	cations
	e identity, strength, quality and puri		ecdures or specifi	cations
impacing on th	e identity, strength, quanty and puri	ty of drug products.	4	
Specifically,				
~F				
tested for microb Suite/Cleanroom	missing media fill 60 mL syringe un aseptic process simulation conducted of ial growth as part of the performance qualified in addition, the (b) (4) syringes us crobial growth. No explanation was do	on 09/20/2018 for Lot a ualification for Buildir and calibrated to prime and calibrated	g Manufacturing ate equipment were	
during aseptic promicrobial growth addition, the	ssing media fill 60 mL syringe units occss simulation conducted on 09/19/2 as part of the performance qualificat (4) syringes used to prime and calibration was documented for the missing	018 for Lot #091918K ion for Building Ma ate equipment were no	S were not incubate anufacturing Suite/	Cleanroom In
OBSERVATIO	N 2		141	
	of investigation of a drug complain	t do not include the f	indings of the inv	estigation and
				,
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Guerlain Ulysse, Investigate	or	Scentain Ulysse Investigator Signed By Closetian E. Ulysse -S Date Signed: 05-31-2019 11 43 45	DATE ISSUED 5/31/2019
	TN/	EPECTIONAL OPSEDVATION	ONIC	PAGE 1 of 4 PAGES

	DEPARTMENT OF HEAL FOOD AND DRU	TH AND HUMAN SEF	VICES	
DISTRICT ADDRESS AND PHON	IE NUMBER	DATE(S	OF INSPECTION	
			/2019-5/31/2019*	
Parsippany, N	0 7054 Fax: (973) 331-4969	0.000000000	3931875	
(3/3)331 4300	Fax. (3/3/331-4303			
NAME AND TITLE OF INDIVIDUA	AL TO WHOM REPORT ISSUED			**
	Rutkowski, Vice President and		ger	
FIRM NAME		STREET ADDRESS		
QuVa Pharma,		519 State Ro		
Bloomsbury, N		Outsourcing Facility		
syringes) of Sod	Event Date: 02/04/2019 was received ium Bicarbonate 1meq/1mL, 50 mL s	syringes, including	for the following only	lot information
biocarbonate like However, the invidentification of	30001883, Exp: 04/03/2019. The ely crystallized in transit under extrenvestigation did not include review of the particulate matter. In addition, should not transit conditions on the compo	ne conditions and drug product stabi ipping studies hav	is not associated with lity and formulation, re e not been performed	production error. etain samples, or
	ON 3 gned to prevent microbiological co validation of the aseptic process.	ntamination of di	ug products purportin	ng to be sterile
the transfer of the second sec	ard operating procedure or batch recor hood at a time. For example:	d instructions for t	he number of IV bag un	its allowed
Lot# 30003332,	ompounded as part of Oxytocin UExp. Date: 07/23/2019. However, then	e is no documenta	tion or batch record in	structions for the
	ON 4 ing areas are deficient regarding the	e system for mon	itoring environmental	conditions.
Specifically,			**	
	EUR OVERS SIGNATURE	Harris and the	11.00.00°	Taire
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Guerlain Ulysse, Investigat	or	Overtiain Ulysse Investigator Date Signed: 05-31-2018 11-43-45 X	5/31/2019
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE IN:	SPECTIONAL OBSER	VATIONS	PAGE 2 of 4 PAGES

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	DEPARTMENT OF HEAL FOOD AND DRU	TH AND HUMAN G ADMINISTRATIO		
DISTRICT ADDRESS AND PHON		1.5	DATE(S) OF INSPECTION 5/7/2019-5/31/2019*	- v
Parsippany, N			FEI NUMBER	
	Fax: (973) 331-4969		3013931875	
NAME AND TITLE OF INDIVIDUA	AL TO WHOM REPORT ISSUED			
1.35.40.00.00.00.00.00.00.00.00.00.00.00.00.	Rutkowski, Vice President and	d General M	lanager	
FIRM NAME		STREET ADDRESS		
QuVa Pharma,		519 State Route 173		
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHMENT INSPECTED		
Bloomsbury, N	10 08804-4047	Outsourcing Facility		
environmental m mounted on the c	areas within the ceilings of ISO 7 Cleonitoring (EM) program. This includes theiling of ISO 7 Manufacturing Suite/Colocations within the ISO 5 hood area and or EM sampling worksheets.	s the lack eval	uation for crevices of the wi	reless router box
purity. Specifically,	gned to assure that conform to appr	opriate stand	ards of identity, strength,	quanty and
environmental m determine wheth chamber. The eff incubator's ability	abator NJ-INC-0006, with Operating R onitoring (EM) and personnel monitorier the loaded chamber works within-thect of opening doors at different length to get back into the temperature profiducted using empty incubator condition	ing (PM) sample-specified lines of time, and lile have not be	ples. However, it has not been mits of temperature through and the effect of a power far	en evaluated to n-out the nilure on the
product lots requ mL syringes and	gerator NJ-REF-0006, with Operating liring refrigerated conditions prior to sh Vancomycin 1.25g - 250 mL bags. Ho or works within-the-specified limits of	nipment, include wever, it has	ding that of: Lidocaine 1% E not been evaluated to determ	Bicarbonate 10 nine whether the
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Guerlain Ulysse, Investigat	or	Guerfain Ulysse Investigator Bigwed By, Guerfain E. Ulysse -3 Oake Signed; 05-31-2019 1143.45	DATE ISSUED 5/31/2019
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE IN	SPECTIONAL O	BSERVATIONS	PAGE 3 of 4 PAGES

	I AND HUMAN SERVICES DMINISTRATION	7
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	
10 Waterview Blvd., 3rd Floor	5/7/2019-5/31/	2019*
Parsippany, NJ 07054	3013931875	
(973)331-4900 Fax: (973)331-4969	3013931073	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		
Mr. Michael Rutkowski, Vice President and	General Manager	
FIRM NAME	STREET ADDRESS	
QuVa Pharma, Inc.	519 State Route 173	
CITY, STATE, ZIP CODE, COUNTRY	YPE ESTABLISHMENT INSPECTED	
Bloomsbury, NJ 08804-4047	Outsourcing Facility	

opening doors at different lengths of time, and the effect of a power failure on the refrigerator's ability to get back into the temperature profile have not been evaluated either. Temperature mapping studies were conducted using empty refrigerator conditions.

OBSERVATION 6

Establishment of the reliability of the component supplier's report of analyses is deficient in that the test results are not appropriately validated at appropriate intervals.

Specifically,

Test results of Active Pharmaceutical Ingredients (APIs) suppliers used for compounding bulk drug products have not been appropriately validated at appropriate intervals. This includes the lack of qualification for related substances, organic impurities and/or residual solvents test results received for:

- A) Norepinephrine Bitartate API, Expiry Date: five (5) years
- B) Phenylephrine HCL API, Retest Date: five (5) years
- C) Epinephrine API, Retest Date: two (2) years

*DATES OF INSPECTION

5/07/2019(Tue), 5/08/2019(Wed), 5/09/2019(Thu), 5/10/2019(Fri), 5/14/2019(Tue), 5/15/2019(Wed), 5/16/2019(Thu), 5/31/2019(Fri)

SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Guerlain Ulysse, Investigator	Guertain Ulysse Investigator Signed Dy Guertain E. Ulysse -S Date Signed: 55-31-2019 11-43-45	DATE ISSUED 5/31/2019
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FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

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