DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
US Customhouse Rm900 2nd & Chestnut St Philadelphia, PA 19106 (215)597-4390 Ext:4200 Fax:(215)597-0875	DATE(S) OF INSPECTION 2/9/2016-3/1/2016* FEI NUMBER 3004613997		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED			
Howard L. Anthony , Owner	1.00		
FIRM NAME	STREET ADDRESS		
Walter's Pharmacy city, state, zip code, country	401 N 17th St Type establishment inspected		
Allentown, PA 18104-5034	Producer of Sterile Drugs		
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 I OBSERVED: The following observations are applicable to ophthalmic and aqueous solution for oral inhalation products produced by your pharmacy.			
These products are required to be sterile. They include the following:			
Ophthalmic Products Cefazolin Ophthalmic Solutions			
Galleria de la companya del companya de la companya del companya de la companya d			
Tobramycin Ophthalmic Solutions			
Vancomycin Ophthalmic Solutions			
Voriconazole Ophthalmic Solutions			
Atropine Ophthalmic Solutions			
Silver Nitrate Ophthalmic Solutions			
Edetate DiSodium (EDTA) Ophthalmic Solutions			
Rose Bengal Ophthalmic Solutions			

	EMPLOYEE(S) SIGNATURE			DATE ISSUED
SEE REVERSE	James M Mason,	Investigator	3/1/2016	3/1/2016
OF THIS PAGE	111)	James M Mason	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
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US Customhouse Rm900 2nd & Chestnut St	2/9/2016-3/1/2016*		
Philadelphia, PA 19106	FEI NUMBER		
(215)597-4390 Ext:4200 Fax:(215)597-0875	3004613997		
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FIRM NAME	STREET ADDRESS		
Walter's Pharmacy	401 N 17th St		
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED		
Allentown, PA 18104-5034	Producer of Sterile Drugs		

Aqueous Solution for Oral Inhalation Products

Lidocaine Nebulizer Solutions

Additionally, two of the above products, Edetate DiSodium (EDTA) and Rose Bengal Ophthalmic Solutions, are produced from active ingredients that are non-sterile (b) (4)

OBSERVATION 1

Separate or defined areas to prevent contamination or mix-ups are deficient regarding operations related to aseptic processing of drug products.

Specifically,

All manipulations performed in the production of drug products required to be sterile are conducted in a non-sterile uncontrolled environment on the pharmacy counter.

Additionally, there is a sink located adjacent to the counter top where drug products are produced.

OBSERVATION 2

Protective apparel is not worn as necessary to protect drug products from contamination.

Specifically,

Employees performing manipulations in the production of drug products required to be sterile do not wear any sterile garb (gowns, hairnets, face masks, or sterile gloves) during production.

SEE REVERSE	EMPLOYEE(S) SIGNATURE James M Mason, Invest	igator 34	DATE ISSUED 3/1/2016
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		James M Mason Investigator Signed by: James M Mason -S	
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	a, PA 19106 90 Ext:4200 Fax:(215)597-0875		3997	
(210)001 4000	D EAC. 4200 Tax. (210) 057 0070			
NAME AND TITLE OF INDIVIDUA		•		
	thony , Owner			
Walter's Phan	Pharmacy 401 N 17th St			
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHMENT INSPECTED		
Allentown, PA	A 18104-5034	Producer of Ste	rile Drugs	
while producing OBSERVATIO	lable to employees but they are not g these products. ON 3 tten testing program designed to as:			
specifically,				
than the dating	dates (BUD) that you apply to stercited in your references (i.e. (b) (4)	.)).
	re examples of differences between o your actual beyond use date:	n the beyond use date	es of the reference	(D) (4)
	halmic Solution – Your product rec t should receive a day beyond u	se date. Additionally		
	hthalmic Solution – Your product t should receive a total day beyond u		yond use date and y	your reference
cites the produc	phthalmic Solution – Your product should receive a day beyond use date.			E97.
DEPARTMENT OF THE PROPERTY OF	phthalmic Solution - Your product t should receive a day beyond u	energia apparate appara - percentar en la caracte para abbas	yond use date and	your reference
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE James M Mason, Investigator	;	3/1/2016 X James M Mason James M Mason Investigator Signed by: James M. Mason-S	3/1/2016
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
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NAME AND TITLE OF INDIVIDUA	AL TO DELIGH DEPOSIT YOU'RE	:	
Howard L. And	thony , owner	STREET ADDRESS	
Walter's Phas	rmacv	401 N 17	th St
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHME	ENT INSPECTED
Allentown, PA	A 18104-5034	Producer	of Sterile Drugs
Edetate DiSodium (EDTA) Ophthalmic Solution - Your product receives a 90 day beyond use date and your reference cites the product should receive a off day beyond use date. Additionally, your reference formulations are often different from how you actually make the product. The following is a summary of the ways in which your product formulations are different from the reference formulation: Silver Nitrate Ophthalmic Solution - Your product uses (b) (4) while the reference product uses (b) (4) Vancomycin Ophthalmic Solution - The reference formulation is (b) (4) while your formulation contains a preservative. Cefazolin Ophthalmic Solution - Your formula uses (b) (4) in place of the reference formula's use of (b) (4) Tobramycin Ophthalmic Solution - Your product contains a preservative while the reference formulation is (b) (4) while the reference formulation is (b) (4) while the reference formulation uses (b) (4) Atropine Ophthalmic Solution - Your product uses (b) (4) while the reference formulation uses (b) (4) also, the strength of your product is 0.1% while the reference formulation is (c) (d) also, the strength of your product is 2% while the reference formulation is (d) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE James M Mason, Investigator	}	James M Mason James M Mason Investigator Signed By: James M. Mason-S

INSPECTIONAL OBSERVATIONS

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PREVIOUS EDITION OBSOLETE

	DEPARTMENT OF HEAL FOOD AND DRUG		
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Walter's Phan		401 N 17	
Allentown, PA		Producer of Sterile Drugs	
Lidocaine Nebu formulation is	ulizer Solution – The strength of you	ır product is	s 1% or 2% while the reference
OBSERVATIO Procedures desi are not establish	gned to prevent microbiological con	ntamination	of drug products purporting to be sterile
Specifically,			
You have not es be sterile.	stablished any written procedures re	garding the	production of drug products required to
OBSERVATION Drug product component is no	omponent testing is deficient in that	at least one	e specific test to verify the identity of each
Specifically,			
	at is used as an ingredient in Methor	xsalen topic	cal drug products is labeled as being '(b) (4) while USP grades of
*DATES OF II 2/09/2016(Tue)	NSPECTION ,2/11/2016(Thu),2/17/2016(Wed),3	/01/2016(T	rue)
			Ι
SEE REVERSE	James M Mason, Investigator		3/1/2016 3/1/2016

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