## DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DATE(S) OF INSPECTION 10 Waterview Blvd., 3rd Floor Parsippany, NJ 07054 (973) 331-4900 Fax: (973) 331-4969 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF HORNOLUL TO WHOM REPORT ISSUED TO: Ms. Suja Alum, Pharmacist-In-Charge FIRM NAME Pharmacy Creations 540 Route Ten West TYPE ESTABLISHMENT INSPECTED

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.

Producer of Sterile Drugs

## DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

## **OBSERVATION 1**

Randolph, NJ 07869

An adequate number of batches of each drug product are not tested to determine an appropriate expiration date.

Specifically, there is lack of potency and sterility assurance for non-preserved sterile preparations in that beyond use dates, up to 180 days, are assigned without supporting testing. Examples of products include:

Sterile Product Name Preservative Free	Strength	Units	Unit Volume	Beyond Use Date
Triamcinolone Acetonide/Moxifloxacin HCl/Vancomycin Injection (ophthalmology)	15/1/10 mg/mL	units	1 mL	180 days
Dexamethasone-Moxifloxacin HCI Injection (ophthalmology)	1/5 mg/mL	(ii) (ii) units	1 mL	180 days
Povidone Iodine Ophthalmic Solution	5 %	(b) (4) units	1 mL	180 days
Hyaluronidase Bovine Single Dose Vial (ophthalmology)	175 U/mL 300 U/mL	(b) (±) units	2 mL 2 mL	180 days 180 days
Vancomycin Injection (ophthalmology)	10 mg/mL	(b) (4) units	1 mL	180 days
Phentolamine/Papaverine/Prostaglandin E1 Injection (urology)	0.5/10/0.005 mg/mL 1/15/0.01 mg/mL 1/15/0.02 mg/mL	(b) (4) units (b) (4) units (b) (4) units	0.5 mL 0.5 mL 0.5 mL	180 days 180 days 180 days
Heparin Sodium/Lidocaine HCl Bladder Irrigation Solution - Prefilled Syringes (urology)	3,300 units/mL 13.25 mg/mL	(b) (4) units	20 mL	180 days

	EMPLOYEE(S) SIGNATURE	tigator Kelen Verdil	DATE ISSUED 1-2
SEE REVERSE OF THIS PAGE	Michael R. Klapal,	Investigator Much Da	09/30/2015
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	PAGE 1 OF 2 PAGES

		FMENT OF HEALTH AND HUMAN FOOD AND DRUG ADMINISTRATION	N	
10 Water Tie	Blvd., 3rd Floor		08/27/2015 - 09/30/2015*	
Parsippany, N			FEI NUMBER	3/30/2015*
(973) 331-490	Fax: (973) 331-4969		3003348498	
Industry Info	rmation: www.fda.g	gov/oc/industry	1	
	Alum, Pharmacist			
FIRM NAME		STREET ADDRESS		
Pharmacy Crea	tions		540 Route Ten West	
Randolph, NJ		1000 A	of Sterile Drugs	
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