| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION | | | | | |
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| DISTRICT OFFICE | ADDRESS AND PHONE NUMBER | | DATE(S) OF INSPECTION | | |
| U.S. FDA, Waterview Corporate Center 10 Waterview Blvd, 3rd Floor, Parsippany, NJ 07054 | | | 5/29/2018 - 6/1, 4, 5, | 7, 12, 13, 19/2018 | |
| | Fax: (973) 331-4969 | | FEINUMBER | | |
| | ation: www.fda.gov/oc/industry | | 3002815949 | | |
| The state of the s | | | | | |
| 0.77 | 'ursi, President and co-owner | LOTDERT ADDRESS | | | |
| FIRM NAME Stokes Healthcare Inc. | | STREET ADDRESS | | | |
| | | 8000 Commerce Parkway, Suite 600 TYPE OF ESTABLISHMENT INSPECTED | | | |
| CITY, STATE AND ZIP CODE Mount Laurel, NJ 08054-2211 | | Outsourcing Facility | | | |
| San Company Company Company | | Outsourcing Facility | | | |
| OBSERVATIONS; A OBSERVATION, OF OBJECTION OR AC YOU HAVE ANY QU | LISTS OBSERVATIONS MADE BY THE FDA REPRESENT, AND DO NOT REPRESENT A FINAL AGENCY DETERMINAT REPAYS HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORDINATION WITH THE FDA REPRESENTATIVE(S) DURING THE JESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER CTION OF YOUR FIRM (I) (AME) OBSERVED: | ION REGARDING YOUR COMPLI RECTIVE ACTION IN RESPONS INSPECTION OR SUBMIT THIS | ANCE IF YOU HAVE AN OBJECTO AN OBSERVATION, | ECTION REGARDING AN YOU MAY DISCUSS THE | |
| | 84W | | | | |
| | d release of drug product for distribution onformance to the final specifications an | | | | |
| a.)Your firm | does not routinely test for drug product p 'esting, number 9.120, Version 1.3, Step | | | Finished of the (b) (4) | |
| Suspension, v "5/30/2018". "7/14/2018". | no potency testing was performed on the which was manufactured as "Lot 120120! A portion of that lot was re-labeled on 4 Your facility in NJ distributed that re-laboumber (b) (6) | 7@41", on 12/01/201' /30/2018, as "Lot 0112 | 7, with a "Use By:" 22018@96" with a " | date of Use By:" date of | |
| laboratory. Y | does not always submit drug product san our firm performs an in-house sterility to at is not a validated analytical method. | * | ndotoxin testing to y | our contract | |
| manufactured | samples were not sent to your contract la (b) (4) of Voriconazole 1% Ophthalmi 2018. A portion of that lot was distributed) | c Solution Lot 030120 | 18@7, on 3/1/2018 | with a "Use By:" | |
| | EMPLOYEE(S) SIGNATURE . | EMPLOYEE(S) NAME AND TITLE | (Print or Type) | DATE ISSUED | |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

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| DISTRICT OFFICE ADDRESS AND PHONE NUMBER | | DATE(S) OF INSPECTION | | |
| U.S. FDA, Waterview Corporate Center | | 5/29/2018 - 6/1, 4, 5, 7, 12, 13, 19/2018 | | |
| 10 Waterview Blvd, 3rd Floor, Parsippany, NJ 07054 973-331-4900 Fax: (973) 331-4969 | 79 | FEI NUMBER 3002815949 | | |
| Industry Information: www.fda.gov/oc/industry | | | | |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED | | | | |
| TO: Michael Tursi, President and co-owner | | | | |
| FIRM NAME | STREET ADDRESS | | | |
| CONTRACTOR OF THE PROPERTY OF | | | | |

FIRM NAME
Stokes Healthcare Inc.
Stokes Healt

Results of stability testing are not used in determining expiration dates.Specifically,

A.)Your firm relabeled Tacrolimus Lot 12012017@41, Use By: 5/30/2018, as Tacrolimus Lot 01122018@96, Use By 7/14/2018. The product was released with a Use By date of 7/14/2018, which exceeded your stability study data by days.

- B.)Your firm lacks stability data for all "Use By" dates being assigned to your drug products.
- Master production and control records lack complete manufacturing and control instructions and sampling and testing procedures.

Specifically, your master batch records for all human drug products, except for one lot of Cyclosporin Olive Oil 2% Ophthalmic Solution, manufactured on 5/30/2018, as Lot R180008, Use By 08/29/2018, do not contain adequate instructions for processing steps such as: the active and excipient ingredient sequence of addition; mixing times; and in-process and finished product test requirements. For example, Tri-Mix Standard Injection Solution, Lot # 04032018@6 Use By 7/2/2018.

- 4. The labels of some of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A) and (B). Specifically, the following information is not found on some of your drug product labels, as required by section 503B(a)(10)(A):
- * The statement "This is a compounded drug";
- * Name, address and phone number of the outsourcing facility;
- * The statement, "Not for resale".

In addition, the following information is not found on your drug product labels, as described in section 503B(a) (10)(B):

* Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1-800-FDA-1088.

| err | EMPLOYEE(S) SIGNATURE | EMPLOYEE(S) NAME AND TITLE (Print or Type) | DATE ISSUED | |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 5/29/2018 - 6/1, 4, 5, 7, 12, 13, 19/2018 U.S. FDA, Waterview Corporate Center 10 Waterview Blvd, 3rd Floor, Parsippany, NJ 07054 FEI NUMBER 973-331-4900 Fax: (973) 331-4969 3002815949 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Michael Tursi, President and co-owner FIRM NAME STREET ADDRESS Stokes Healthcare Inc. 8000 Commerce Parkway, Suite 600

TYPE OF ESTABLISHMENT INSPECTED

Outsourcing Facility

Examples of drug product labels that do not contain this information:

- Cromolyn sodium Preservative Free nasal solution 1%, 15 ml
- Cyclophosphamide injection solution 20 mg/ml, 4.5 ml
- Docetaxel injection solution 20 mg/ml, 0.75 ml

CITY, STATE AND ZIP CODE

Mount Laurel, NJ 08054-2211

- Methylcobalamin injection solution 1 mg/ml, 10 ml
- Oxymetazoline pf nasal solution 0.05%, 15 ml
- Tacrolimus aqueous ophthalmic suspension 0.03%, 15 ml
- Tri-mix injection solution 30 mcg/30/3 mg/ml, 5 ml
- Tri-mix injection solution 40 mcg/30/2 mg/ml, 5 ml
- Tri-mix low injection solution 5.88 mcg/18/0.6 mg/ml, 5 ml
- Tri-mix forte injection solution 20 mcg/30/2 mg/ml, 5 ml
- Tri-mix standard injection solution 10 mcg/30/1 mg/ml, 5 ml
- Voriconazole ophthalmic solution 1%, 10 ml
- Cyclosporin olive oil ophthalmic solution 2%, 5 ml
- 5. Your outsourcing facility has not submitted a compounded drug product report to FDA upon initial registration as an outsourcing facility as required by section 503B(b)(2)(A).

| | EMPLOYEE(S) SIGNATURE 1 | EMPLOYEE(S) NAME AND TITLE (Print or Type) | DATE ISSUED |
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