	OF HEALTH AND HUMAN SERVICES ND DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION		
22215 26th Ave SE, Suite 210		4/25-28; 5/2-3; 5/17/2016		
Bothell, WA 98021 (425) 302-0340	1000	INUMBER		
Industry Information: www.fda.gov/oc/industry	3	006317860		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED				
TO: William G. Ewing, RPh, Owner				
FIRM NAME	STREET ADDRESS			
Ballard Plaza Pharmacy I, Inc.	1801 NW Market St, Suit	te 104		
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INS	PECTED		
Seattle, WA 98107	Producer of Sterile Drug	Products		
THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRE OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETER! OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NO DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:	MINATION REGARDING YOUR COMPLIANC CORRECTIVE ACTION IN RESPONSE T THE INSPECTION OR SUBMIT THIS INFO	E. IF YOU HAVE AN OBJ O AN OBSERVATION, Y	JECTION REGARDING AN YOU MAY DISCUSS THE	
OBSERVATION 1				
Aseptic processing areas are deficient regarding the	ne system for cleaning and dis	infecting the room	n and equipment	
to produce aseptic conditions.	ie system for cleaning and dis	infeeting the roof	ii and equipment	
to produce aseptic conditions.				
Specifically, on April 25, 2016 during the product Epinephrine-Hyaluronidase) 3.52 mg-9.38 mg-9.4			idocaine and	
A) A piece of thin, wood paneling was observed the (b) (4) ISO 5 (b) (4) fibrous material along the length of the work surface.	laminar flow hood (LFH), exp			
B) Non-sterile wipes were used to clean and wipe ISO 8 anteroom.	down the surfaces of the ISO	5 LFH, ISO 7 cle	ean room, and	
C) Apparent soiled material was observed on the (b) (4) ISO 5 LFH.	metal grate covering the pre-f	ilter of the (b)	(4)	
D) Apparent rust was observed on the following p wire basket; the wheel casters; and the screw head				
E) Apparent soiled material was observed on the	nandset surface of a telephone	installed in the IS	SO 7 clean room.	
Add Continuation Page				
EMDLOVEE(C) CIONATURE	EMPLOYEE COLMAND AND TITLE CO	gint or Tune!	DATE ICCUED	
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) NAME AND TITLE (P Gerard P. De Leon, Investigator Christopher R. Czajka, Investig Gary C. Pecic, Analyst	£	5/17/2016	
Show Cout	Lisa T. Michel, Analyst			

		EALTH AND HUMAN SERVICES DRUG ADMINISTRATION		
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22215 26th Ave SE, Suite 210		4/25	4/25-28; 5/2-3; 5/17/2016	
Bothell, WA 9802			UMBER	
(425) 302-0340		300	6317860	
	on: www.fda.gov/oc/industry			
TO: William G. Ewing, RPh, Owner FIRM NAME STREET ADDRESS				
Ballard Plaza Pha	rmacy I, Inc.	1801 NW Market St, Suite	104	
CITY, STATE AND ZIP	CODE	TYPE OF ESTABLISHMENT INSPEC	CTED	
Seattle, WA 9810	7	Producer of Sterile Drug Pro	oducts	
	nately eight inch crack was observed O 8 anteroom and ISO 7 clean room.	on the glass window directly	above the	(b) (4)
	N 2 igned to prevent microbiological cont te validation of the sterilization proce		urporting to be	sterile do not
Specifically, A) No (b) (4) capability of the (b) (4)	e (b) (4) For examp	blished in order to determine le, the following sterile drug		
1) The Solution (Bu 04252016@1	pivicaine-Lidocaine and Epinephrine	) (4) used in the (b) (4) <sub>steri</sub> -Hyaluronidase) 3.52 mg-9.3		
2) The (PF) 50 mg/n	(b) (4) Unit, Lot # (b	<b>) (4)</b> used in the (b) (4) <sub>ster</sub> 05022016@43.	ilization of Var	ncomycin HCl
3) The mg/mL Injec	(b) (4) Unit, Lot # (b) table Solution, Lot number 04052016	used in the (b) (4) ster (a) (a)	rilization of Apo	omorphine HCl 3
B) The	(b) (4) has not been validate	d for its intended purpose. For	or example,	
1) The <b>(b</b>	) (4) was installed prior to April 2	015 and was not validated fo	llowing installa	tion to confirm
			Ad	d Continuation Page
	MPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print	or Type)	DATE ISSUED
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DISTRICT OFFICE	ADDRESS AND PHONE NUMBER		DAT	E(S) OF INSPECTION	9
22215 26th Ave SE, Suite 210 Bothell, WA 98021			4/25-28; 5/2-3; 5/17/2016		
(425) 302-0340			FEI	NUMBER	
Industry Inform	ation: www.fda.gov/oc/industry		30	06317860	
	OF INDIVIDUAL TO WHOM REPORT IS ISSUED				
TO: William C	G. Ewing, RPh, Owner				
FIRM NAME		STI	REET ADDRESS		
Ballard Plaza P	harmacy I, Inc.	1	801 NW Market St, Suite	104	
CITY, STATE AND Z		TY	PE OF ESTABLISHMENT INSP	ECTED	
Seattle, WA 98	107	P	roducer of Sterile Drug F	roducts	
b) Effect and tem  2) The Log 250 mg/ml vial have (b) (4) is to show a) Hydre b) Hydre	ctive sterilization of the following in	rilization of (b) (the oil solution (b) (the sterilization of the oil solution (c) (b) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Hydroxyprogesteron (b) (4); ho cation (b) (4) for the form) 250 mg/mL, Lot on) 250 mg/mL, Lot	on through the dyne Caproate (Sest until the wever, there is no blowing:	yprogenation time  ame Oil Solution) contents of the,"(b) (4) no documentation  -ZZRR.
C) The	(b) (4) , S/N	# (b) (4) . v	was installed prior to	April 2015 and	was not validated
	stallation to confirm effective steril		and the first of the same of t		
	perature cycle: empty ointment tub		-		
1	I				• •
D) An in situ	air pattern analysis (smoke study)	of the	(b) (4)	ISO 5 LFH a	nd ISO 7 clean
room has not	been conducted to demonstrate un	nidirectional	airflow and sweepin	g action over an	d away from
sterile drug p	roducts under dynamic conditions.				
					(b) (4)
E) (b) (4) u	sed in sterile drug production are s	sterilized by		(b) (4)	for
(b) (4) .					
				A	dd Continuation Page
	EMPLOYEE(S) SIGNATURE		DYEE(S) NAME AND TITLE (Pr	int or Type)	DATE ISSUED
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DISTRICT OFFICE	ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
22215 26th Ave SE, Suite 210 Bothell, WA 98021		4/25-28; 5/2-3; 5/17/2	016	
(425) 302-0340			FEINUMBER	
	ation: www.fda.gov/oc/industry		3006317860	
	OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
	6. Ewing, RPh, Owner			
2 2	FIRM NAME STREET ADDRESS		a sound	
Ballard Plaza P		1801 NW Market St		
CITY, STATE AND 2		TYPE OF ESTABLISHMEN	22 721	
Seattle, WA 98	107	Producer of Sterile D	Orug Products	
established of Specifically,	esigned to prevent microbiological contains of followed.  wing inadequate aseptic techniques were		nava purporting to be	storie are not
1) An ope	rator was observed working at the	(b) (4)	ISO 5 (b) (4) lan	ninar
	(LFH) with parts of the non-sterile garbi	ng materials exposed	inside and in direct of	contact with the
a. On Ay Block Sonumber work surb. On M 14 mg/n Solution with the the ISO  2) On May anteroom direct companitized works and the solution with the solution w	e non-sterile disposable lab coat prior to t Lot number t05022016@42 and Vancom	ephrine-Hyaluronidas -sterile disposable lab nipulating component 22016@42 and Vanco aist of the non-sterile partially detached from erial. ing in a non-sterile w sterile latex gloves w oat. The non-sterile su to entering the ISO 7 co the production of Tob	se) 3.52 mg-9.38 mg- o coat resting in direct s for the preparation omycin (PF) 50 mg/n disposable lab coat in the underside of the thite trash receptacle with the surface of the rface of the receptacle elean room and the operamycin 14 mg/mL C mL Opthalmic Solut	9.4 u/mL, Lot to contact with the of Tobramycin al. Opthalmic a direct contact work surface of from the ISO 8 receptacle in e was not perator did not opthalmic
	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TIT	LE (Print or Type)	DATE ISSUED
SEE	A CONTRACTOR OF THE PROPERTY O	Gerard P. De Leon, Invest	igator	A THE STREET OF STREET OF THE
REVERSE OF THIS PAGE	SPD CRC	Christopher R. Czajka, Inv Gary C. Pecic, Analyst Lisa T. Michel, Analyst	restigator	5/17/2016

		ALTH AND HUMAN SERVICE RUG ADMINISTRATION	ES	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION		
22215 26th Ave SE, Suite 210 Bothell, WA 98021		4/25-28; 5/2-3; 5/17/20	016	
(425) 302-0340			FEINUMBER	
	ation: www.fda.gov/oc/industry		3006317860	
	OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
	G. Ewing, RPh, Owner			
FIRM NAME		STREET ADDRESS		
Ballard Plaza P		1801 NW Market St,	and the same of th	
CITY, STATE AND Z		TYPE OF ESTABLISHMENT		
Seattle, WA 98	107	Producer of Sterile D	rug Products	
4) On May ISO 5 LFH gloves.  a. Mate number	e anche sleeve was in direct contact with a contact with the city to sterile drug production.  2, 2016 an operator was observed removed and then stage new materials and compose. For example,  rials and components used in the manufact to 5022016 @ 42 were removed from the cture a lot of 1% Sodium Hydroxide were	ving previously used monents in the ISO 5 LF cture of Tobramycin 1 ISO 5 LFH, and mater	H without first sanit 4 mg/mL Opthalmic ials and components	ents from the izing or changing Solution, Lot necessary to
the ISO Opthalr changin	rials and components used in the manufa 5 LFH, and materials and components noic Solution, Lot number t05022016@43 gloves.  O Sterile Compounding Process Validation Units states in part "***(b) (4)	ecessary to manufactu were staged in the IS n (Media Fills) – Sect	on 9.2 Incubation ar	od Inspection of (b) (4)  The
following media fills performed were not (b) (4)  recorded by the operator performing the media fill and not independently verified by a second individual, in addition to the following:  1) Media Fill Test Formula Worksheet, Date made (b) (4), indicates a start date of (b) (4) the date at (b) (4) temperature at (b) (4) days ( (b) (4) and the date at (b) (4) . The start and stop time of  Add Continuation Page				
	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITL	CONTRACTOR SERVICES	DATE ISSUED
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		HEALTH AND HUMAN SERVICE DRUG ADMINISTRATION	ES	
DISTRICT OFFICE	ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
22215 26th Ave SE, Suite 210 Bothell, WA 98021			4/25-28; 5/2-3; 5/17/20	016
(425) 302-0340			FEINUMBER	
	ation: www.fda.gov/oc/industry		3006317860	
	F INDIVIDUAL TO WHOM REPORT IS ISSUED			
TO: William G	Ewing, RPh, Owner			
FIRM NAME		STREET ADDRESS		
Ballard Plaza P	harmacy I, Inc.	1801 NW Market St,	Suite 104	
CITY, STATE AND Z	Contract of the contract	TYPE OF ESTABLISHMENT		
Seattle, WA 98	107	Producer of Sterile Di	rug Products	
with no date written, and (b) (4) C at days on (b) (4) The operator indicated that the results were a "Pass" at days (b) (4) without allowing for the required day incubation period.  3) Media Fill Test Formula Worksheet, Date made: (b) (4) indicates a "start incubation (b) (4) @ (b) (4) C" and (b) (4) checks only from " (b) (4) (b) (4)". The operator indicated that the results were a "pass as of (b) (4) ". The start and stop time of the media fill test were also not recorded.  4) Media Fill Test Formula Worksheet, the operator does not indicate a date made for the media fill or the dates when the media was placed under incubation for the required day incubation period. The operator indicated that the results as a "pass (b) (4)  5) Media Fill Test Formula Worksheet, the operator only indicates the start date of (b) (4) the dates at (b) (4) temperature " (b) (4) " and the dates at (b) (4) "C" (b) (4) ". The operator indicated that the results were a "PASS (b) (4) ". The start and stop time of the media fill test were also not recorded.				
OBSERVAT				
Aseptic proce	essing areas are deficient regarding the	system for monitoring e	nvironmental conditi	ons.
Specifically,  A) Your environmental monitoring procedure SOP 3.030 Environmental Monitoring of the Clean Room Facility is deficient in that there is no scientific rationale to support the frequency and methodology of testing:  1) Surface sampling for microbiological monitoring is not performed each day in the (b) (4)  (b) (4) ISO 5 LFH when sterile drugs are produced. SOP 3.030 – Section 9.5.2 states in part  "***  (b) (4) (b) (4) (b) (4)				
****		(D) (4) (I	0) (4)	(b) (4)
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	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITL	E (Print or Type)	DATE ISSUED
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DISTRICT OFFICE ADDRE	SS AND PHONE NUMBER			DATE(S) OF INSPECTION	
22215 26th Ave SE, Suite 210 Bothell, WA 98021			4/25-28; 5/2-3; 5/17/2	2016	
(425) 302-0340		100		FEINUMBER	
Industry Information:	www.fda.gov/oc/industry			3006317860	
	VIDUAL TO WHOM REPORT IS ISSUED		-		
TO: William G. Ewi	ng, RPh, Owner				
FIRM NAME		STREE	T ADDRESS		
Ballard Plaza Pharma	ncy I, Inc.	1801	NW Market St, S	Suite 104	
CITY, STATE AND ZIP COI			OF ESTABLISHMENT I		
Seattle, WA 98107		Prod	ucer of Sterile Dru	ig Products	
products are pr	onitoring is not performed i oduced. SOP 3.030 - Section (4) (b) (4)	n the	(b) (4)	pling was conducte	en sterile drug (b) (4)
	The most recent (b) (4) ronitoring of operators is con.  ". No other surface (b) (4)	nducted per SOP	3.030 – Sectio (b) (4),	n 9.7 which states i	
B) The positive ai ISO 8 ante roo products prior	r pressure differential was n m, and the ISO 8 ante room	and unclassified (b) (4)	hallway during	g the production of	
requirements.  Specifically, steril sterile drug produ	g product purporting to be so ity testing is not performed cts. For example, sterility te eamycin 14 mg/mL Opthalm	on each finished sting is not perfo	batch or repres	sentative finished best of the following (016@42 (BUD 30	atches of filled sterile drug
SEE REVERSE OF THIS PAGE	SPD CRC	Gerard P Christop Gary C.	E(S) NAME AND TITLE . De Leon, Investigater R. Czajka, Invest Pecic, Analyst fichel, Analyst	(Print or Type)	DATE ISSUED 5/17/2016

	HEALTH AND HUMAN SERVICES ID DRUG ADMINISTRATION	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		TE(S) OF INSPECTION
22215 26th Ave SE, Suite 210 Bothell, WA 98021		/25-28; 5/2-3; 5/17/2016
(425) 302-0340	FEI	NUMBER
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	30	006317860
TO: William G. Ewing, RPh, Owner		F 1 1
FIRM NAME	STREET ADDRESS	
Ballard Plaza Pharmacy I, Inc.	1801 NW Market St, Suit	e 104
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSE	
Seattle, WA 98107	Producer of Sterile Drug I	
OBSERVATION 6 Drug products do not bear an expiration date deter	mined by opposite at hills	v data to acquire the view of
applicable standards of identity, strength, quality a Specifically, potency studies have not been conducted according to SOP 9.120 Sterile Composin part  (b) (4) method or samples shall be sent to a contract lab for	ted to support the shelf life conding Finished Preparation T, samples shall be teste	1 2 0
For example, there is no potency study data for Alguse date (BUD) of (b) (4) products with the same BUD  Algusted il El (Brosted and in) Let number 0120	(b) (4) (4) storage, and have been di	
<ul> <li>Alprostadil-E1 (Prostaglandin) Lot number 0120</li> <li>7/20/2016 frozen [Alprostadil (b) (4) Lot number 0120</li> </ul>		The state of the s
<ul> <li>Alprostadil-Papaverine HCl-Phentolamine MES thawed and refrigerated or 06/27/216 frozen [Alpro-</li> </ul>		
<ul> <li>Alprostadil/Chlorpromazine HCl (ED-2) Lot nun refrigerated or 06/27/16 frozen [Alprostadil (b)</li> </ul>	그렇게 맛있었다. 그 아이들이 뭐 아이가 되는데 이 아이들이 아이들이 아이를 내고 하는데	· (10 10 10 10 10 10 10 10 10 10 10 10 10 1
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		IENT OF HEALTH AND HUMAN SERVIC OOD AND DRUG ADMINISTRATION	ES	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		* *	DATE(S) OF INSPECTION	
22215 26th Ave SE, Suite 210		4/25-28; 5/2-3; 5/17/2016		
Bothell, WA 9802 (425) 302-0340	1		FEINUMBER	
	C1		3006317860	
	n: www.fda.gov/oc/industry			
TO: William G. E				
FIRM NAME	milgi ru iii o milo	STREET ADDRESS		
Ballard Plaza Phar	macy I, Inc.	1801 NW Market St,	Suite 104	
CITY, STATE AND ZIP C		TYPE OF ESTABLISHMENT	TINSPECTED	
Seattle, WA 98107		Producer of Sterile D	rug Products	
after thawed and 8/28/2016]  • Alprostadil-E1	refrigerated or 08/28/2016 [ (Prostaglandin) Lot number	04042016@80 Beyond use dat	umber (b) (4)	Exp. date
Specifically, the (Bupivicaine-Liand on May 2, 2 t05022016@42 inadequate as for A) An operator sterile head covers.	connel engaged in the manufactorm.  The attire worn by an operator of docaine and Epinephrine-Hyperon of the production of and Vancomycin HCl (PF) 5 of llows:  Was observed working in the er, non-sterile surgical mask, the ole non-sterile surgical mask.	n April 25, 2016 during the pro- aluronidase) 3.52 mg-9.38 mg- f Tobramycin 14 mg/mL Optha io mg/mL Opthalmic Solution,  (b) (4) IS non-sterile lab coat, and non-sterile head cover work ace. The operator was also not ve	duction of Cataract I 9.4 u/mL, Lot number Imic Solution, Lot nu Lot number t050220 SO 5 LFH wearing a terile shoe covers.	Block Solution er 04252016@1 imber 16@43 was disposable non- not provide rewear.
				d Continuation Page
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	DATE(S) OF INSPE	CTION
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22215 26th Ave SE, Suite 210 Bothell, WA 98021	4/25-28; 5/2-3;	5/11/2016
(425) 302-0340	FEI NUMBER	
Industry Information: www.fda.gov/oc/industry	3006317860	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		
TO: William G. Ewing, RPh, Owner		
FIRM NAME		
Ballard Plaza Pharmacy I, Inc.	1801 NW Market St, Suite 104	
CITY, STATE AND ZIP CODE Seattle, WA 98107	Producer of Sterile Drug Products	×
Seattle, WA 98107	Floducer of Sterne Drug Floducts	
D) Non-sterile scrubs that are worn under the n personally laundered by the operators.	on-sterile disposable lab coat during sterile	drug production are
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<i>Y</i>		Add Continuation Desc
		Add Continuation Page
EMPLOYEE(S) SIGNATURE SEE	EMPLOYEE(S) NAME AND TITLE (Print or Type) Gerard P. De Leon, Investigator	DATE ISSUED
REVERSE OF THIS	Christopher R. Czajka, Investigator	5/17/2016
PAGE And On the	Gary C. Pecic, Analyst Lisa T. Michel, Analyst	21112010