FOOD AND I	EALTH AND HUMAN SERVICES DRUG ADMINISTRATION	Use this check box to generate the required 483 statement on page 1 for medical device observations.
4040 North Central Expressway, Suite 300 Dallas, TX 75204 (214)253-5200 Fax: (214)253-5314		DATE(S) OF INSPECTION 11/18/2019-11/22/2019* FEI NUMBER 3004102002
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Jack R. Munn, Owner/Pharmacist-in-Charge		
MPRX, Inc. dba Medical Park Pharmacy	8230 Elmbrook Dr	Ste 600B
Dallas, TX 75247-4144	Producer of Non-Sterile Drugs	
OBSERVATION 1 Your firm released drug product in which the streng it purports or is represented to possess. Specifically, during my review of your October 2 products were produced using at least one expired but following: Phenylephrine, Desonide, Dexamethason Cyclobenzaptine.	2019 Formula Worksheet alk drug substance/chemic	ts, (b) (4) of (b) (4) lots of al including, but not limited to the
OBSERVATION 2 Calibration of mechanical equipment is not performe performance.	ed daily or an a routine sc	hedule designed to assure proper
Specifically, a) You have not calibrated the scale used to we location.		

- b) You stated, and I observed you do not verify the weighing of ingredients/components for each lot made.
- c) Formula Worksheets do not list ingredients and the quantity of each in the order of the manufacturing process.

OBSERVATION 3

You produced highly potent drugs without providing adequate to prevent cross-contamination.

Specifically, you do not document the cleaning of the (b) (4) hood and the hood used and non-dedicated equipment (i.e. (b) (4) , etc.) to demonstrate control of cross contamination between highly potent drugs.

				*
	EMPLOYEE(S) SIGNATURE		EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
SEE REVERSE OF THIS PAGE	Claire M. Minden	Digitally signed by Claire M. Minden -S DN: C=US, 0=US. Government, ou=HHS, ou=FDA, ou=People, 0,9.2342.19200300.100.1.1=1300178102 , cn=Claire M. Minden -S Date: 2019.11.22 13:34:56 -06'00'	Claire M. Minden, Investigator	11/22/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG DATE(S) OF INSPECTION DISTRICT OFFICE ADDRESS AND PHONE NUMBER 11/18/2019-11/22/2019* 4040 North Central Expressway, Suite 300 Dallas, TX 75204 (214)253-5200 Fax:(214)253-5314 FEI NUMBER 3004102002 ORAPharm2 responses@fda.hhs.gov NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Jack R. Munn, Owner/Pharmacist-in-Charge

2	
FIRM NAME	STREET ADDRESS
MPRX, Inc. dba Medical Park Pharmacy	8230 Elmbrook Dr Ste 600B
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Dallas, TX 75247-4144	Producer of Non-Sterile Drugs

OBSERVATION 4

Vermin was observed in your production area.

Specifically, on November 20, 2019, I observed an insect in the pharmacy area on the floor where compounding activities occur.

*DATES OF INSPECTION

11/18/2019(Mon), 11/19/2019(Tue), 11/20/2019(Wed), 11/22/2019(Fri)

FORM FDA 483	9/08) PREVIOUS EDITION OF	BSOLETE	NSPECTIONAL OBSERVATIONS	Page 2 of 2
SEE REVERSE OF THIS PAGE	Claire M. Minden	Digitally signed by Claire M. Minden -S DN: c=US, 0=U.S. Government, ou=HHS, ou=FDA, ou=People, 0,2:242-19200300.100.1.1=1300178102, cn=Claire M. Minden -S Date: 2019.11.22 13:35:47 -06'00'	Claire M. Minden, Investigator	11/22/2019
	EMPLOYEE(S) SIGNATURE		EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED