DEPARTMENT OF HEALT	A AND HUMAN C	ENVICES		
FOOD AND DRUG		ERVICES		
DISTRICT ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION		
Pharma Division II		05/01/2018-05/18/2018		
404 BNA Drive, Building 200, Suite 500 Nashville, TN 37217		FEI NUMBER		
(615) 366-7801 Email: orapharm2_responses@fda.hhs.gov		2011500522		
Industry Information: www.fda.gov/oc/industry		3011688532		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED			***************************************	
Zahir I. Hamid, General Manager/Pharmacist	STREET ADDRESS			
Eagle Pharmacy Inc.	2200 Riverchase Center, Suite 675			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Hoover, AL 35244	Outsourcing Facility			
This document lists observations made by the FDA representative(s) during represent a final Agency determination regarding your compliance. If you himplement, corrective action in response to an observation, you may discuss submit this information to FDA at the address above. If you have any question	ave an objection the objection or a	regarding an observation, or have in action with the FDA representative(s)	mplemented, or plan to during the inspection or	
DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:	* * * * * * * * * * * * * * * * * * *	, C	©	
OBSERVATION 1		e de la companya de l		
Laboratory controls do not include the establispecifications and test procedures designed to a standards of identity, strength, quality, and purity. Sinclude preservative content for injectable drug pro and include preservatives, such as (b) (4) (b) (4)	ssure that pecifically,	drug products conform finished product release	to appropriate testing does not	
OBSERVATION 2	MINISTER TO A STREET OF THE STREET	uria yan araw saniin sana saniin		
Appropriate procedures designed to prevent microb to be sterile are not established and followed. The process. Specifically,	. II.			
a) Pharmaceutical grade, (b) (4) are (which has not been validated. There are (b)	b) (4) (4)	(b) (4) via a (b) (4 in use:) method	
i. Per each (b) (4) Certificate of Quality	, the <mark>(b) (</mark> 4	4)		
(b) (4) Type (b) (4), have a (b) (4)	specifi	cation of (b) (4)	when using	
(b) (4) The (b) (4)	probability and the second	Section Description (A. S.)	Section 2 and Pale Control of the Co	
(b) (4) as the (b) (4) and the (b) (4) specification from the manufacturer.				
There is no assurance the (b) (4)	result	s are equivalent betwee	en the different	
SEE EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME	AND TITLE (Print or Type)	DATE ISSUED	
OF THIS J. Bradley	Samantha J.	Bradley, Drug Investigator	5/18/2018	

INSPECTIONAL OBSERVATIONS

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FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

DEPARTMENT OF HEALTH				
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION			
Pharma Division II 404 BNA Drive, Building 200, Suite 500	05/01/2018-05/18/2018			
Nashville, TN 37217	FEI NUMBER			
(615) 366-7801 Email: orapharm2_responses@fda.hhs.gov	3011688532			
Industry Information: www.fda.gov/oc/industry		- 10-740 (10)-00 - 1 00		
Zahir I. Hamid, General Manager/Pharmacist	(C			
FIRM NAME Eagle Pharmacy Inc.	2200 Riverchase Center, Suite 675			
CITY, STATE, ZIP CODE, COUNTRY HOOVER, AL 35244	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility			
	- State of the sta	<u> </u>		
(b) (4) (i.e. (b) (4)). Products which are	(b) (4)		
using this (b) (4) include Bromph	eniramine Maleate, Cyanocobalan	nin, Ketorolac		
Tromethamine, Sodium Bicarbonate,		material fact of the		
	Ÿ.			
ii. Per each (b) (4) Certificate of Quality, t	he (b) (4)			
(b) (4) (b) (4) Type (b) (4), have a (b)		when		
using (b) (4)		g performed at		
Eagle uses (b) (4)	as the (b) (4) and the (b)	TOTAL PROPERTY OF THE PROPERTY		
specification from the manufacturer		results are		
equivalent between the different (b) (4) (i.e. (b) (4)				
(b) (4) Testosterone Cypionate is				
(w) (t)	daning titla (1)			
b) Significant information is lacking in the re	scords for the validated process in	ed to steriliza		
injectable drug products. (b) (4) sterilization		a to sternize		
		\((A)\(\)		
(b) (4) including (b) (4) at (b) (4) for (b)	The second secon			
The state of the second	etrospectively showing the (b) (4) the	The second		
lack verification the correct (b) (4)	were selected, and the(b) (4)	used in		
	ter (b) (4) at (b) (4). Prod			
sterilized using these (b) (4) include Betamethasone, Dexamethasone Acetate,				
Medroxyprogesterone Acetate, and Triamcii	nolone Acetonide.			
OBSERVATION 3				
ODJERVATION 3				
Acontic processing server 1.5	tomo for malatatata			
Aseptic processing areas are deficient regarding sys	s so south 100 to 100 t			
the aseptic conditions. Specifically, there is no cali				
(b) (4) used to monitor pressure differentials, temperature, and relative humidity for the ISO-				
classified areas used for sterile compounding.				
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED		
REVERSE C				
OF THIS DAMANTES J. Kradley	Samantha J. Bradley, Drug Investigator	5/18/2018		
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	H AND HUMAN SERVICES ADMINISTRATION	
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	
Pharma Division II 404 BNA Drive, Building 200, Suite 500	05/01/2018-05/18/2018	
Nashville, TN 37217	FEINUMBER	
(615) 366-7801 Email: orapharm2_responses@fda.hhs.gov Industry information: www.fda.gov/oc/industry	3011688532	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Zahir I. Hamid, General Manager/Pharmacist		
FIRM NAME	STREET ADDRESS	
Eagle Pharmacy Inc.	2200 Riverchase Center, Suite 675	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED	
Hoover, AL 35244	Outsourcing Facility	

OBSERVATION 4

Equipment and utensils are not maintained at appropriate intervals to prevent malfunctions that would alter the safety, strength, quality, or purity of the drug product. Specifically, the analytical balance used for the weighing of drug components, an (b) (4) Model (b) (4) is not calibrated using a certified weight or routinely qualified for use. The (b) (4) weight used for (b) (4) internal calibration is lacking traceability and certification. The balance has not been qualified to verify its performance including precision/repeatability, off-center, and linearity testing.

*DATES OF INSPECTION:

05/01/2018 (Tue), 05/02/2018 (Wed), 05/04/2018 (Fri), 05/07/2018 (Mon), 05/08/2018 (Tue), 05/10/2018 (Thu), 05/11/2018 (Fri), 05/14/2018 (Mon), 05/18/2018 (Fri)

SEE REVERSE OF THIS

EMPLOYEE(S) NAME AND TITLE (Print or Type)

DATE ISSUED

Samantha J. Bradley, Drug Investigator

5/18/2018

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