	EALTH AND HUMAN SERVICES	8	<u>, , , , , , , , , , , , , , , , , , , </u>
DISTRICT OFFICE ADDRESS AND PHONE NUMBER FDA, ORA, OPQO, Pharma Division 1 10 Waterview Blvd., 3rd Floor		DATE(S) OF INSPECTION 05/28 - 29/2020, 06/0 06/15/2020	1/2020, 06/08/2020,
Parsippany, NJ 07054 Tel: (973) 331-4900		FEI NUMBER	
Industry Information: www.fda.gov/oc/industry		3005734706	
TO: Mr. Stephen S. Laddy, CEO FIRM NAME	STREET ADDRESS	14 <u>7</u> .7.	
MasterPharm LLC	115-02 Liberty Avenue	14	
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED		
South Richmond Hill, NY 11419-1902			lucts
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.			
OBSERVATION 1			
Your firm released drug product in which the strength it purports or is represented to possess.	n differs from, or its puri	ty or quality falls b	elow, that which
Specifically,			
Approximately (b) (4) Tadalafil 7 mg Capsules, Lot #0 dispensed to patients, and continue to remain on the r 80.4% (Specification =(b) (4) %) reported for			
OBSERVATION 2			
The ISO classified aseptic processing areas have diffi and surfaces.	cult to clean, particle-ger	nerating and visibly	y dirty equipment
Specifically,			
		Ad	d Continuation Page
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (	Print or Type)	DATE ISSUED
REVERSE OF THIS PAGE Curuluell	Guerlain Ulysse, Investigator		06/15/2020
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVAT	IONS	Page 1 of 6

			ALTH AND HUMAN SERVICE RUG ADMINISTRATION	S	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER FDA, ORA, OPQO, Pharma Division 1 10 Waterview Blvd., 3rd Floor Parsingany, NL 07054		DATE(S) OF INSPECTION 05/28 - 29/2020, 06/01/2020, 06/08/2020, 06/15/2020 FEI NUMBER			
Parsippany, NJ 07054 Tel: (973) 331-4900					
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		1	3005734706	<u> </u>	
AND IN CORRECTIONS OF A DESCRIPTION	en S. Laddy, CEO				
FIRM NAME STREET ADDRESS		2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -			
MasterPharm L	LC	115-02 Liberty Avenue			
CITY, STATE AND 2	ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED			
South Richmor	nd Hill, NY 11419-1	902	Producer of Sterile and Non-Sterile Drug Products		lucts
material(b) (4 area. There is to transfer no producing of 1) Morphine 66@1, BUD: 2) Hydromor Made: (b) (4) 3) PPC/DC V	4) s no cleaning region-sterile drug pro Sulfate/Clonidin 06/04/2020 phone HCL/Bup BUD: 06/04/202 /IAL (Phosphatic 01-2020: 18@2,	imen for the (b) (4) oduct and materials, incl e HCL 10 MG/0.148MC ivacaine HCL 12.5 mg/1	SO 5 preparation area a prior to use uding filled syringes, (I G/ML Intrathecal, Quan 2.25MG/ML Intratheca 2.25MG/ML Solution	and non-sterile ISO . The (b) (4) b) (4) and vials for t tity Made: (b) (4) La l, Lot #06-01-2020: h, 50/42MG/ML, Qu	7 preparation was used he sterile ot #06-01-2020: 03@3, Quantity antity Made: <sup>(b) (4)</sup>
<ul> <li>B) Hard-to-reach(b) (4) areas used to enclose the direct compounding areas (DCAs) within the ISO 5 Cleanroom <sup>(b)(4)</sup> are not cleaned. For example: On 06/08/2020, I observed the lack of cleaning by(b) (6) Sterile Operator, for the upper top half portions of the (b) (4) areas used during the production of:</li> <li>1) Morphine sulfate P/F 10 MG/ML, Lot #06-08-2020: 27@2</li> <li>2) Morphine sulfate P/F 10 MG/ML, Lot #06-08-2020: 30@1</li> <li>3) Fentanyl/Bupivacaine HCL/Clonidine HCL/Baclofen 0.8mg/30mg/0.025mg/0.2MG/ML, Lot #06-08-2020: 16@4</li> <li>4) Morphine Sulfate/Bupivacaine HCL/Clonidine HCL, 4.5/10/0.44MG/ML, Lot #06-08-2020: 81@3</li> </ul>					
Add Continuation Page					
() 	EMPLOYEE(S) SIGNAT	URE	EMPLOYEE(S) NAME AND TITLE		DATE ISSUED
SEE REVERSE OF THIS PAGE	Calle		Guerlain Ulysse, Investigato	20 20 E	06/15/2020
FORM FDA 483 (9	(08) PREVIOUS EDITI	ON OBSOLETE	NSPECTIONAL OBSERVA		Page 2 of 6

DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	
FDA, ORA, OPQO, Pharma Division 1	05/28 - 29/2020, 06/01/2020, 06/08/2020	
10 Waterview Blvd., 3rd Floor	06/15/2020	
Parsippany, NJ 07054 Tel: (973) 331-4900	FEI NUMBER	
Industry Information: www.fda.gov/oc/industry	3005734706	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		
TO: Mr. Stephen S. Laddy, CEO		
FIRM NAME	STREET ADDRESS	
MasterPharm LLC	115-02 Liberty Avenue	
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED	
South Richmond Hill, NY 11419-1902	Producer of Sterile and Non-Sterile Drug Products	
	lesylate/Alprostadil) California, 30MG/1MG/10MCG/ML, Lot	
<ul> <li>5) Trimix 1 (Papaverine HCL/Phentolamine N#06-08-2020: 45@5</li> <li>C) On 06/08/2020, I observed visible black and directly adjacent to the right of Table 2, direct processing of sterile drug products, including it is a statement of the right of the result o</li></ul>		
<ul> <li>5) Trimix 1 (Papaverine HCL/Phentolamine N#06-08-2020: 45@5</li> <li>C) On 06/08/2020, I observed visible black and directly adjacent to the right of Table 2, direct processing of sterile drug products, including it is a statement of the right of the result o</li></ul>	lesylate/Alprostadil) California, 30MG/1MG/10MCG/ML, Lot d brown stains on the ISO 5 Cleanroom <sup>(b)(4)</sup> ceiling tile stationed compounding area (DCA), within Cleanroom <sup>(b)(4)</sup> used for aseptic ntrathecal syringes and vials. This tile is located approximately size	
5) Trimix 1 (Papaverine HCL/Phentolamine M #06-08-2020: 45@5 C) On 06/08/2020, I observed visible black an directly adjacent to the right of Table 2, direct processing of sterile drug products, including i (6) inches away from the (b) (4) surrou	lesylate/Alprostadil) California, 30MG/1MG/10MCG/ML, Lot d brown stains on the ISO 5 Cleanroom <sup>(b)(4)</sup> ceiling tile stationed compounding area (DCA), within Cleanroom <sup>(b)(4)</sup> used for aseptic ntrathecal syringes and vials. This tile is located approximately size anding the DCA.	
<ul> <li>5) Trimix 1 (Papaverine HCL/Phentolamine M#06-08-2020: 45@5</li> <li>C) On 06/08/2020, I observed visible black and directly adjacent to the right of Table 2, direct processing of sterile drug products, including i (6) inches away from the (b) (4) surrouted surrouted structures and the surrouted structure of the surrouted structure of</li></ul>	lesylate/Alprostadil) California, 30MG/1MG/10MCG/ML, Lot d brown stains on the ISO 5 Cleanroom <sup>(b)(4)</sup> ceiling tile stationed compounding area (DCA), within Cleanroom <sup>(b)(4)</sup> used for asepti ntrathecal syringes and vials. This tile is located approximately si anding the DCA.	

A) On 06/08/2020, I observed rust-like and reddish brown material on the heel of the sanitizer dispensing unit within the ISO 7 anteroom directly connected to ISO 5 Cleanroom (6)(4)

B) On 05/28/2020, I observed the following deficiencies within the ISO 7 hazardous non-sterile production room:

1) Visible white product residue directly on shelves used to store hazardous API and inactive ingredients within the ISO 7 hazardous non-sterile production room. This is in spite of the room being last used and cleaned on 05/27/2020 as per the Director of Pharmacy Operations and cleaning log of the production area.

2) Chipped and chipping metallic coating directly on top of a flammable container used to store alcohol-based materials used within the ISO 7 hazardous non-sterile production room.

E (Print or Type) DATE ISSUED
or 06/15/2020

		EALTH AND HUMAN SERVICES RUG ADMINISTRATION		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER FDA, ORA, OPQO, Pharma Division 1 10 Waterview Blvd., 3rd Floor Parsippany NI 07054		DATE(S) OF INSPECTIO 05/28 - 29/2020, 06 06/15/2020 FEI NUMBER	N /01/2020, 06/08/2020,	
	Parsippany, NJ 07054 Tel: (973) 331-4900			
	Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
	ien S. Laddy, CEO			
FIRM NAME				
MasterPharm				
CITY, STATE AND	ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED		
South Richmo	nd Hill, NY 11419-1902	Producer of Sterile and Non-Sterile Drug Products		
(b) (4) Benzocaine, OBSERVAT	Lidocaine, Tetracaine 20/10/10% cream,	o <sup>(b) (4)</sup> non-sterile preparation creams, inc 05-28-2020 00@1, BUD: 08/26/2020.	eluding:	
ODSERVAL				
	rugs were produced without providing ad nsils, and/or personnel to prevent cross-co		cleaning of work	
Specifically,				
shared for pr do not use de	ed work surfaces and utensils, including r oduction operations between hazardous a eactivating agents for removal of hazardo is, which were prepared and produced usi	nd non-hazardous non-sterile drug produ us ingredients on shared utensils. This in	cts. In addition, you cludes the following	
	le preparation of Mitomycin(b) (4) /2020, Date Made: 05/27/2020	0.4 MG/ML solution, Lot Number: 05-	27-2020: 10@1,	
	n of Formula 82 M Minoxidil/Tretinoin/I 40@10, BUD: 11/22/2020, Date Made: (		Solution, Lot #:	
	n of HCG Sublingual Mini 400 IU Troch Date Made: 01/14/2020	e, <sup>(b) (4)</sup> each, Qty: <sup>(b) (4)</sup> Lot #: 01-14-2020: 4	4@3, BUD:	
		53	Add Continuation Page	
	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED	
SEE REVERSE OF THIS PAGE	C.uu.	Guerlain Ulysse, Investigator	06/15/2020	
FORM FDA 483 (	9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	Page 4 of 6	

DEPART	MENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER FDA, ORA, OPQO, Pharma Division 1 10 Waterview Blvd., 3rd Floor	06/15/2020	/2020, 06/01/2020, 06/08/2020,
Parsippany, NJ 07054 Tel: (973) 331-4900	FEI NUMBER	
Industry Information: www.fda.gov/oc/industry	300573470	<i>1</i> 6
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUE		a film a factor of the
TO: Mr. Stephen S. Laddy, CEO FIRM NAME	STREET ADDRESS	
MasterPharm LLC		
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED	
South Richmond Hill, NY 11419-1902	Producer of Sterile and Non-Sterile	e Drug Products
D) Production of Formula 82 M Minoxidil/ 01-14-2020: 42@16, BUD: 07/07/2020, Da E) Production of Formula 82 D ((b) (4) 5/0.01/0.01/0.75%, Lot #: 01-14-2020: 04@	te Made: 01/14/2020 Minoxidil/Tretinoin/Fluocinolor	ne Acetonide/Dutasteride
OBSERVATION 5		
ISO-5 classified areas were not certified und	der dynamic conditions.	
Specifically,		
Unidirectional airflow was not verified under	er operational conditions. For example:	
A) Smoke studies conducted within the ISO constant unidirectional HEPA air flow for s	<ul> <li>A stability of a stability of a stability of a stability of the stability of t</li></ul>	
B) The smoke study videos, Dated: 03/26/20 the transfer of starting materials into the ISC product under dynamic conditions.		nd syringes did not include al airflow away from sterile
OBSERVATION 6		
There is a lack of adequate personnel sampl	ing.	
Specifically,		-
		Add Continuation Page
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
OF THIS PAGE	Guerlain Ulysse, Investigator	06/15/2020
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	Page 5 of 6

		EALTH AND HUMAN SERVICES DRUG ADMINISTRATION	
FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER FDA, ORA, OPQO, Pharma Division 1 10 Waterview Blvd., 3rd Floor Parsippany, NJ 07054 Tal: (073) 331-4000		06/15/2020 FEI NUMBER	N 5/01/2020, 06/08/2020,
Tel: (973) 331-4900 Industry Information: www.fda.gov/oc/industry		3005734706	т. Т
NAME AND TITLE	OF INDIVIDUAL TO WHOM REPORT IS ISSUED	2 2002	
1225/450 V	en S. Laddy, CEO		
FIRM NAME		STREET ADDRESS	
MasterPharm I		115-02 Liberty Avenue	
CITY, STATE AND	zip code nd Hill, NY 11419-1902	TYPE OF ESTABLISHMENT INSPECTED Producer of Sterile and Non-Sterile Drug Products	
immediately B) The same thumbs as op	before fingertip personnel monitoring. sterile operator was observed to quickly	red to spray his gloved hands with (b) (4) and lightly touch the $^{(b)(4)}$ plates with his ad thumb on the $^{(b)(4)}$ surface with adequa	fingertips and
OBSERVAT Your facility Specifically,	TON 7 design allowed the influx of poor qualit	y air into a higher classified area.	
NUM INCOME NOT LEFTERS INCOME.		entials of airflow between the ISO 7 haza d the ISO 7 anteroom used for gowning.	ardous negative
			Add Continuation Page
	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
SEE REVERSE OF THIS PAGE	Cw U.	Guerlain Ulysse, Investigator	06/15/2020
FORM FDA 483 (	9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	Page 6 of 6