DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	DATE(S) OF INSPECTION			
1431 Harbor Bay Parkway Alameda, CA 94502-7070	02/26/2018- 03/08/2018				
(510)337-6700 Fax:(510)337-6702	FEI NUMBER				
Industry Information: www.fda.gov/oc/industry	3011769075				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		X XXX LLLL Y			
TO: Eric L. Sparks, PharmD, Pharmacy Manager	- Taranga and the American Company of the Company o				
FIRM NAME	STREET ADDRESS				
One Way Drug LLC dba Partell Specialty Pharmacy	5835 S. Eastern Ave. Suite 101				
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED				
Las Vegas, NV 89119	Producer of Sterile and Non-Sterile Drugs				
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. DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:					
OBSERVATION 1					
The (b) (4) intended to render final product sterile is not adequate to accomplish sterilization and/or is not pharmaceutical grade.					
Specifically,	Specifically,				
a. Your firm uses the (b) (4)	, when compounding large v	volume batches			
a. Your firm uses the (b) (4) of sterile finished product.	, when compounding large v	volume batches			
of sterile finished product. The (b) (4) does not appear to be pharmaceutical grad systems in direct patient care applications." There is no(b) (4) testing method for the (b) (4)	le and the labeling for the (b) (4) states "I	Do not use these firm releases			
of sterile finished product. The (b) (4) does not appear to be pharmaceutical grad systems in direct patient care applications." There is no(b) (4) testing method for the (b) (4) finished drug product without determining the suitabili	le and the labeling for the (b) (4) states "I The ty of (b) (4) Examples of products, when	Do not use these firm releases re the (b) (4)			
of sterile finished product. The (b) (4) does not appear to be pharmaceutical grad systems in direct patient care applications." There is no(b) (4) testing method for the (b) (4) finished drug product without determining the suitability has been used as the (b) (4) are Coenzyme Q1 b. There is no assurance that the (b) (4) ensure the integrity of such (b) (4) Your firm was unabwhen performing (b) (4) testing on (b) (4) written in the (b) (4) test log and the manufacture.	the and the labeling for the (b) (4) states "In the ty of (b) (4) Examples of products, when 0, Ascorbic acid, and Vitamin B Complex. used to render drug product sterile le to confirm what required (b) (4) There is a discrepancy with the required (b) ers requirement. For example, the log states (4). Your firm does not document the actus	firm releases re the (b) (4) is adequate to is used b) (4) s '(b) (4)' required			
The (b) (4) does not appear to be pharmaceutical grad systems in direct patient care applications." There is no(b) (4) testing method for the (b) (4) finished drug product without determining the suitability has been used as the (b) (4) are Coenzyme Q1 b. There is no assurance that the (b) (4) ensure the integrity of such (b) (4) Your firm was unabwhen performing(b) (4) testing on (b) (4) written in the (b) (4) test log and the manufacture for the (b) (4) yet the manufacturer requires (b) Formula Worksheet and simply enters "PASS or FAIL	the and the labeling for the (b) (4) states "In the ty of (b) (4) Examples of products, when 0, Ascorbic acid, and Vitamin B Complex. used to render drug product sterile le to confirm what required (b) (4) There is a discrepancy with the required (b) ers requirement. For example, the log states (4). Your firm does not document the actus	firm releases re the (b) (4) is adequate to is used b) (4) s '(b) (4)' required			

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	V		
1431 Harbor Bay Parkway Alameda, CA 94502-7070	02/26/2018- 03/08/			
(510)337-6700 Fax:(510)337-6702	FEI NUMBER			
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	3011769075	la canada de la ca		
TO: Eric L. Sparks, PharmD, Pharmacy Manager				
FIRM NAME	STREET ADDRESS			
One Way Drug LLC dba Partell Specialty Pharmacy	5835 S. Eastern Ave. Suite 101			
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED			
Las Vegas, NV 89119	Producer of Sterile and Non-Sterile Drugs			
The cycle parameter ((b) (4) are not verified to be lethal tc(b) (4) Specifically, a. Your firm performs all compounding and filling open	misms.	terned to be sterile		
unclassified Biosafety Cabinet, located in an unclassified room. Pellet products include: - Estradiol, 10mg, 12.5mg, 15mg, 20mg, 25mg, 35mg, 40mg, 50mg, 55mg Pellets - Naltrexone, 200mg Pellets - Pregnenolone, 50mg, 100mg Pellets - Progesterone, 50mg Pellets - Testosterone/Anastrozole 120/8mg; 180/12mg; 200/20mg; 60/1mg; 60/4mg Pellets - Testosterone/Estradiol 60/6 mg Pellets - Testosterone 100 mg, 200 mg, 25 mg, 37.5 mg, 40 mg, 50 mg, 55 mg, 80 mg Pellets - Testosterone/ Finasteride 60/5 mg, 80/8mg Pellets - Testosterone/ Finasteride/Anastrozole 120/10/4 mg Pellets - Testosterone/ Finasteride/Anastrozole 120/10/4 mg Pellets - Destruction and sterilization of container-closures, such as stoppers and final product vials. Effectiveness of (b) (4) sterilization and sterilization of (b) (4) (b) (4) Biological Indicators. The manufactured recommends incubation conditions of (b) (4) for (b) (4) Biological Indicator (b) (4) incubator is not calibrated to ensure the temperature can maintain(b) (4) does not contain a visual thermometer to monitor the temperature during BI incubation.				
c. Your firm conducts (b) (4) sterilization on sealed (b) (4) . There is no adequate scientific sterilize implantable pellets, including consideration of themselves. There is no assurance that (b) (4) OBSERVATION 3	justification for the (b) (4) use	ed to (b) (4) and the pellets		
	LEND OVERON NAME : 1 - 2 - 2	IDATE ISSUES		
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) NAME AND TITLE (Print or Type) Lucila B. Nwatu, Investigator/CSO Juanita P. Versace, Microbiologist	03/08/2018		
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	Page 2 of 6		

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 02/26/2018-03/08/2018 1431 Harbor Bay Parkway Alameda, CA 94502-7070 FEI NUMBER (510)337-6700 Fax:(510)337-6702 3011769075 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Eric L. Sparks, PharmD, Pharmacy Manager FIRM NAME STREET ADDRESS One Way Drug LLC dba Partell Specialty Pharmacy 5835 S. Eastern Ave. Suite 101 CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Las Vegas, NV 89119 Producer of Sterile and Non-Sterile Drugs The final containers/closures used for drug product intended to be sterile have not been sterilized or depyrogenated. Specifically, a. Your firm does not depyrogenate the non-sterile stoppers and vials before conducting filling operation for all aseptically filled drug products. b. Your firm does not depyrogenate the non-sterile stoppers and vials before conducting filling operation for all (b) (4) sterilized pellet drug products. OBSERVATION 4 Disinfecting agents and cleaning pads or wipes used in the ISO 5 area are not sterile. Specifically, To clean and disinfect the ISO- 5 Laminar Air Flow Hood (LAFH), the firm uses non-sterile (b) (4) Wipers, non-, and sterile (b) (4) Dry Wipes, non-sterile (b) (4) non-sterile (b) (4) sterile (b) (4) spray. OBSERVATION 5 The use of sporicidal agents in the cleanrooms and/or ISO 5 areas is inadequate. Specifically, Your firm has not established sufficient contact time for all disinfectants use in the cleanroom. Your film failed to follow manufacturer's recommended contact times for the disinfectants used in the controlled environments. For example, for non-sterile sporicidal agent (b) (4) the manufacturer recommends a contact surface time of EMPLOYEE(S) SIGNATURE EMPLOYEE(S) NAME AND TITLE (Print or Type) DATE ISSUED Lucila B. Nwatu, Investigator/CSO 03/08/2018 Juanita P. Versace, Microbiologist PAGE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PLIONE NUMBER DATE(S) OF INSPECTION 02/26/2018-03/08/2018 1431 Harbor Bay Parkway Alameda, CA 94502-7070 FEI NUMBER (510)337-6700 Fax:(510)337-6702 3011769075 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Eric L. Sparks, PharmD, Pharmacy Manager FIRM NAME STREET ADDRESS One Way Drug LLC dba Partell Specialty Pharmacy 5835 S. Eastern Ave. Suite 101 CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Las Vegas, NV 89119 Producer of Sterile and Non-Sterile Drugs . Your daily cleaning/disinfecting log for controlled environments and procedure, does not indicate (b) (4) contact times. Pharmacy Lab Manager and Technicians confirmed that after spraying (b) (4) the solution is immediately removed. Demonstration of the effectiveness of the cleaning operations was not assessed due to lack of established contact times. OBSERVATION 6 You produced hazardous drugs without providing adequate cleaning of utensils to prevent cross-contamination. Specifically, Your firm uses non-dedicated glassware and utensils to weigh and mix non-sterile hazardous and non-hazardous ingredients, in preparation for aseptic filling operations. Examples of hazardous ingredients used in your facility include Testosterone Cypionate and Alprostadil. OBSERVATION 7 Non-sterilized or non-depyrogenated tools or temporary container were used in sterile production. Specifically, Your firm uses glassware and utensils to weigh and mix non-sterile ingredients, in preparation for aseptic filling operations. Your firm does not adequately clean the glassware and utensils to prevent cross-contamination. Glassware, spatulas, and mixing bars are washed in a dishwasher using (b) (4) . Your firm has not conducted any testing (microbial and analytical) of the water generated through your (b) (4) system. The glassware is placed in (b) (4) There is no assurance that these conditions sterilization or depyrogenation these materials prior to use in compounding sterile drug products. **OBSERVATION 8** Environmental monitoring in your aseptic processing areas is not adequate. EMPLOYEE(S) SIGNATURE EMPLOYEE(S) NAME AND TITLE (Print or Type) DATE ISSUED SEE REVERSE Lucila B. Nwatu, Investigator/CSO 03/08/2018 Juanita P. Versace, Microbiologist

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 02/26/2018-03/08/2018 1431 Harbor Bay Parkyvay Alameda, CA 94502-7070 FEI NUMBER (510)337-6700 Fax:(510)337-6702 3011769075 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Eric L. Sparks, PharmD, Pharmacy Manager FIRM NAME STREET ADDRESS One Way Drug LLC dba Partell Specialty Pharmacy 5835 S. Eastern Ave. Suite 101 CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Las Vegas, NV 89119 Producer of Sterile and Non-Sterile Drugs Specifically, a. Review of the last (b) (4) Environmental Monitoring report, dated 11/30/17, revealed that Micrococus species and Aspergillus was detected when viable air sampling was conducted in the ISO-5 Laminar Air Flow Hood. As a corrective action, your firm performed cleaning (b) (4) times in the controlled environment, and air sampling was repeated. An investigation was not conducted and a root cause was not determined. b. (b) (4) surface sampling is part of the firm's Environmental Monitoring program. Surface samples are taken , immediately after spraying sterile (b) (4) on the surface. with (b) (4) **OBSERVATION 9** Inadequate pressure differentials between higher quality air rooms and lower quality air rooms were observed. Specifically, a. Sterile drug filling is conducted inside the ISO 5 core of Laminar Air Flow Hood (LAFH). The evaluation of unidirectional airflow (e.g., smoke studies) for microbiological contamination was not performed under dynamic conditions in the ISO 5 LAFH, which is located in an ISO 7 environment. b. During filling operations, we observed that the doors from the ISO 8 compounding room to the ISO 7 Ante room, and the door from the ISO 7Ante-Room to the ISO 7 aseptic filling room, did not stay consistently closed. We heard multiple alarms during the aseptic filling due to loss in pressure. The firm cannot assure continuous positive pressure during filling operations. OBSERVATION 10 Media fills were not performed that closely simulate aseptic production operations incorporating, as appropriate, worst-case activities and conditions that provide a challenge to aseptic operations. Specifically, EMPLOYEE(S) NAME AND TITLE (Print or Type) DATE ISSUED EMPLOYEE(S) SIGNATURE REVERSE Lucila B. Nwam, Investigator/CSO OF THIS 03/08/2018 Juanita P. Versace, Microbiologist

	ALTH AND HUMAN SERVICES RUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1431 Harbor Bay Parkway	02/26/2018- 03/08/2018			
Alameda, CA 94502-7070	FEI NUMBER	****		
(510)337-6700 Fax:(510)337-6702	3011769075			
Industry Information: www.fda.gov/oc/industry	3011709073	3011769073		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED				
TO: Eric L. Sparks, PharmD, Pharmacy Manager	OTDEST ADDRESS			
One Way Drug LLC dba Partell Specialty Pharmacy	STREET ADDRESS			
CITY, STATE AND ZIP CODE	5835 S. Eastern Ave, Suite 101 TYPE OF ESTABLISHMENT INSPECTED			
Las Vegas, NV 89119	Producer of Sterile and Non-Sterile Drugs			
 (b) (4) media fill testing is performed, but are not defa. Your firm conducts Media Fill in (b) (4) (b) (4) 	. A commercially purchased kit			
conduct media fills. The content of the (b) (4)	of this	solution is		
	epeated (*)(4) times. This does not simulate the			
process. The bag is not representative of the container				
You have a sterility failure as evidence of production inadequate Sterility OOS investigation. Review of OC was detected in (b) (4) disinfecting the controlled environment (b) (4) times. It was not assessed because environmental and personne	under insanitary conditions. Your firm cond OS Sterility failure investigation revealed Ba The firm's corrective action includes clea Demonstration of the effectiveness of the cle	cillus species ning and		
*DATES OF INSPECTION 2/26/2018(Mon), 2/27/2018(Tue), 2/28/2018(Wed), 3/01/2018(Thu), 3/02/2018(Fri), 3/05/2018(Mon), 3/06/2018 (Tue), 3/07/2018(Wed), 3/08/2018(Thu)				
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED		
SEE ///_ /				
REVERSE OF THIS PAGE	Lucila B. Nwatu, Investigator/CSO Juanita P. Versace, Microbiologist	03/08/2018		