	NT OF HEALTH AND HUMAN SERVICES
DISTRICTADDRESS AND PHONE NUMBER 404 BNA Dr., Bldg. 200, Ste. 500 Nashville, TN 37217-2597 (615)366-7801 Fax:(615)366-7802 ORAPHARM2_RESPONSES@fda.hhs.gov	DATE(S) OF INSPECTION 12/1/2020-1/28/2021* FEINUMBER .3011761321
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Angie C. Andrews, Director of Ope	rations
FIRM NAME	STREET ADDRESS
Wells Pharmacy, Inc	450 Us Highway 51 Byp N
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Dyersburg, TN 38024-3655	Outsourcing Facility

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 WE OBSERVED: OBSERVATION 1

There is a failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

A. Testosterone 100mg (Lot# 03182020TN<sup>(b)(4)</sup> implantable hormonal pellets intended to be sterile, failed sterility testing for *Chaetomium globosum* (fungus) after (b) (4) sterilization from your third-party contract testing laboratory. Your quality unit noted an 81% recovery of *Chaetomium globosum* over the last 30 months, with an increasing frequency over the last 12 months. In addition, a third-party janitorial company concluded, "the HVAC system including the (b) (4) the air returns, walls, ceilings, and floors of the suite were all contaminated with mold." Your firm's quality unit failed to conduct a thorough investigation to address the source of this contamination. For example, but not limited to, your firm's Vice President of Quality Assurance stated on 09/02/2020, a third-party contractor performed cleanings to eradicate your firm's fungus/mold concerns. However, *Chaetomium globosum* was recovered at your facility on 10/07/2020.

According to your firm's investigation report, provided by your firm's Vice President of Quality Assurance, various fungus species have been recovered on several occasions between 2018-2020. For example, but not limited to:

Sample Site/Description	Lot#	ID (Fungus)	CFUs
A2: Air Sample -Pellet Press	05242018TN	Penicillium camemberti	1
A9: Air Sample - (b) (4) (b) (4) Mixer	N/A	Fusarium spp., Penicillium chrysogenum	2
A10: Air Sample -(b) (4) Mixer	N/A	Chaetomium globsum	1
A2: Air Sample -Pellet Press	05252018TN	Penicillium camamberti	1

SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE June P Page, Investig Julius I Jones, Inves		June P Page Investigation Stand By 2000405708 Date Sund: 01-28-2021	DATE ISSUED 1/28/2021
FORM FDA 483 (09/08)	PREVIOUS EDITION OB SOLETE	INSPECTIONAL OBSERVATI	IONS	PAGE 1 of 15 PAGES

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	66-7801 Fax: (615)366-7802		.3011761321			
	ORAPHARM2 RESPONSES@fda.hhs.gov					
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	LE OF INDIVIDUAL TO WHOM REPORT ISSUED C. Andrews, Director of Ope:	rationa				
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Wells	Pharmacy, Inc		450 Us Highway 51 Byp N			
CITY, STATE, Z	IP CODE, COUNTRY		TYPE ESTABLISHMENT INSPECTED			
Dyersb	urg, TN 38024-3655	1	Outsourcing Facility	~		
i i	r	Ť				
	A2: Air Sample -Pellet Press		Fusarium spp., Penicillium chrysogerum, Chaetomium globsum	1		
	ni la piaca dia	0500001973	<sup>(0)</sup> Unidentifiable hyaline fungus, Fusarium	3		
	Right Fingertips					
	A2: Air Sample -Pellet Press	05312018TN	spp., 1 enternam en ysogenam, <sup>(0)(4)</sup> Scopulariopsis spp; Chaetomium globsum	2		
	A7: Air Sample -(b) (4) Hood	05312018TN	Chaetomium spp.; Penicillium spp.	2		
	A5: Air Sample – Supply Rack A1: Air Sample – Blister Pack Machine	N/A	Penicillium spp.; Fusarium proliferatum	2		
	A4: Air Sample – Pellet Press	N/A	Penicillium chrysogenum; Fusarium proliferatum	2		
	A12: Air Sample – Pellet Packaging Suite Entrance	N/A	Unidentifiable hyaline fungus	1		
	A15: Air Sample – Bench	N/A	Chaetorium spp.	1		
	(b) (4) Gowning- 06/13/2018	N/A	Non-sporulating hyaline fungus	1		
	Left Fingertips	05152019TN		1		
	Right Fingertips	05232019TN		1		
	Left Fingertips	06112019TN	<sup>(0)(4)</sup> Chaetomium globosum	1		
	Right Fingertips	061 <b>320</b> 19TN	<sup>(0)(4)</sup> Chaetomium globosum	1		
	Gowning Qualification	N/A	Cladosporium cladosporioides/herbarum	3		
	A13: Air Sample - Supply Rack	N/A	Cladosporium cladosporioides Complex	1		
	Left shoulder	N/A	Curvularia pseudobrachyspora	1		
	Left forearm	N/A	Cladosporium cladosporioides Complex	1		
	S21: Surface Sample - Near Supply Rack	N/A	Acrodontium spp.	1		
	Left Fingertips		<sup>(b) (4)</sup> Chaetomium globosum	1		
	Left fingertips	07172019TN	a de la companya de la	1		
	Right Fingertips	07222019TN		1		
	Right Fingertips Left Fingertips	08082019TN 09052019TN				
	Right Fingertips	090320191N 09122019TN		1		
	Left Fingertips	10102019TN		1		
	Left Fingertips	10102019TN	a second de la companya de	1		
	A8: Air Sample – Pellet Press area	01082020TN		1		
	S8: Surface Sample - Pellet Press area	02192020TN		1		
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Nashville, TN 37217-2597 (615)366-7801 Fax:(615)366-7 ORAPHARM2_RESPONSES@fda.hhs				FEINUMBER .3011761	.321		
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Angie C. Andrews, Director (	of Oper	ations	STREET ADDRESS				
Wells Pharmacy, Inc			450 Us H		51 Byp N		.,
CITY, STATE, ZIP CODE, COUNTRY Dyersburg, TN 38024-3655			TYPE ESTABLISHMEN Outsourc		lity		
		Ϋ́.			2000 U 2000 -		0
Sterility		03182020TI	N Chaetomi	um globosu		N/A 1	
Left. Fingertips		04302020T1	Chastoni	um globosu um globosu		$\frac{1}{1}$	
Left Fingertips		06172020TI		um globosu			
Left Fingertips		06182020TI	N		NC N		
Air sample of pellet press		07142020T1	N	um globosu	851L	1	
Surface sample of table		07/24/2020	12338313342428-400 B124	um globosu		1	
Left Fingertips		07312020T1	N <sup>(b) (4)</sup> Chaetomi	um globosu	m	1	
Left Fingertips		08072020TI	N Chaetomi	um globosu	m	1	
Surface Sample of the Pellet Press	5	08082020TI	N Chaetomi	um globosu	m	1	
Right Hand Fingertips		08082020TI	N Chaetomi	um globosu	m	1	
Left Hand		08082020T1	N Chaetomi	um globosu	m	1	
Surface sample of the (b) (4) (b)	(4) mixer	n/a	Chaetomi	um globosu	m	1	
Right Fingertips		10072020T1	N <sup>(b) (4)</sup> Chaetomi	um globosu	m	1	
During our review of your fin your Quality Unit failed to pr reports. For example, but no	ovide an t limited	accurate C to:	CFU count w	hen comp	ared to your firm	n's Micro	
Sample Lot Site/Description Number/EN Description	1 party		fied by your fi and CFU Cou		Your Firm's Inve Report Organism Count		
Air Sample (A9) (b) (4) Environment Monitoring	al Tota		icillium chrysog rium proliferat		<u>2 CFU:</u> Fusarium Penicillium chryso		
Air Sample (A10) (b) (4)		15 CFUs:			<u>1 CFU:</u> Chaetomi	um	
Ro- 802: 34 80	26 Hu			10	20		
SEE REVERSE OF THIS PAGE Julius I Jones			¥.		Juno P D ago Hysetegato Sport by 2004057(5) Det 5 grad: 01-28-2021 10-47 55	DATE ISS	ued /2021
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		DEPAR	TMENT OF HEAL FOOD AND DRUG	TH AND HUMA G ADMINISTRATIO		2S	
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		ax:(615)366-780.	0		301176	61321	
		NSES@fda.hhs.go					
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	C. Andrew	vs, Director of	Operations				
FIRM NAME	Discourse	<b>T</b> 100000		STREET ADDRESS	Manta ana ang mining	1 10000 11	
	Pharmacy, zip code, country	THC		450 Us Hi Type establishmen		л вур и	
299801 MANUT SAULT	ourg, TN 3	8024-3655		Outsourci		ility	
		Environmental	• <u>3 CFU:</u> Fus			globsum	
	Air Sample (A	Monitoring A2) 05292018TN <sup>(b) (4</sup>	<u>2CFU:</u> Cha <u>Total 7 CFUs:</u>	etomium globsu	m	1 CFU: Fusarium spp	
	An Sample (	(12) 0525201811N	• <u>5 CFU:</u> Fus	sarium SDD.		Penicillium chrysoger	
				nicillium chrysog	genum	Chaetomium globsum	
		151/4	• <u>1CFU:</u> Cha	etomium globsu			
	Personnel	05292018TN	Total 9 CFUs:			<u>3 CFU:</u> Unidentifiabl	
	Monitoring (Right Finger	tine		iicillium chrysog sarium proliferat		hyaline fungus, Fusar spp., Penicillium	um
	(rught ringer		• 1 CFU: Uni	identifiable hyal		chrysogenum	
	Air Sample (	A7) 05312018TN <sup>(b) (4</sup>	) Total 6 CFUs:			2 CFU: Chaetomium	spp.,
		C-	- CELL CI	netomium spp.		Penicillium spp.	0774203074
	A	05312018TN <sup>(b) (f</sup>	• <u>1 CFU:</u> Pen	ucillium spp.		A CIPIL D	
	Air Sample (A	A5) (b) (4) Environmental	Total 14 CFU:	enicillium spp.		<u>2 CFU:</u> Penicillium s <sub>l</sub> Fusarium proliferatur	
		Monitoring		sarium proliferat	him	1 usur um provijeruun	4
	Air Sample (A		Total 8 CFU:	an ann prongora		<b><u>2 CFU:</u></b> Penicillium s	pp.;
		Environmental	• <u>6 CFU:</u> Pen	iicillium spp.		Fusarium proliferatur	
	-	Monitoring		sarium proliferat	tum		
	Air Sample (A	A4) (b) (4) Environmental	Total 7 CFU: • 4 CFU: Pen	ucillium chrysog		<u>2 CFU:</u> Penicillium chrysogenum; Fusari	1100
		Monitoring		sarium prolifera		proliferatum	400
	Air Sample (A		Total 15 CFU:			1 CFU: Chaetomium	spp
		Environmental	• <u>15 CFU:</u> Ch	haetomium spp.			
6		Monitoring	377	34.546			11 S
8	Your firm co	ontinues to present v	vith persistent fi	ungus mold re	ecoveries	in your firm's prod	uction areas –
		to OBSERVATION					
8574							
		environmental and j					
2		production areas. Ho					
		f the contamination,			ination is	in a state of control	. Your firm
		produce implantabl		ets.			
ş	For example	e, but not limited to i	n 2020:				
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		DEPARTMENT OF HEAL FOOD AND DRUG	TH AND HUMA F ADMINISTRATI		2S	
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Nashville, TN (615)366-7801 D ORAPHARM2_RESE	37217- Fax:(61	2597 L5)366-7802		FEINUMBER .3011761		
NAME AND TITLE OF INDIVIDUAL T		RTISSUED rector of Operations				
FIRM NAME	5W0, L/I	rector or operations	STREET ADDRESS			
Wells Pharmacy CITY, STATE, ZIP CODE, COUNTRY			450 US H. Type establishme		51 Вур N	
Dyersburg, TN		3655	Outsourc:	ing Faci	ility	
(b)	) (4)	Fungus/Mold Microorgan Identified	isms	CFUs	]	
(b	o) (4)	Paecilomyces formosus		1	1	
	-	Chaetomium globosum				
		Nigrospora sp.		3		
		Pithomyces chartarum				
		Bipolaris cynodontis			1	
	ĺ	Chaetomium globosum				
		Cladosporium cladospori	ioides	7		
	Ì	Rhodotorula mucilaginos	a			
Π	Ī	Chaetomium globosum		2	1	
		Chaetomium globosum		7		
		Acrodontium salmoneum	5			
		Aspergillus rubrobrunnet	15			
		Candida parapsilosis		5		
		Cladosporium cladospori	ioides comple	ex		
		Penicillium decumbens				
		Chaetomium globosum		1		
-						
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FORM FDA 483 (09/08)	PREV	IOUS EDITION OB SOLETE INS	PECTIONAL O	BSERVATI	ONS	PAGE 5 of 15 PAGES

	DEPARTMENT OF HEAL FOOD AND DRUG	TH AND HUMAN SERVI	CES	
DISTRICT ADDRESS AND PHON		DATE(S) OF	INSPECTION 2020-1/28/2021*	
Nashville, TN	N 37217-2597	FEI NUMBER	ę.	
(615)366-7801	301 Fax: (615) 366-7802		61321	
ORAPHARMZ_REE	3PONSES@fda.hhs.gov			
Angle C. Andr ARMNAME	rews, Director of Operations	STREET ADDRESS		
Wells Pharmac		450 Us Highway		
CITY, STATE, ZIP CODE, COUNT Dyersburg, TN		TYPE ESTABLISHMENT INSPECTED Outsourcing Fa		
associated ***THIS IS 1. 1 bit y y c s T 1 f f f f f f f f f f f f f f f f f f	n's quality unit failed to conduct a thor d released batch records: A REPEAT OBSERVATION FROM (0/10/2019 - (b) (4) Routine Personnel (aciiflus spp. were recovered on your fi- during (b) (4) routine personnel /our firm's written procedure for person conducted prior to exiting the cleanroor conducted prior to exiting the cleanroor conduction flower firm's written proceed (0/10/2019 - Batch Routine Personnel I (Aspergillus Sydowii (fungus) was recov ingertips), initials: cluality Unit rejected Lot# 10102019TN (0102019TN) (b) (4)	M FDA 483 issued in <u>el Monitoring:</u> Clada rm's Pellet Assistant/ I monitoring for gown nnel monitoring, roum m after compounding m placed each pellet <sup>(10)</sup> A review of your fi sociated deviations re- dures, "growth of fur " and "L the lot, after an inves- ewed and approved be ed for distribution. <u>Monitoring:</u> Chaeton vered on your firm's H routine personnel mo- ch was produced prior	n 2018 (Observation <i>esporium cladosporio</i> (Technician (left foreaning on 10/10/2019, tine personnel monitor, activities. Personnel (b) (4) during pa rm's batch record for elated to Lot# 101020 mgus or mold automation ots associated with m stigation is completed by your firm's pharma <i>nium Globosum</i> (fung Pellet Assistant/Techronitoring on 10/10/2019 or to Lot# 10102019T	1)*** bides (mold) and arm), initials: According to oring is 1 monitoring lekaging of Lot# 19TN by your ically upgrades a bold recovery 1 to identify the acist and Senior (us) & hician (gloved 19 during the N Your
	01/20/2020 – Complaint received for To	estosterone 50mg, Lo	ot#10102019TN <sup>(b) (4)</sup> a c	omplaint was
n	eceived from the prescribing physician 'extremely yellow, hard and 'crusty'".	stating the Testoster	rone 50mg pellets rec	eived were
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE June P Page, Investigator Julius I Jones, Investigator	r	June P Page Investigate Signed By 2000ets7re Date 5 greet 01-38-2021	DATE ISSUED 1/28/2021
FORM FDA 483 (09.08)	PREVIOUS EDITION OF SOLETE INS	SPECTIONAL OBSERVA	TIONS	PAGE 6 of 15 PAGES

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Nashville, TN (615)366-7801	Bldg. 200, Ste. 500	DATE(5) OF INSPECTION 12/1/2020-1/28/2021* FEINUMBER .3011761321
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FIRM NAME	ews, priector of operations	STREET ADDRESS
Wells Pharmac city, state, zip code, count		450 Us Highway 51 Byp N Type establishment inspected
Dyersburg, Th	A DECEMBER OF A	Outsourcing Facility
d #	lissolution). Please refer to OBSERVA According to the distribution log, provid eleased the following to the public:	led by your firm's Director of Operations, your firm           Sum of           Qty
	Lot Number & Drug Product	Dispensed
	Lot # 10102019TN <sup>(b) (4)</sup>	
	**(OS) Testosterone 50 mg P	vellet (b) (4)
	**Testosterone (TN) 50 mg P	'ellet
	Grand Total	
v F r I J b F	vas recovered on your firm's production versonnel monitoring for gowning on 09 Pellet (Lot# 09062019TN <sup>(b)(4)</sup> md Testosta eport was received, reviewed, and signe n addition, batch record reviews for Tes Cestosterone (TN) 50 mg Pellet (Lot# 09 by your Quality Unit.	0/06/2019 after the production of Testosterone 12.5 mg erone (TN) 50 mg Pellet (Lot# 09062019TN) This
SEE REVERSE OF THIS PAGE	EMPLOYEE(5)SIGNATURE June P Page, Investigator Julius I Jones, Investigator	Aure P Page Determined processors Aure S Page Determined processors Aure S and Cli-28-2021 10-47-85 DATE ISSUED 1/28/2021
FORM FDA 483 (09.08)	PREVIOUS EDITION OB SOLETE INSI	PECTIONAL OBSERVATIONS PAGE 7 of 15 PAGES

DISTRICT ADDRESS AND PHONE NUMBER	FOOD AND DRUG ADMINISTRATION
404 BNA Dr., Bldg. 200, Ste. 50	12/1/2020-1/28/2021*
Nashville, TN 37217-2597 (615)366-7801 Fax:(615)366-7802 ORAPHARM2 RESPONSES@fda.hhs.gov	
NAME AND TITLE OF INDIVIOUAL TO WHOM REPORT ISSUED Angie C. Andrews, Director of (	Deerations
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Angie C. Andrews, Director of C FIRM NAME	Dperations street ADDRess
Angie C. Andrews, Director of (	
Angie C. Andrews, Director of ( ARM NAME	STREET ADDRESS.

According to the distribution log, provided by your firm's Director of Operations, your firm released the following to the public:

Lot Number & Drug Product	Sum of Qty Dispensed
09062019TN <sup>(b) (4)</sup>	
**(OS) Testosterone 12.5 mg Pellet	(b) (4)
**Testosterone (TN) 12.5 mg Pellet	<u> </u>
09062019TN <sup>(b) (4)</sup>	
**(OS) Testosterone 50 mg Pellet	
**Testosterone (TN) 50 mg Pellet	
Grand Total	

# **OBSERVATION 2**

Buildings used in the manufacture, processing, packing, or holding of a drug product do not have the suitable construction to facilitate cleaning, maintenance, and proper operations.

## \*\*\*THIS IS A REPEAT OBSERVATION FROM FDA 483 issued in 2018 (Observation 7)\*\*\*

Specifically, your firm has structural and equipment deficiencies in the classified areas which do not ensure clean air flow, including, but are not limited to:

SEE REVERSE OF THIS PAGE			DATE ISSUED 1/28/2021
FORM FDA 483 (09/08)	PREVIOUS EDITION OB SOLETE	INSPECTIONAL OBSERVATIONS	PAGE 8 of 15 PAGES

404 BNA Dr., Bldg. 200, Ste. 500 Nashville, TN 37217-2597	12/1/2020-1/28/2021*
Nashville, TN 37217-2597	
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(615)366-7801 Fax: (615)366-7802	.3011761321
ORAPHARM2 RESPONSES@ida.hhs.gov	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Angie C. Andrews, Director of Operation	ions
FIRMNAME	STREET ADDRESS
Wells Pharmacy, Inc	450 Us Highway 51 Byp N
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Dyersburg, TN 38024-3655	Outsourcing Facility

- B. In your firm's ISO 7-1 package room, the light fixtures are not smooth and are not easily cleanable.
- C. Your firm's (b) (4) Preventative Maintenance Report, dated 11/18/2020, performed by a third-party contractor, documents your facility has (b) (4) that have excessive rust damage. Your firm's Vice President of Quality Assurance provided a schematic of your facility's HVAC system and stated the (b) (4) referred to in this report are located above your firm's Pellet Suite.

Please refer to OBSERVATION 4 for additional Quality Unit concerns.

## **OBSERVATION 3**

Equipment and utensils are not maintained at appropriate intervals to prevent contamination that would alter the safety, identity, strength, quality or purity of the drug product.

Specifically, on 12/01/2020, we observed obvious surface abrasions located on the faceplate of your firm's pellet press, EQ001, that come in direct contact with drug components during processing for implantable hormonal pellets intended to be sterile. Your firm's Vice President of Quality Assurance explained production operators would note equipment damages on your firm's batch record. However, your firm's written procedures for batch records do not address the documentation of equipment concerns. In addition, your firm's batch records do not have an allocated space for equipment concerns. Furthermore, your firm's written procedures for the preventative maintenance of the pellet press do not address the visual inspection of the pellet press for damages prior to production.

Your firm produced and released at least  $^{(b)(4)}$  lots (approximately (b) (4) implantable sterile hormonal pellets) on EQ001 that are within expiry.

Please refer to OBSERVATION 4 for additional Quality Unit concerns.

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FORM FDA 483 (09/08)	PREVIOUS EDITION OB SOLETE	INSPECTIONAL OBSERVATION	vs	PAGE 9 of 15 PAGES

	ENT OF HEALTH AND HUMAN SERVICES
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Angie C. Andrews, Director of Ope	erations
FIRM NAME	STREET ADDRESS
Wells Pharmacy, Inc	450 Us Highway 51 Byp N
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Dyersburg, TN 38024-3655	Outsourcing Facility

## **OBSERVATION 4**

The quality control unit lacks responsibility to approve and reject all procedures or specifications impacting on the identity, strength, quality and purity of drug products.

\*\*\*THIS IS A REPEAT OBSERVATION FROM FDA 483 issued in 2018 (Observation 2)\*\*\*

Specifically, during an interview with your firm's Quality Assurance Supervisor, who is onsite daily, is responsible for, but not limited to: review and release of your firm's batch records; routine monitoring reviews; and oversees your firm's environmental monitoring program, stated they do not make quality decisions due to lack of experience or authority. For example, but not limited to:

- A. On 12/07/2020, your firm's Quality Assurance Supervisor stated they acknowledged the gaps in your firm's ISO 7-2 Packaging Room and ISO 7-1 Pellet Room ceilings and stated these gaps may cause disruption in the quality of air. However, the Quality Assurance Supervisor does not review your firm's cleanroom certification reports and explained this review was conducted by the Quality Unit located in Ocala, Florida. Your firm's Director of Operations stated the Vice President of Quality Assurance, located in Ocala, Florida, visits their facility approximately (b) (4) and the Senior Quality Assurance Manager, also located in Ocala, Florida visits approximately (b) (4)
- B. On 12/01/2020, we observed obvious surface abrasions located on the faceplate of your firm's pellet press, EQ001, that comes in direct contact with drug components during processing for implantable hormonal pellets that are intended to be sterile. On 12/01/2020 and 12/07/2020, your firm's Quality Assurance Supervisor, who routinely reviews and authorizes the release of batch records, stated your firm did not have any assurances currently in place that would ensure the implantable hormonal pellets produced on EQ001 and released to the public were not free of metal inclusions (e.g., no metal detection devices). However, your firm's Quality Assurance Supervisor, stated they lack the authority to initiate an investigation (deviation) and defers to the Quality Unit located in Ocala, Florida for such determinations. On 12/10/2020, your firm's Director of Operations provided a dispensing report documenting at least <sup>(b) (4)</sup>

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FORM FDA 483 (09/08)	PREVIOUS EDITION OF SOLETE	INSPECTIONAL OBSERVATI	ONS	PAGE 10 of 15 PAGES

	NT OF HEALTH AND HUMAN SERVICES
OISTRICT ADDRESS AND PHONE NUMBER 404 BNA Dr., Bldg. 200, Ste. 500 Nashville, TN 37217-2597 (615)366-7801 Fax:(615)366-7802 ORAPHARM2_RESPONSES@fda.hhs.gov	DATE(S) OF INSPECTION 12/1/2020-1/28/2021* TELINUMBER .3011761321
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Angie C. Andrews, Director of Ope	rations
FIRMINAME	STREET ADDRESS
Wells Pharmacy, Inc	450 Us Highway 51 Byp N
CITY, STATE, ZIP CODE, COUNTRY Dyersburg, TN 38024-3655	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

lots (approximately (b) (4) implantable hormonal pellets) within expiry were distributed to the public. As of 12/10/2020, your firm's Vice President of Quality Assurance (located in Ocala, Florida) stated they were "still determining whether or not this constitutes a deviation due to a surface abrasion". Please refer to OBSERVATION 3 for additional details.

## **OBSERVATION 5**

Complaint records are deficient in that they do not include the findings of the investigation and followup.

Specifically,

A. Your firm received a complaint involving hospitalization and sepsis after a patient received Estradiol 6mg (Lot #05282019TN<sup>(b)(4)</sup>) Testosterone 37.5mg (Lot #04012019TN<sup>(b)(4)</sup>) and Testosterone 100mg (Lot #04222019TN<sup>(b)(4)</sup>) Your quality unit failed to conduct an investigation for this complaint. In addition, your 2019 Micro ID log report, provided by your firm's Vice President of Quality Assurance, documents your pellet production employees recovered *Staphylococcus epidermis* and *Paenibacillus provencensis* during fingertip samplings on 04/22/2019 and 05/28/2019, respectively.

In addition, samples for personnel monitoring and environmental monitoring were taken at your facility on 04/22/2019 and 05/28/2019. The following microbiological organisms were identified:

Sample Date	D	CFU
4/22/2019	Staphylococcus epidermidis	1
5/28/2019	Micrococcus luteus	27

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FORM FDA 483 (09/08)	PREVIOUS EDITION OB SOLETE	INSPECTIONAL OBSERVATI	ONS	PAGE 11 of 15 PAGES

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Nashville, TM (615)366-7801				30117		
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Dyersburg, TM		55	Contraction of the second	urcing Fac		
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5	6/28/2019	Staphylococcus epider	midis	4		
5	5/28/2019	Dietzia cinnamea	2	1		
5	5/28/2019	Staphylococcus homini	is	7		
5	6/28/2019	Micrococcus luteus		5		
5	5/28/2019	Paenibacillus provence	ensis	1		
5	5/28/2019	Paenibacillus lautus		2		
5	/28/2019	Coryneform bacillus	1	1		
5	5/28/2019	Paenibacillus glucanol	lyticus	1		
5	/28/2019	Bacillus horneckiae		3		
<ul> <li>B. Your firm documen are relate testing ap Your firm Assuranc received</li> <li>In addition</li> </ul>	n's product co ts at least 23% d to the (b) (4 opropriate for n continues to e did not prov after 03/05/20 on, your firm'	AVATION 8 for addition omplaint spreadsheets pro 6 of the complaints receive ) , hardness, and/or bro this dosage form. 9 receive complaints relate vide any supporting evide 019. s Vice President of Quali complaint follow-up ensu	ovided by ved in 20 oken pell ed to har ence that ty Assur	your Vice F 19 and 45% ets. Your firr Iness. Howe hardness test ince stated d	of the complaints rea n has not conducted ever, your Vice Presi ting was conducted f issolution testing has	ceived in 2020 all specific ident of Quality for complaints
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FORM FDA 483 (09:08)	PREVIOUSE	EDITION OB SOLETE INS	SPECTION	AL OBSERVAT	TIONS	PAGE 12 of 15 PAGES

	NT OF HEALTH AND HUMAN SERVICES DOD AND DRUG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER 404 BNA Dr., Bldg. 200, Ste. 500 Nashville, TN 37217-2597 (615)366-7801 Fax:(615)366-7802 ORAPHARM2_RESPONSES@fda.hhs.gov	DATE(S) OF INSPECTION 12/1/2020-1/28/2021* FEI NUMBER .3011761321
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Angie C. Andrews, Director of Ope	rations
FIRMNAME	STREET ADDRESS
Wells Pharmacy, Inc	450 Us Highway 51 Byp N
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Dyersburg, TN 38024-3655	Outsourcing Facility

- 1. The pellet does not dissolve immediately (dose dumping);
- 2. The pellet remains integral;
- 3. A minimum amount of API is released by the pellet over a specified unit of time; and
- 4. The pellet releases API at a rate that is reproducible.

Please note failures addressed in OBSERVATION 1.C.

## **OBSERVATION 6**

Individuals responsible for supervising the manufacture, processing, packing and holding of a drug product lack the training to perform their assigned functions in such a manner as to assure the drug product has the safety, identity, strength, quality and purity that it purports or is represented to possess.

Specifically, your SOP 9.300: *Training Program*, states GMP training shall be conducted for each employee (b) (4) based on date of previous GMP training. However, there are no assurances the following employees have completed your firm's (b) (4) and refresher CGMP training requirements.

Title	Date of Hire	Daily Duties and Responsibilities include but not limited to:
Vice President of Quality Assurance	04/2016	<ul> <li>Ensures compliance with US FDCA, Section(s) 503A &amp; 503B and all its related elements such as facilities, documentation, training, reports, and records (e.g. final review of all procedures, oversees all quality assurance, quality control, and regulatory duties).</li> <li>Please refer to OBSERVATIONS 1, 2, 3, 4, 5, 8 for quality concerns</li> </ul>
Vice President of Operations	07/2012	Oversees daily operations of Ocala, FL and Dyersburg, TN facilities (e.g. lab production; facility management; vendor management; evaluation, documentation, and

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FORM FDA 483 (09/08)	PREVIOUS EDITION OF SOLE TE	INSPECTIONAL OBSERVATI	IONS	PAGE 13 of 15 PAGES

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NAME AND TITLE OF INDIVIDU	AL TO WHOM REPORT ISSUED					
	rews, Director of C	perations				
FIRM NAME	•	<u>,                                    </u>	STREET ADDRESS			
Wells Pharma			450 Us H		1 Byp N	
aty, state, zip code, coun Dyersburg, Tl			TYPE ESTABLISHME Outsourc		lity	
		investigatio Please refe concerns.	aniti perinta 16 antenna <b>F</b> rantse		NS 2, 5 & 8 for	r quality
÷	r firm compound drug pr					
<ul><li>under section 500</li><li>(b) are not ident component of an</li></ul>	or nearly identical to an ap 6E at the time of compoun- tical or nearly identical approved drug, and for we etermined by the prescri	nding, distributo to an approve which there is	ution, and dis ed drug but no change th	pensing; o contain a at produce	r bulk drug substa s for an individu	ance that is al al patient a cli
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
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404 BNA Dr., Bldg. 200, Ste. 500	12/1/2020-1/28/2021*			
Nashville, TN 37217-2597				
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FIRM NAME	STREET ADDRESS			
Wells Pharmacy, Inc	450 Us Highway 51 Byp N			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Dyersburg, TN 38024-3655	Outsourcing Facility			

#### **OBSERVATION 8**

Your outsourcing facility has not submitted an adverse event report to FDA in accordance with the content and format requirements established through guidance or regulation under 21 CFR 310.305 as required by section 503B(b)(5).

Specifically, on 07/15/2019, your firm received an Adverse Event, ADR-TN 2019-001, for Estradiol 6 mg, Testosterone 37.5 mg, and Testosterone 100 mg pellets, for a patient that was hospitalized and tested positive for sepsis. However, this was not reported to FDA until 02/21/2020.

The Adverse Event Report was not reported to FDA within 15 calendar days after first receiving information about the adverse event.

Please refer to OBSERVATION 5 for additional details.

#### **\*DATES OF INSPECTION**

12/01/2020(Tue), 12/02/2020(Wed), 12/03/2020(Thu), 12/04/2020(Fri), 12/07/2020(Mon), 12/08/2020(Tue), 12/09/2020(Wed), 12/10/2020(Thu), 12/11/2020(Fri), 12/14/2020(Mon), 12/15/2020(Tue), 12/16/2020(Wed), 12/17/2020(Thu), 12/18/2020(Fri), 12/21/2020(Mon), 12/22/2020(Tue), 12/23/2020(Wed), 12/24/2020(Thu), 12/25/2020(Fri), 12/28/2020(Mon), 12/29/2020(Tue), 12/30/2020(Wed), 12/31/2020(Thu), 1/01/2021(Fri), 1/04/2021(Mon), 1/05/2021(Tue), 1/06/2021(Wed), 1/07/2021(Thu), 1/08/2021(Fri), 1/11/2021(Mon), 1/12/2021(Tue), 1/13/2021(Wed), 1/14/2021(Thu), 1/15/2021(Fri), 1/18/2021(Mon), 1/19/2021(Tue), 1/20/2021(Wed), 1/21/2021(Thu), 1/22/2021(Fri), 1/25/2021(Mon), 1/26/2021(Tue), 1/27/2021(Wed), 1/28/2021(Thu)

SEE REVERSE OF THIS PAGE			June P Page Investigato Spore II y 2000-to/05 Danse (01-28-2021 X 10-47 ga	DATE ISSUED 1/28/2021
FORM FDA 483 (09/08)	PREVIOUS EDITION OF SOLETE INSPECTIONAL OBSERVATIONS		PAGE 15 of 15 PAGES	