	ALTH AND HUMAN SERVICE UG ADMINISTRATION	ES .	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
4040 N. Central Expressway, #300 Dallas, TX 75204		02/26-28/19, 03/01, 4-8, & 14/19	
214-253-5200		FEINUMBER	
Industry Information: www.fda.gov/oc/industry		3002468086	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	í.		A -1.
TO: Alicia L. Ashford, Direct	or of Mann	facturing 1	perations
FIRM NAME	STREET ADDRESS	0	
QuVa Pharma, Inc.	5920 S. General Bruce	5920 S. General Bruce Drive	
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT	TYPE OF ESTABLISHMENT INSPECTED	
Temple, TX 76502	Outsourcing Facility	Outsourcing Facility	
THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTA OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORPOBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE I YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER	ON REGARDING YOUR COMPLI RECTIVE ACTION IN RESPONS INSPECTION OR SUBMIT THIS	ANCE. IF YOU HAVE AN OB. SE TO AN OBSERVATION, Y	ECTION REGARDING AN YOU MAY DISCUSS THE
DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:		2	
OBSERVATION 1			
Written procedures are lacking which describe in suffice rejection of components. Specifically, your firm is using non-pharmaceutical graphs For example, a) Your firm uses (b) (4) (b) (4) is labeled "NOT FOR DRUG, FOOD, OR ID) Your firm uses (b) (4) OBSERVATION 2	ade components in the justing the pH of steri	formulation of steri	le drug products.
There are no established written methods of cleaning o	n mathoda of processis	ar to nomovio numoro	nia proportios
There are no established written methods of cleaning of	r methods of processin	ng to remove pyroge	inc properties.
Specifically, your firm has not validated the depyrogen compounding sterile drug products. Your firm has not implemented is adequate for endotoxin removal.	And the second of the second o		used in u have
		Ad	d Continuation Page
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE	E (Print or Type)	DATE ISSUED
SEE REVERSE OF THIS PAGE MAIGARET M. Annes	Margaret M. Annes, CSO Aqualia L. Nelson, CSO		3/14/19

DEPARTMENT OF	HEALTH AND HUMAN SERVICES			
	DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION		
4040 N. Central Expressway, #300		02/26-28/19, 03/01, 4-8, & 14/19		
Dallas, TX 75204 214-253-5200		FEI NUMBER		
Industry Information: www.fda.gov/oc/industry		02468086		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	0 /	•		
TO: Alicia L Ashford, Directo	or of Manutacti	uning Operations		
FIRM NAME	STREET ADDRESS			
QuVa Pharma, Inc.	5920 S. General Bruce Drive			
CITY, STATE AND ZIP CODE Temple, TX 76502	TYPE OF ESTABLISHMENT INSPE			
Temple, 1A 70302	Outsourcing Facility	Outsourcing Facility		
Your firm had a confirmed endotoxin failure in Janua U/mL mL 0.5 NS – Bulk lot #(b) (4)	ary 2019 (Finished product l	ot #10019623 of Heparin PF 0.25		
OBSERVATION 3				
Aseptic processing areas are deficient regarding the	system for monitoring enviro	onmental conditions.		
Specifically,				
a) In January 2019, your firm removed the (b) (4) (b) (4) . As assessment to justify how you are bringing the mater environmental monitoring program as a result of the		our firm did not perform an		
b) Your firm is not sampling sites that are frequently Repeater Pump and the door handle from the ISO 7				
OBSERVATION 4				
The separate or defined areas and control systems no	ecessary to prevent contamin	ation or mix-ups are deficient.		
Specifically, rust and residue could be seen on the mout of the ISO 7 Cleanrooms and/or the ISO 8 Gown the sterilized product into; packages containing steri bags with the (b) (4) drug product. Recommendation of the lid on the trash call.	ning/Ante Rooms, including le tubing, (b) (4) and enviror tust was also noted on the wh	empty sterile bags used for filling amental monitoring plates; and neels of the trash cart in the ISO 7 e Room for Cleanroom (b) (4)		
		Add Continuation Page		
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Prin	t or Type) DATE ISSUED		
SEE REVERSE Margaret M. Cinnes OF THIS PAGE	Margaret M. Annes, CSO Aqualia L. Nelson, CSO	3/14/19		

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 4040 N. Central Expressway, #300 02/26-28/19, 03/01, 4-8, & 14/19 Dallas, TX 75204 FEI NUMBER 214-253-5200 3002468086 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED Director of Manufacts FIRM NAME OuVa Pharma, Inc. 5920 S. General Bruce Drive TYPE OF ESTABLISHMENT INSPECTED CITY, STATE AND ZIP CODE Temple, TX 76502 **Outsourcing Facility**

OBSERVATION 5

Production personnel were not practicing good sanitation and health habits.

Specifically, your firm does not have handwashing facilities near the gowning areas for entry into compounding areas, including entry into ISO 7 Cleanrooms/ISO 5 (b) (4) . In addition, your written procedures regarding gowning do not require hand washing.

OBSERVATION 6

Laboratory controls do not include the establishment of scientifically sound and appropriate test procedures designed to assure that components, in-process materials, and drug products conform to appropriate standards of identity, strength, quality and purity.

Specifically, your firm has not validated the incubation temperature and time for growth promotion of media and the environmental and personnel monitoring plates. Your firm is incubating the plates at (b) (4) (b) (4)

OBSERVATION 7

You compound drugs that are essentially a copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(d)(2). Specifically, you compound drug products that: a) are identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing; or b) are not identical or nearly identical to an approved drug, but contain a bulk drug substance that is also a component of an approved drug, and for which there is no change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug.

Add Continuation Page

SEE REVERSE OF THIS PAGE EMPLOYEE(S) SIGNATURE

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

DATE ISSUED

Margaret M. Annes, CSO Aqualia L. Nelson, CSO 3/14/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 02/26-28/19, 03/01, 4-8, & 14/19 4040 N. Central Expressway, #300 Dallas, TX 75204 FEI NUMBER 214-253-5200 3002468086 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED Director of Manufacturing Operations FIRM NAME QuVa Pharma, Inc. 5920 S. General Bruce Drive CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Temple, TX 76502 **Outsourcing Facility** Examples of compounded drug products that are essentially a copy of one or more approved drugs include: Neostigmine methylsulfate 1mg/1ml Glycopyrrolate 0.2mg/ml Midazolam PF 1mg/ml **OBSERVATION 8** The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10) (A). Specifically, the following information is not found on your drug product labels: a) The statement "This is a compounded drug"; b) The name, address, and phone number of the outsourcing facility; Mm A 3/14/19 mmA 364119 c) The dosage form and strength d) The quantity or volume; MMA 3/14/19 e) The National Drug Code number, if available; f) The statement "Not for resale", and, if the drug is dispensed or distributed other than pursuant to a prescription for an individual identified patient, the statement "Office Use Only"; g) A list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient. mmA 3/14/19 Add Continuation Page DATE ISSUED EMPLOYEE(S) SIGNATURE EMPLOYEE(S) NAME AND TITLE (Print or Type) et M. annes REVERSE OF THIS Margaret M. Annes, CSO

Aqualia L. Nelson, CSO

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 02/26-28/19, 03/01, 4-8, & 14/19 4040 N. Central Expressway, #300 Dallas, TX 75204 FEI NUMBER 214-253-5200 3002468086 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED Director of Manufac FIRM NAME QuVa Pharma, Inc. 5920 S. General Bruce Drive

TYPE OF ESTABLISHMENT INSPECTED

Outsourcing Facility

Examples of your drug product labels that do not contain this information include:

- Fentanyl 10mcg/mL Preservative Free (PF) 3000mL bag
- Morphine Sulfate Pentahydrate 1mg/mL PF 3000mL bag
- Fentanyl/Ropivacaine HCL PF 2mcg/ml/0.2% 3000mL bag
- Diltiazem HCL 1mg/mL PF 3000mL bag
- Amiodarone HCL 1.8mg/mL 3000mL bag

OBSERVATION 9

CITY, STATE AND ZIP CODE

Temple, TX 76502

The containers of your outsourcing facility's drug products does not include information required by section 503B (a)(10)(B). Specifically, your containers do not include the following information:

a) Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1-800-FDA-1088;

Examples of your container labels that do not contain this information include:

- Fentanyl 10mcg/mL PF 3000mL bag
- Morphine Sulfate Pentahydrate 1mg/mL PF 3000mL bag
- Fentanyl/Ropivacaine HCL PF 2mcg/ml/0.2% 3000mL bag
- Diltiazem HCL 1mg/mL PF 3000mL bag
- Amiodarone HCL 1.8mg/mL 3000mL bag

Add Continuation Page

SEE REVERSE OF THIS PAGE EMPLOYEE(S) SIGNATURE

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

DATE ISSUED

Margaret M. an

Margaret M. Annes, CSO Aqualia L. Nelson, CSO 3/14/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 02/26-28/19, 03/01, 4-8, & 14/19 4040 N. Central Expressway, #300 Dallas, TX 75204 FEI NUMBER 214-253-5200 3002468086 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED L. Ashford, Director of Manufacturing Operations FIRM NAME 5920 S. General Bruce Drive QuVa Pharma, Inc. CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Temple, TX 76502 **Outsourcing Facility** b) Route of administration. Examples of drug product containers that do not contain this information: Fentanyl 10mcg/mL PF 3000mL bag Morphine Sulfate Pentahydrate 1mg/mL PF 3000mL bag • Fentanyl/Ropivacaine HCL PF 2mcg/ml/0.2% 3000mL bag Diltiazem HCL 1mg/mL PF 3000mL bag Amiodarone HCL 1.8mg/mL 3000mL bag

Add Continuation Page

SEE REVERSE OF THIS PAGE EMPLOYEE(S) SIGNATURE

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

DATE ISSUED

Margaret M. Cinne

Margaret M. Annes, CSO Aqualia L. Nelson, CSO 3/14/19