DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DATE(S) OF INSPECTION DISTRICT OFFICE ADDRESS AND PHONE NUMBER Baltimore District Office 01/12/15, 01/13/15,01/14/15,01/15/15 6000 Metro Drive Suite 101 Baltimore, MD 21215 FEI NUMBER 410-779-5455 3004580127 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Ms. Amanda T. Baxter, Pharmacist / Owner FIRM NAME STREET ADDRESS Wood's Pharmacy, Inc., dba The Medicine Shoppe 108 Main Street CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED

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.

Producer of non-sterile drugs

DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

Observation 1

Boones Mill, VA 24065

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the identity and strength of each active ingredient prior to release.

Specifically,

The firm does not perform analytical testing to determine finished product potency. For example,

Methimazole (5 mg /0.1 ml, 4mg, 3mg and 2.5 mg/0.1 ml) transdermal gel

Testosterone 1.25 mg/ml transdermal gel

Biestrogen 0.6 and Progesterone 100 / ml transdermal gel

Aspirin 1.25 mg capsules

Ketoprofen 25 mg capsules

Observation 2

There is no written testing program designed to assess the stability characteristics of drug products.

Specifically,

There is no data that supports the expiration periods assigned to drug products. For example, the following products are assigned 6 months expiration period:

SEE
REVERSE
OF THIS
PAGE

EMPLOYEE(S) SIGNATURE

| EMPLOYEE(S) NAME AND TITLE (Print or Type) | DATE ISSUED

Nobil A. Oumer, Investigator | Tajah L. Blackburn, Investigator | Tajah L. Blackburn, Investigator | Tajah L. Blackburn | Tajah L.

FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

Page 1 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION						
DISTRICT OFFICE ADDRESS AND PHONE NUMBER Baltimore District Office			DATE(S) OF INSPECTION			
			01/12/15, 01/13/15,01/14/15,01/15/15			
6000 Metro Drive Suite 101 Baltimore, MD 21215 410-779-5455		F	FEI NUMBER			
			and the second second			
Industry Information: www.fda.gov/oc/industry			3004580127			
	F INDIVIDUAL TO WHOM REPORT IS ISSUED					
TO: Ms. Amanda T. Baxter, Pharmacist / Owner						
FIRM NAME	STREET ADDRESS					
	armacy, Inc., dba The Medicine Shoppe 108 Main Street		IT MODE OFFI			
	TYPE OF ESTABLIS oones Mill, VA 24065 Producer of no					
Boones with, v	7 24003	Producer of non-sterile drugs				
A) Methimazole transdermal gel						
B) Testosterone 1.25 mg / ml transdermal gel						
C) Biestrogen 0.6 and Progesterone 100 / ml transdermal gel						
D) Aspirin 1.25 mg capsules						
E) Ketoprofen 25 mg capsules						
Observation 3						
Laboratory controls do not include the establishment of scientifically sound and appropriate specifications designed to assure that components conform to appropriate standards of identity, strength, quality and purity.						
Specifically,				PRECENSION		
Expired chemicals / components used for producing pharmaceutical products were observed on the shelves near the production area on 01/12/2015. For example: Magnesium Stearate NF, expired on 12/02/14, (b) (4) expired on 10/17/13, Glucosamine Hydrochloride, USP, expired on 02/28/14 and Promethazine Hydrochloride, USP, expired on 09/06/14. (b) (4) is used in Progesterone Capsules, (b) (4) is used in Promethazine transdermal 25 mg /ml gel.						
Observation 4						
Laboratory records do not include complete records of the periodic calibration of laboratory instruments.						
Specifically,						
There are no calibration records for the scale ((b) (4)						
	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED		
SEE REVERSE OF THIS PAGE	respon	Nebil A. Oumer, Investigator Tajah L. Blackburn, Investigator	01/15/2015			

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	DATE(S) OF INSPECTION			
Baltimore District Office 6000 Metro Drive Suite 101		01/12/15, 01/13/15,01/14/15,01/15/15			
Baltimore, MD 21215		FEI NUMBER			
410-779-5455 Industry Information: www.fda.gov/oc/industry		3004580127			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED					
TO: Ms. Amanda T. Baxter, Pharmacist / Owner					
FIRM NAME	STREET ADDRESS				
Wood's Pharmacy, Inc., dba The Medicine Shoppe	108 Main Street	108 Main Street			
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISH	TYPE OF ESTABLISHMENT INSPECTED			
Boones Mill, VA 24065	Producer of non-	Producer of non-sterile drugs			
activities performed by employees. Observation 5 Written procedures are not established for the the manufacture, processing, packing or holdi		of equipment, including	utensils, used in		
Specifically,	ng of a drug product.		Charles with the charles of the char		
There is no documentation showing equipmer Additionally, there are no procedures in place (b) (4) and (b) (4)	to instruct employees to c		nortar and pestle,		
Observation 6			no managana		
Control procedures are not established which validate the performance of those manufacturing processes that may be responsible for causing variability in the characteristics of in-process material and the drug product.					
Specifically,			ATTENDAMENTAL PROPERTY.		
A) Currently, there are no weight checks perform of the theoretical calculated weight	•	les contain no less than	b) (4)		
B) There is no data to support ingredients are Employee, (b) (6) performs only (b) (4) filled adequately and gels (e.g. Methimazole, ml) are the desired consistency.	to ensure that capsules (e. Testosterone 1.25 mg/ml	g. Ketoprofen 25 mg, As , Biestrogen 0.6 and Prog	pirin 1.25 mg) are gesterone 100 /		
C) There is no procedure in place or test performs Currently the employees (b) (4) to det	ormed to ensure correct partermine if the particles are				
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) NAME AN Nebil A. Oumer, Inve Tajah L. Blackburn		01/15/2015		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

Baltimore District Office

6000 Metro Drive Suite 101

Baltimore, MD 21215 410-779-5455

Industry Information: www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

DATE(S) OF INSPECTION

01/12/15, 01/13/15,01/14/15,01/15/15

FEI NUMBER

3004580127

TO: Ms. Amanda T. Baxter, Pharmacist / Owner

FIRM NAME

STREET ADDRESS 108 Main Street

Wood's Pharmacy, Inc., dba The Medicine Shoppe

CITY, STATE AND ZIP CODE

TYPE OF ESTABLISHMENT INSPECTED

Boones Mill, VA 24065

Producer of non-sterile drugs

into capsules and gels).

Observation 7

There are no written procedures for production and process controls designed to assure that the drug products have the identity, strength, quality, and purity they purport or are represented to possess.

Specifically,

There are no (b) (4) instructions for producing capsules. Additionally, there is no procedure in place for order of to ensure uniform consistency of the final product (b) (4) (capsules).

Observation 8

Reports of analysis from component suppliers are accepted in lieu of testing each component for conformity with all appropriate written specifications, without performing at least one specific identity test on each component and establishing the reliability of the supplier's analyses through appropriate validation of the supplier's test results at appropriate intervals.

Specifically,

No identity test is performed for drug product components received by the firm. Furthermore, the firm has not established the reliability of the drug component supplier through validation of the supplier's test results in the Certificate of Analysis.

OF THIS

EMPLOYEE(S) SIGNATURE

EMPLOYEE(S) NAME AND TITLE (Print or Type) Nebil A. Oumer, Investigator

DATE ISSUED

Tajah L. Blackburn, Investigation

01/15/2015

FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

Page 4 of 5