|  |   | F HEALTH AND HUM  |  |  |  |
|--|---|---|--|--|--|
| DISTRICT ADDRESS AND PHON  | IE NUMBER   | and Diveo Administration  | DATE(S) OF INSPECTION  |  |  |
| 19701 Fairchi  |   |   | 10/4/2018-10/11/2018*<br>FEINUMBER<br>3011830726                                 |  |  |
| Irvine, CA 92  | 2612-2445<br>) Fax:(949)608-4417  |   |  |  |  |
|  |   |   |  |  |  |
| NAME AND TITLE OF INDIVIDUA  |   |   |  |  |  |
| Steven A. Lev<br>FIRM NAME   | vin, Pharmacist-In-Charg  | fe / Owner / CE   |  | page 1   |  |
|  | dba Woodland Hills  | - Manual Anna Anna  | entura Blvd Ste 305  |  |  |
| Compounding H  | Pharmacy  |   |  |  |  |
| CITY, STATE, ZIP CODE, COUN  |   | Citer and a second second second  | TYPE ESTABLISHMENT INSPECTED<br>Producer of Non-Sterile Druc                     |  |  |
| Woodland Hill  | Ls, CA 91364-2352   | Producer  | of Non-Sterile Dru   | ıgs  |  |
| observations, and do<br>observation, or have<br>action with the FDA<br>questions, please con                     | beservations made by the FDA represent<br>not represent a final Agency determina<br>implemented, or plan to implement, con<br>representative(s) during the inspection<br>tact FDA at the phone number and add<br>CTION OF YOUR FIRM I OBSERVED:<br>DN 1 | ation regarding your con<br>rrective action in respon<br>or submit this information   | npliance. If you have an object<br>nse to an observation, you may                | ion regarding an discuss the objection of  |  |
|  | -pharmaceutical grade compo   | onent in the formu  | lation of a drug produc  | t.   |  |
|  |   |   |  |  |  |
|  | CALLED STREET AND ADDREED A   |   |  |  |  |
|  | amination risks in the prepara  |   | not routinely test to as<br>ving of your non-sterile                             | and the second of the second sec |  |
| Topical Facial   |   | 1 50/ 01  |  |  |  |
|  | Pads (Salicylic Acid 2%, Sulfa  |   |  |  |  |
|  | Peel (Pads) (Glycolic Acid 1  |   |  |  |  |
| and the second | ning Pads (Hydroquinone 4%  | alarman and the second s |  |  |  |
| Topical Facial   | lexion Pads (Glycolic Acid 10   | J%, Sancyne Aci   | u 3%)  |  |  |
| Glycolic Ac  |   |   |  |  |  |
| Retinoic Ac  |   |   |  |  |  |
|  | etic Acid Soln  |   |  |  |  |
|  | Acid 4.8% Soln  |   | 2  |  |  |
|  | Gels and Rinse  |   |  |  |  |
| A  | el ((Lidocaine 12.5%, Tetraca   | aine 12 5% Prilo  | caine 3% Phenylenhrin  | ie 3%)   |  |
| Chlorhexidi  |   | unie 12.570, 11100  | eunie 570, 1 neugrephin  |  |  |
| emomental  |   |   |  |  |  |
|  |   | 1   |  |  |  |
|  | EMPLOYEE(S) SIGNATURE   |   |  | DATE ISSUED  |  |
| SEE REVERSE  | EMPLOYEE(S)SIGNATURE<br>Rumany C Penn, Investig   | gator   |  | 10/11/2018   |  |
| SEE REVERSE<br>OF THIS PAGE  |   | gator   | Rumany C Penn<br>Investigator  | 10/11/2018   |  |
|  |   | gator   | Rumany C Penn<br>Inreetigator<br>Signed 9: 200148003<br>Date Signed: 10-11-2018  | 10/11/2018   |  |
|  |   | gator   | Rumany C Penn<br>Investigator<br>Signed By: 201146003<br>Date Signed: 10-11-2018 | 10/11/201  |  |

|  | G ADMINISTRATION  |  |  |  |
|--|---|--|--|--|
| DISTRICT ADDRESS AND PHONE NUMBER                  | DATE(S) OF INSPECTION   |  |  |  |
| 19701 Fairchild                                    | 10/4/2018-10/11/2018*   |  |  |  |
| Irvine, CA 92612-2445                              | FEI NUMBER<br>3011830726  |  |  |  |
| (949)608-2900 Fax:(949)608-4417                    | JULIOJU/20  |  |  |  |
|  |   |  |  |  |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED | A 1 1 A   |  |  |  |
| Steven A. Levin, Pharmacist-In-Charge / (          | Owner / CEO   |  |  |  |
| FIRM NAME  | STREET ADDRESS  |  |  |  |
| Algunas Inc., dba Woodland Hills                   | 20631 Ventura Blvd Ste 305  |  |  |  |
| Compounding Pharmacy                               | [1] State and the state of t |  |  |  |
| CITY, STATE, ZIP CODE, COUNTRY                     | TYPE ESTABLISHMENT INSPECTED  |  |  |  |
| Woodland Hills, CA 91364-2352                      | Producer of Non-Sterile Drugs   |  |  |  |
|  |   |  |  |  |
| Minocycline 2% Kit (in the gel)                    |   |  |  |  |

Dyclonine 1% Rinse

Profound Gel (Lidocaine 10%, Prilocaine 10%, Tetracaine 4%)

TAC 20 ALT Gel (Lidocaine 20%, Tetracaine 4%, Phenylephrine 2%)

Enema

Short Chain Fatty Acid Enema

Sod Butyrate 100 mm/L Enema

## **\*DATES OF INSPECTION**

10/04/2018(Thu), 10/05/2018(Fri), 10/09/2018(Tue), 10/10/2018(Wed), 10/11/2018(Thu)

|                             | EMPLOYEE(S) SIGNATURE | Tanishiwahaw |           |           |  | DATE ISSUED       |
|-----------------------------|-----------------------|--------------|-----------|-----------|--|-------------------|
| SEE REVERSE<br>OF THIS PAGE | Rumany C Penn,        | Investigator |           |           | Rumany C Penn<br>investigator<br>Signed By: 2001148009<br>Dale Signed: 10-11-2018 09:37:47 | 10/11/2018        |
| FORM FDA 483 (09/08)        | PREVIOUS EDITION OBSC | NETE INS     | PECTIONAL | ORSERVATI | ONS  | PAGE 2 of 2 PAGES |