DEPARTMENT O	F HEALTH AND HUMAN SERVICES ND DRUG ADMINISTRATION		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF	DATE(S) OF INSPECTION	
10903 New Hampshire Avenue, Bldg 51 Room 4225	02/21-03	/01/2017	
Silver Springs, Maryland 20993 (301) 796-3334 Fax (301) 847-8738	FEI NUMBE	R	
,	3005430	968	
Industry Information: www.fda.gov/oc/industry			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
TO: Mr. Ravindra Kumar Goyal, Plant Head	STREET ADDRESS		
FIRM NAME			
Cadila Healthcare Limited	Swaraj Majra, Juddi Kalan, Tehs	511	
CITY, STATE AND ZIP CODE			
Baddi, Dist. Solan, Himachal Pradesh 173205 India THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRI	Drug Manufacturer		
OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURIN YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE I DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED: Observation 1 Equipment used in the manufacture, processing, to facilitate operations for its intended use.	NUMBER AND ADDRESS ABOVE.		
•			
Specifically, not all manufacturing equipment for mg and mg has been qualified.	r use in production of (b) (4)	Capsules, USP	
A. The manufacturing area to be used in the com mg and mg, referenced in application will occur on Line in Block Construction is facility and qualification of the area has not been	not complete on the (b) (4)	Capsules, USP d. Commercial manufacturing line or the opening to the	
B. The following equipment to be used in the pro and mg was relocated to Line(4) and has not	oduction of (b) (4) been qualified:	Capsules, USP mg	
C. The following new equipment added to the m	anufacturing line for (b) (4)	Capsules, USP	
mg and mg has not been qualified: Line with Cou	unter Material #9400001) including	i) (4)	
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or 7	Type) DATE ISSUED	
SEE REVERSE OF THIS PAGE War Column	Nicole E. Knowlton, Investigator Maria E. Estrella, Investigator	03/01/2017	
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	Page 1 of 3	

Page 1 of 3

	EALTH AND HUMAN SERVIC DRUG ADMINISTRATION	CES	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
10903 New Hampshire Avenue, Bldg 51 Room 4225		02/21-03/01/2017	
Silver Springs, Maryland 20993		FEI NUMBER	
(301) 796-3334 Fax (301) 847-8738		3005430968	
Industry Information: www.fda.gov/oc/industry		3003430700	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
TO: Mr. Ravindra Kumar Goyal, Plant Head			
FIRM NAME		STREET ADDRESS	
Cadila Healthcare Limited		Swaraj Majra, Juddi Kalan, Tehsil	
CITY, STATE AND ZIP CODE	Drug Manufacturer	TYPE OF ESTABLISHMENT INSPECTED	
Baddi, Dist. Solan, Himachal Pradesh 173205 India Observation 2	Drug Manufacturer		
Master production and control records lack complete manufacturing and control instructions. A. The batch manufacturing records for batches ba			
Firm management stated during production of the ex There is no documentation of how the manual opera		was (b) (4)	manually.
(b) (4)		(b) (4)	(b) (4)
B. Firm management stated the filled as a required step in the manufacturing		es USP mg and mg and mg and mg are	mg were
in the batch records for the exhibit bat		o instruction for use or	and
or the intended batch manufacturing record		and BMR/ZR/0587-00	and
Observation 3	GS DIVIN ZDI V 3 00-00 8	and Divity 2010301-00.	
Observation 5			
Batch production and control records do not include each batch.	complete information	relating to the product	ion and control of
A. The batch manufacturing records for (b) (4)	Cans	ules USP mg and and	mg exhibit
batches (b) (4)			
manufacturing records for(b) (4)	Capsules USP (b) (4)	pectively) and intended mg BMR/ZB/0586-00	and (b) (4)
(h) (A)	37-00 do not include sp	pecific instructions desc	ribing how to
EMPLOYEE(\$) SJGNATURE	EMPLOYEE(S) NAME AND T	TITLE (Print or Type)	DATE ISSUED
SEE REVERSE			
SEE REVERSE OF THIS PAGE MEL	Nicole E. Knowlton, Inv Maria E. Estrella, Investi		03/01/2017

	HEALTH AND HUMAN SERVICE	ES		
FOOD AND	DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER			DATE(S) OF INSPECTION	
10903 New Hampshire Avenue, Bldg 51 Room 4225		02/21-03/01/2017		
Silver Springs, Maryland 20993 (301) 796-3334 Fax (301) 847-8738		FEI NUMBER		
Industry Information: www.fda.gov/oc/industry		3005430968		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED				
TO: Mr. Ravindra Kumar Goyal, Plant Head				
FIRM NAME	STREET ADDRESS			
Cadila Healthcare Limited	Swaraj Majra, Juddi Kalan, Tehsil			
CITY, STATE AND ZIP CODE		TYPE OF ESTABLISHMENT INSPECTED		
Baddi, Dist. Solan, Himachal Pradesh 173205 India	Drug Manufacturer			
(b) (4)		during m	anufacturing.	
Step (b) (4) of the batch manufacturing records state (b) (4)				
Firm management stated during production of the e There is no documentation of how the manual operation		was (b) (4)	manually.	
B. Firm management stated the filled	Capsules	s USP mg and (b) (4	mg were (b) (4)	
as a required step in the manufactur	ing process. There is no			
in the batch records for the exhibit ba			and	
or the intended batch manufacturing reco	rds BMR/ZB/0586-00 a	nd BMR/ZB/0587-00).	
C. Duning 41		(b) (4)		
C. During the manufacture of the theoretical yield were not within the set parameters were %, (b) (4) % and (b) (4) %, (b) (4) % and (b) (4) %, (c) (d) %	of ^(b) (b) (4) %. The result respectively. A deviation	P mg exhibit bate ts obtained for batche	ches the results for	
there was no documentation in the batch records regarding this discrepancy.				
	gar amg amb anser opune)			
EMPLOYEE(\$) SIGNATURE	EMPLOYEE(S) NAME AND TI	TLE (Print or Type)	DATE ISSUED	
SEE REVERSE	Nicola E. V			
Maria Johnson	Nicole E. Knowlton, Investig Maria E. Estrella, Investig		03/01/2017	
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL ORSERV	MICHE		