	DEDA DEMACNET OF HE	ALTH AND HUMAN SERVICES				
		RUG ADMINISTRATION				
DISTRICT OFFICE	ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION			
CDER/OPQ/OS, White Oak Building 51, Room 4316 10903 New Hampshire Avenue			01/16/2018-01/19/2018			
Silver Spring, MD 20993			EI NUMBER	Minimum retained seasonath air of the County Service and an area of the service o		
Phone: (301) 796-3334; Fax: (301) 847-8738			3007197995			
	ation: www.fda.gov/oc/industry OF INDIVIDUAL TO WHOM REPORT IS ISSUED					
	Shrawat, Chief Operating Officer					
FIRM NAME STREET ADDRESS						
Shilpa Medicar	Shilpa Medicare Limited Deosugur Indus		rial Area, Deosugur			
		TYPE OF ESTABLISHMENT INSPECTED				
Raichur, Karna	Raichur, Karnataka, 584170, INDIA API Manufactur					
OBSERVATIONS; A OBSERVATION, O OBJECTION OR A YOU HAVE ANY QU	LISTS OBSERVATIONS MADE BY THE FDA REPRESENT, AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REPRESENT A FINAL AGENCY DETERMINATION WITH THE FDA REPRESENTATIVE(S) DURING THE JESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER ASSESSED FOR A FOR A FOR THE PHONE NUMBER ASSESSED FOR THE PHONE NUMBER ASSESSED FOR THE PHONE STATE OF THE PHONE NUMBER ASSESSED FOR THE PHONE STATE OF THE PHONE NUMBER ASSESSED FOR THE PHONE STATE OF THE PHONE NUMBER ASSESSED FOR THE PHONE STATE OF THE PHONE NUMBER ASSESSED FOR THE PHONE STATE OF THE PHONE NUMBER ASSESSED FOR THE PHONE STATE OF THE PHONE NUMBER ASSESSED FOR THE PHONE STATE OF THE PHONE NUMBER ASSESSED FOR THE PHONE STATE OF THE P	ON REGARDING YOUR COMPLIANT RECTIVE ACTION IN RESPONSE INSPECTION OR SUBMIT THIS IN	NCE. IF YOU HAVE AN OBJ TO AN OBSERVATION, Y	ECTION REGARDING AN OU MAY DISCUSS THE		
DURING AN INSPE	CTION OF YOUR FIRM (I) (WE) OBSERVED:					
OBSERVAT	TON 1					
	nd utensils are not cleaned and maintained	d to prevent contaminati	ion that would alter	the safety.		
(a) (b) (b) (c)	ngth, quality or purity of the Intermediate	The same of the sa				
21 2ILIT***	A REPEAT OBSERVATION***					
	on 16-17 January 2018, during the inspec	etion of your (b) (4)	nich were used in th	e manufacturing		
process for	from (b) (4) — July 20	017 in Unit <sup>(b)</sup> and Unit (4		ic manufacturing		
P	taly 2	or monique and one	,			
Unit (b) (4)	(Location of equipment used in the produ	action of from	n <sup>(b) (4)</sup> – Ju	ly 2017)		
			AND THE RESERVE			
A. I observed what appears to be discoloration resembling inside the (Equipment						
ID: (Equipment 25) in areas that come into direct contact with drug product. The status of this non-dedicated						
equipment w	as identified as cleaned.					
(b) (4)		(b) (4)		(b) (4)		
Unit. (b) (4)	Location of equipment proposed for use	in the production of	on or about	(6) (4)		
DIL		(b) (d)		(b) (4)		
B. I observed	what appears to be discoloration resemb	ling inside the	(Equi	pment ID: (b) (4)		
		01				
the (b) (4)	as identified as cleaned. In addition, I obs	served visible signs of w				
11 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (	aviantiantians to answer drug and dustance			ır firm did not		
contaminated	nvestigations to ensure drug products mar	iuractured in this	was	not		
comammated	1.					
C. In the (b) (4)	11, I observed the (b) (4)		was torn, exposing	what annears to		
	rosion. In addition, I noticed the gasket u	used to protect the (b) (4)	(b) (4)	s wrapped in		
	5.00	F		11		
	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE	(Print or Type)	DATE ISSUED		
SEE REVERSE	A. 1010-	June P. Page, Investigator				
OF THIS PAGE	Glorp. Page			01/19/2018		

		ALTH AND HUMAN SERVICE RUG ADMINISTRATION	ES			
CDER/OPQ/OS 10903 New Ha Silver Spring, M Phone: (301) 79	ADDRESS AND PHONE NUMBER S, White Oak Building 51, Room 4316 mpshire Avenue MD 20993 96-3334; Fax: (301) 847-8738 ation: www.fda.gov/oc/industry		DATE(S) OF INSPECTION 01/16/2018-01/19/2018 FEI NUMBER 3007197995			
	F INDIVIDUAL TO WHOM REPORT IS ISSUED		Ĭ			
TO: Dr. V.K. S	Shrawat, Chief Operating Officer					
FIRM NAME		STREET ADDRESS				
Shilpa Medicar		Deosugur Industrial Area, Deosugur				
CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INS			INSPECTED	ISPECTED		
	taka, 584170, INDIA		API Manufacture			
initiate any in this non-dedic Unit (4) Block		n pieces did not contan	ninate drug produ	ncts manufactured in		
	-06 & -09, Lobser ddition, I observed residue on the to ensure drug products manufactured i	of 09. Y	our firm did not i	were beginning to nitiate any re not contaminated.		
this non-dedi	of Quality and Regulatory Affairs and I of cated equipment was identified as cleaned manufactured in these non-dedicated (10) (6)	ed. Your firm did not in	nitiate any investi contaminated.	04. The status of gations to ensure		
OBSERVAT Your firm's e activities and	environmental monitoring sampling plan	is not clearly defined a	and does not repre	esent worst-case		
Specifically, for:	sample locations taken in the w	hich is used in the (b) (4)	stages of (b) (4)	API production		
A. Non-viabl	e air samples are not performed under dy	namic conditions.				
B. Surface sa	mples are not representative of the most	critical locations.				
OBSERVAT	ION 3					
	nd leachable studies for the have not been completed.		bags (b) (4) us	ed in the packaging		
101		1				
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	June P. Page, Investigator	.E (Print or Type)	01/19/2018		

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION CDER/OPQ/OS, White Oak Building 51, Room 4316 01/16/2018-01/19/2018 10903 New Hampshire Avenue Silver Spring, MD 20993 FEI NUMBER Phone: (301) 796-3334; Fax: (301) 847-8738 3007197995 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Dr. V.K. Shrawat, Chief Operating Officer STREET ADDRESS FIRM NAME Deosugur Industrial Area, Deosugur Shilpa Medicare Limited CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED API Manufacture Raichur, Karnataka, 584170, INDIA API in (b) (4) Specifically, your firm packages (b) (4) bags, which are subsequently placed in Drum. However, the USP Monograph for this product references packaging and storage should be preserve in (b) (4) container. DATE ISSUED EMPLOYEE(S) SIGNATURE EMPLOYEE(S) NAME AND TITLE (Print or Type) SEE REVERSE OF THIS June P. Page, Investigator 01/19/2018