DEPARTMENT OF HEALTH AND HUMAN SERVICES				
FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION		
10903 New Hampshire Ave, Bldg 51, Rm 4225	, Silver	5/22/2017-5/26/2017*		
Springs, MD 20993, (301)796-3334 Fax:(301)847-8738			
		FEI NUMBER		
		3004554612		
NAME AND THE F OF BIDDUING AT TO UNION DEPOSIT SOUTH				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
TO: Mr. Shailesh Laul, Senior Vice President	dent - Manuf	acturing Operations		
FIRM NAME	STREET ADDRESS			
Strides Shasun Limited	KRS Gardens, Suragajakkanhalli,			
	Indlawadi Cross, Anekal			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT	INSPECTED		
Bangalore South, Karnataka, 562106, India	Drug Manufacturer			

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.

DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

OBSERVATION 1

Written records of investigations into unexplained discrepancies do not always include the conclusions and follow-up.

Specifically, your firm has received multiple complaints relating to the quality of your capsule products. Although your firm conducted investigations into the manufacturing process, your investigations did not arrive at the actual root cause to take the appropriate corrective actions. For example, the following complaints were related to the sticking together of your capsules within your firm's product bottles.

Complaint Number	Product Name	Nature of Complaint		
ODF/MC/2016/106	Capsules USP (b) (4)	Capsules sticking together		
	mg			
ODF/MC/2015/103	Capsules mcg	Capsules were sticking / melting together		
. EMPLOYE	E(S) SIGNATURE	YESU DATE ISSUED		

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Tamil Arasu, Investigator Darren S. Brown, Investigator Of This Page

SEE REVERSE Tamil Arasu, Investigator Of This Page 5/26/2017

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INSPECTIONAL OBSERVATIONS

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	DE	PARTMENT OF FOOD AND			
DISTRICT ADDRESS AND PHONE 10903 New Hamps	shire Ave, I	Bldg 51, Rm	4225, Si	lver	DATE(S) OF INSPECTION 5/22/2017-5/26/2017*
Springs, MD 20	993, (301)79	96-3334 Fax:	(301)847	-8738	
					FEI NUMBER 3004554612
NAME AND TITLE OF INDIVIDU	JAL TO WHOM REPORT	ISSUED			
TO: Mr. Shaile	sh Laul, Se	nior Vice Pr	resident	- Manuf	facturing Operations
Strides Shasun Limited K		KRS	KRS Gardens, Suragajakkanhalli, Indlawadi Cross, Anekal		
CITY, STATE, ZIP CODE, COUN				STABLISHMEN	
Bangalore South	n, Karnataka	a, 562106, Inc	dia Dru	g Manufa	acturer
		75.77			
ODF/MC/2015/1	20 (b) (4)	Capsules (b) (4	mcg	Capsu	les sticking / lumping
ODF/MC/2016/0	72	Capsules	mcg	Capsu	les were sticking / melting together
ODF/MC/2016/0	77	Capsules	mcg	Capsu	les stuck together
ODF/MC/2016/0	85 (b) (4)	Capsules (t	mg	Capsu	les stuck together
ODF/MC/2016/0	86	Capsules	mg	Capsu	les stuck together
ODF/MC/2016/0	90	Capsules	mg	Capsu	les stuck together
ODF/MC/2016/1	01	Capsules	mg	Capsu	les stuck together
ODF/MC/2016/1	08	Capsules	mg	Capsu	les stuck together
ODF/MC/2015/1	04 (b) (4) (b) (4) mg		es USP	Capsu	les were stuck together
ODF/MC/2016/0	(b) (4) (b) (4) mg	*	es USP	Capsu	les were stuck together
Despite receiving the quality measur					end your investigation to evaluate if ne entire batch.
E	MPLOYEE(S) SIGNATUR				DATE ISSUED
	Camil Arasu, Inventor S. Brown,		AB-		5/26/2017

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INSPECTIONAL OBSERVATIONS

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FOOD AND DRUG ADMINISTRA' DISTRICT ADDRESS AND PHONE NUMBER		TON DATE(S) OF INSPECTION		
10903 New Hampshire Ave, Bldg 53	03 New Hampshire Ave, Bldg 51, Rm 4225, Silver			
Springs, MD 20993, (301)796-3334 Fax: (301)847-8738				
		FEI NUMBER		
		3004554612		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
TO: Mr. Shailesh Laul, Senior V	ice President - Manuf	acturing Operations		
FIRM NAME	STREET ADDRESS			
Strides Shasun Limited		s, Suragajakkanhalli,		
	Indlawadi	Cross, Anekal		
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMEN	INSPECTED		
Bangalore South, Karnataka, 5621	06,India Drug Manufa	cturer		
OBSERVATION 2				
Samples taken of in-process materials f	or determination of confor	mance to specifications are not repre-		
sentative.				
Specifically, there is no scientific ration	ale or data to support the s			
ing the (b) (4)	capsules in (b) (4)	on (b) (4) Furthermore, your		
manufacturing batch record directions a	re inadequate in that they	only specify that operators are to take		
samples from (b) (4)	and that your operators	collect only a total of (4) capsules per		
for (b) (4) testing, even though	n each contains contains	According to your firm's Chief		
Operating Officer each of the (b) (4)	ontains approximately (b) (4)	capsules.		
The following US marketed (b) (4)	capsules that are (b) (4)			
• (b) (4) Capsules USP (b) (4)	mg			
• (b) (4) Capsules (b) (4) mg				
• (b) (4) Capsules (b) (4) mg				
• (b) (4) Capsules USP	mg			
Suppures SSI	****5			
OBSERVATION 3				
OBSERVATIONS				
There are no written procedures for pro-	duction and process contro	als designed to assure that the drug		
products have the identity, strength, qua				
products have the identity, strength, qua	anty, and purity they purpe	of the represented to possess.		
Specifically, your firm has either failed to establish hold times or where nold times have				
Specifically, your firm has either failed to establish hold times or where nold times have				
been established the batch sizes for the hold time studies do not represent those of commercial batches.				
Furthermore, the batch sizes are not justified for the nold time studies that your firm did conduct.				
I				
I many distance and a second				
EMPLOYEE(S) SIGNATURE	$T\Delta$	DATE ISSUED		
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Tomil Among Investigator		5/26/2017		
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	DEPARTMENT OF HEAI FOOD AND DRU	TH AND HUMAN G ADMINISTRATI		ES		
	PHONE NUMBER mpshire Ave, Bldg 51, Rm 4225, Silver 20993, (301)796-3334 Fax:(301)847-8738		DATE(S) OF INSPECTION 5/22/2017-5/26/2017*			
			30045		-	
	VIDUAL TO WHOM REPORT ISSUED Llesh Laul, Senior Vice Presi		acturir	ng Operations		
Strides Shase	un Limited	KRS Gardens Indlawadi C		gajakkanhalli, Anekal		
CITY, STATE, ZIP CODE, CO Bangalore Sou	DUNTRY uth, Karnataka, 562106,India	TYPE ESTABLISHMENT Drug Manufa		16.		
(b)	Γablets (b) (4) mg / (b) (1) Γablets (b) mg / (b) (4) mg / (b)	$^{(4)}$ mg / $^{(b)}$ (4) mg)		nmercial drug pr mg)	oducts:	
	(4) (b) (4) $g/^{(b) (4)} g/^{(b) (4)} g/^{(b) (4)} g$					
(b)	g / g / g / g / g / g / g / g / g / g /	ts ^{(b) (4)} mg /	mg	/ ^{(b) (4)} mg / ^{(b) (4)} n	ng /(4) mg (b) (4)	
	ng Tablets, USP ^{(b) (4)} m					
b) The foll ducted ^{(b}	b) The following are examples of products intended for the US market where your firm has conducted hold time studies using batch sizes which do not represent commercial batches:					
Drug	Product Name	Batch Si the (b) (4)		Quantity used (b) (4) Hold T Study	1	
(b) (4)	ablets USP (b) (4) mg)	(b) (4)				
(b) (4)	Γablets, USP (^{(b) (4)} mg)					
(b) (4)	Tablets (b) (4) mg)					
*DATES OF I),5/23/2017(Tue),5/24/2017(Wed),5	5/25/2017(Thu)	,5/26/20	017(Fri)		
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