| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION  |                              |                                 |             |  |
|---|------------------------------|---------------------------------|-------------|--|
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER  |                              | DATE(S) OF INSPECTION           |             |  |
| 158-15 Liberty Avenue   |                              | 02/17/2014 - 02/27/2014         |             |  |
| Jamaica, NY 114300<br>(718) 340-7000  |                              | FEI NUMBER                      |             |  |
| Industry Information: www.fda.gov/oc/industry   |                              | 1000120311                      |             |  |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED   |                              |                                 |             |  |
| TO: Yigang Song, Quality Systems Manager  |                              |                                 |             |  |
| FIRM NAME   | STREET ADDRESS               | STREET ADDRESS                  |             |  |
| Medisca Inc.  | 661 State Route 3            |                                 |             |  |
| CITY, STATE AND ZIP CODE  |                              | TYPE OF ESTABLISHMENT INSPECTED |             |  |
| Plattsburgh, NY 12901   | API Repacker                 | API Repacker                    |             |  |
| 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 (OBSERVED:  |                              |                                 |             |  |
| Specifically, at least one test to verify the identity of each batch or material was not conducted. Your firm failed to verify identity of eight lots of L-Citrulline manufactured by (b) (4) and received at your firm between April 5, 2013 and February 3, 2014. (b) (4) Lot #(b) (4) was repacked as Medisca Lots #95482 and #96453 on 4/16/13 and 5/28/13, respectively, which was further distributed, including compounding pharmacies. Subsequently, several complaints were received on lots #95482 and #96453. Identity testing confirmed the lots as N-Acetyl-Leucine. Medisca lot numbers #95482 and #96453 were recalled on February 14, 2014.   |                              |                                 |             |  |
| 2. Investigations of customer complaints are inadequate in that they did not extend to other batches of drug substances that may have been associated with a specific failure or discrepancy or conduct root cause analysis.  Specifically, your firm failed to conduct comprehensive investigations to determine the root cause/ source in response to complaints received for repackaged L-Citrulline, Lot #95482 and Lot #96453. Complaints that L-Citrulline did not meet organoleptic description on product label were received on June 20, 2013 (Lot #95482) and October 16, 2013 (Lot #96453), however a thorough investigation was not initiated until February 7, 2014, after additional customer complaints. The investigation identified Out-of-Specification solubility results for a single manufacturer's lot, (b) (4)  repackaged into Medisca Lot #95482 and Lot #96453, which were recalled on February 14, 2014. |                              |                                 |             |  |
| EMPLOYEE(S) SIGNATURE   | EMPLOYEE(S) NAME AND TITLE ( | Print or Type)                  | DATE ISSUED |  |
| SEE REVERSE OF THIS PAGE  Deal M. Thomkun   | Chad N. Thompson, Investigat | or                              | 02/27/2014  |  |

|   | OF HEALTH AND HUMAN SERVICES                                      |  |  |
|---|---|--|--|
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER  | AND DRUG ADMINISTRATION   | The arthurstation  |  |
|   |   | DATE(S) OF INSPECTION  |  |
| 158-15 Liberty Avenue<br>Jamaica, NY 114300   |   | 02/17/2014 - 02/27/2014  |  |
| (718) 340-7000  | FE  | EI NUMBER  |  |
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| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED   |   |  |  |
| TO: Yigang Song, Quality Systems Manager  |   |  |  |
| FIRM NAME   | STREET ADDRESS  |  |  |
| Medisca Inc.  | 661 State Route 3   | 661 State Route 3  |  |
| CITY, STATE AND ZIP CODE  |   | TYPE OF ESTABLISHMENT INSPECTED                                  |  |
| Plattsburgh, NY 12901   | API Repacker  |  |  |
| a. Medisca Certificate of Analysis for L-Citri  |   |  |  |
| Using this Certificate of Analysis as a template, 98655, 100219, and 47094) of L-Citrulline were method, (b) (4) appears on the Certificates of Analysis as a template, 98655, 100219, and 47094) of L-Citrulline were method, (b) (4) appears on the Certificates of Analysis as a template, 98655, 100219, and 47094) of L-Citrulline were method, (b) (4) appears on the Certificates of Analysis as a template, 98655, 100219, and 47094) of L-Citrulline were method, (b) (4) appears on the Certificates of Analysis as a template, 98655, 100219, and 47094) of L-Citrulline were method, (b) (4) appears on the Certificates of Analysis as a template, 98655, 100219, and 47094) of L-Citrulline were method, (b) (4) appears on the Certificates of Analysis as a template, 98655, 100219, and 47094) of L-Citrulline were method, (b) (4) appears on the Certificates of Analysis as a template, 98655, 100219, and 47094) of L-Citrulline were method, (b) (4) appears on the Certificates of Analysis as a template, 98655, and 98655, | prepared using the same produ<br>nalysis for all of these batches | ict specifications. (b) (4) test                                 |  |
| b. Certificates of Analysis for L-Citrulline, Lo and address of the original manufacturer, (b) (4 original batch Certificate.   |   | 47094 do not reference the name or do they include a copy of the |  |
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| EMPLOYEE(S) SIGNATURE   | EMPLOYEE(S) NAME AND TITLE (Pri                                   | int or Type) DATE ISSUED   |  |
| SEE REVERSE OF THIS OF THIS   | Chad N. Thompson, Investigator                                    | 02/27/2014   |  |