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Food and Drug Administration-CDER/OC/DMPO/ICT phone: 001-301-796-3334 Fax: 001-301-847-8738 Fax: 001-301-847-8	DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
Industry	Office of Surveillance, Inspection Assessment Branch		November 20 - 30, 20)17
Silver S pring, MD 20093 Fax: 001-301-847-8738 3009876430 TO: Vishnukant Bhutada, Managing Director Firm MAME Shilpa Medicare Limited S-20 to S-26 Pharma. Formulations SEZ; TSIIC, Green Ind. Park CITY, STATE AND ZIP CODE Polepally, Jadcherla, Mahabubnagar, Telangana, INDIA THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACULTY. THEY ARE INSPECTIONAL OBSERVATION, ON DO NOT REPRESENT A THE ADDRESS ABOVE. POUR AND ADDRESS AND CO. IN PACE AND		none: 001-301-796-3334	FEI NUMBER	
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EMPLOYEE(S) SIGNATURE DATE ISSUED				sassembly and
	reassembling equipment as necessary to assure proper cleaning and maintenance.			
	EMPLOYEES SIGNATURE / //	EMPLOYEE/S) NAME AND TITLE	(Print or Tuna)	DATE ISSUED
REVERSE OF THIS PAGE Sandra A. Hughes, Investigator November 30, 2017			(mit or type)	DATE ISSUED
	OF THIS PAGE Sandra ATYR	Sandra A. Hughes, Investiga	tor	November 30, 2017

DEPARTMENT OF HEA	LTH AND HUMAN SERVICE	S	
FOOD AND DR	JG ADMINISTRATION		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
Office of Surveillance, Inspection Assessment Branch Food and Drug Administration-CDER/OC/DMPQ/ICT		November 20 - 30, 20	17
10,051	one: 001-301-796-3334	FEI NUMBER	
5	x: 001-301-847-8738	3009876430	
Industry Information: www.fda.gov/oc/industry		3007070130	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
TO: Vishnukant Bhutada, Managing Director			
FIRM NAM E	STREET ADDRESS		
Shilpa Medicare Limited	S-20 to S-26 Pharma.	Formulations SEZ; TSI	IC, Green Ind. Park
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT		,
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operators do not document the number of times of specify whether a should be used a operators do not document the use of the B. There is no cleaning procedure or cleaning validate C. How to collect the rinse sample following manual	leaning was repeated. and only states "if req	The cleaning proce uired, rub with	
Observation 4 Your firm failed to thoroughly investigate any unexplais components to meet any of its specifications, whether of A. Your firm did not initiate an investigation into reproduct appearance of product. All acceptable toward product quality perspective. B. Your firm invalidated initial out-of-specification (an adequate investigation.	r not the batch has all etitive complaints rec l investigations conclu	ready been distribute eived regarding uded the complaint b	batch/product is
Observation 5 Procedures designed to prevent microbiological contamestablished, written and followed. A. During the watching of (b) (4) injection	production on 21 Nov	. 2017, I noted the f	irm was not
documenting all interventions. I observed (4) interventions one of these interventions was documented. B. Media fills are performed following SOP/QAD/G dated 20 May 2017. This procedure requires all p filling area to participate in a media fill run at leas activities in media fill. Production operators, Qua were listed as being qualified during media fills w	EN/043-06 Procedure ersonnel authorized to the control of the cont	for Aseptic Process o enter in the aseptic The firm does not to anel, microbiologists	processing and rack personnel
In addition, the firm reports the media fill duration take into account the extended breaks and the inte	rmittent breaks taken	by the operators. For	_
SEE REVERSE OF THIS	EMPLOYEE(S) NAME AND TITLE		DATE ISSUED

	LTH AND HUMAN SERVICE JG ADMINISTRATION	ES	
Office of Surveillance, Inspection Assessment Branch Food and Drug Administration-CDER/OC/DMPQ/ICT 10903 New Hampshire Avenue, Bldg 51, Room 4225 Silver S pring, MD 20993 Phone: 001-301-796-3334 Fax: 001-301-847-8738		DATE(S) OF INSPECTION November 20 - 30, 20 FEI NUMBER 3009876430	017
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
To: Vishnukant Bhutada, Managing Director	OTDEET ADDRESS		
FIRM NAME	STREET ADDRESS	Familations SE7, TSI	IC Committee Deale
Shilpa Medicare Limited CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT	Formulations SEZ; TSI	ic, Green Ind. Park
Polepally, Jadcherla, Mahabubnagar, Telangana, INDIA	Sterile and non-sterile		
are removed from the line.	During these breaks of	and	
m anufacturer. The (b) (4) that have been replaced D. For each pair of sterile (b) (4) tested, the firm only that the whole (b) (4) (b) (4) (b) (4) sterile. These applies to be (b) (4) sterile.	on the line are docum requires a minimum oth the	of b)(4) b)(4) The firm b)(4) b)(4)	g an expiry date. n does not ensure (b) (4)
equipment used along with the temperature of the temperature of the media at this step is critical. F. The monitoring program does not cover all critical does not monitor the filling (b) (4) at the conclus maintained throughout the filling process. G. During the validation of the microbial method use the actual conditions of use are not validated. The media provides conditions such that compromised varied microbial population. In addition, the media promotion for how it is used. Growth promotion is (b) (4) at (b) (4) The media is used for (b) (4) at (b) (4) H. The procedure used for (b) (4) SOP/PDI/GI	surfaces that come in surfaces that come in ion of sterile filling to d during the analysis a firm does not demon and/or stress organism used for the sperformed (b) (4) then moved into the EN/050-05 Procedure is not being followed	nted. Management of contact with the property sterile contact with the property of environmental materials are able to property the method does not to Start Activity in the property of the start of the property of the prop	confirmed the roduct. The firm ditions were onitoring plates, obial growth agate within a undergo growth
Observation 6 The written stability program for drug products does no The methods used during the stability program for Injection, I	Tablets (b) (4) (b) Injection, (b) (4) ng/v	ng & (b) (4) ng, (b) (4) vial have not been p	(b) (4)
SEE REVERSE	MPLOYEE(S) NAME AND TITLE . Sandra A. Hughes, Investigat		November 30, 2017

	ALTH AND HUMAN SERVICE	ES .	
TOOD AND DIS	TOO ADMINISTRATION		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER Office of Surveillance, Inspection Assessment Branch		November 20 - 30, 20	17
Food arad Drug Administration-CDER/OC/DMPQ/ICT 10903 New Hampshire Avenue, Bldg 51, Room 4225	none: 001-301-796-3334	FEI NUMBER	
Silver S pring, MD 20993	ax: 001-301-847-8738	3009876430	
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
To: Vishnukant Bhutada, Managing Director			
FIRM NAM E	STREET ADDRESS		
Shilpa Medicare Limited	S-20 to S-26 Pharma.	Formulations SEZ; TSI	IC, Green Ind. Park
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT	INSPECTED	
Polepally, Jadcherla, Mahabubnagar, Telangana, INDIA	Sterile and non-sterile	Drug Manufacturer	
purity threshold as per waters empower – 2 softw samples (for information only). The following re	performed during the s to determine impurition riteria for the stress stu- acceptance criteria and k and each other, the pare and calculate the re- esults were noted during	tress studies performes in (b) (d) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Injection. ing the validation ation products if ould be less than
Due to the mass balance, the stress studies for retesting, the sample was not degraded and therefore the impurities generated by acid and basic exposure. Due to the mass balance, the stress studies for retesting, the sample was not degraded and therefore the impurities generated by acid and basic exposure. D. (b) (4) (b) (4) (b) (4) (b) (4) (c) (d) (d) (d) (d) (d) (d) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(b) (4) % (b) (4) % r acid and basic condit fore it still cannot be dure.	(b) (4) (b) (b) (4) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	hod can detect
Observation 7 The following issues were noted during the review of to for product for the U.S. market. Specifically, the software chromatography (HPLC) analysis of finished product for use of multiple processing methods without scientific jan analyst can change the integration parameters for ear minimum area, sensitivity, baseline point, peak group semployees (S) SIGNATURE	are used to conduct his or unknown impurities ustification. For examels ample run includions	gh performance liques is configured to people, during the analong inhibit integration	id rmit extensive ysis of impurities,
SEE REVERSE OF THIS PAGE SANDAR STORY	Sandra A. Hughes, Investiga	, , , , , , , , , , , , , , , , , , , ,	November 30, 2017

PERCENT A DISTRICT OF THE PERCENT OF	ALTH AND HUMAN SERVICE	ES	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
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Food and Drug Administration-CDER/OC/DMPQ/ICT 10903 New Hampshire Avenue, Bldg 51, Room 4225	hone: 001-301-796-3334	FEI NUMBER	
	ax: 001-301-847-8738	3009876430	
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		3007870430	
TO: Vishnukant Bhutada, Managing Director	STREET ADDRESS		
Shilpa Medicare Limited		Formulations SEZ; TSI	IC Green Ind Park
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT		ite, oreen ma. rank
Polepally, Jadcherla, Mahabubnagar, Telangana, INDIA	Sterile and non-sterile	Drug Manufacturer	
tested. This analysis also specifies vials to be tested. This analysis also specifies vials to be tested. The particle size distribution method used in the tested. (b) (4) vials would fail the particle size test so a different not documented.	cation as a condition of the ded meets specification on tains ppm. The impurity (b) methodoe prior to testing analysis of (b) (a) mg/(b) ml - (b) vials, (c) mg/(c) ml - (d) vials, (d) mg/(d) mg/(d) vials, (d) mg/(d) mg/(d) mg/(d) vials, (d) mg/(d) mg/(d) vials, (d) mg/(d) mg/(d) vials, (d) mg/(d) vials, (d) mg/(d) vials, (d) mg/(d) mg/(d) vials, (d) mg/(d) mg/(d) vials, (d) mg/(d) vials, (d) mg/(d) vials, (d) mg/(d) mg/(d) vials, (d) mg/(d)	for their approval and a control of their approval and a control of the assay method, do alysis. The method of a control of the assay method of a control of the assay method of a control of the assay method	d release. egradation requires (b) vials of pm sample to be g/vial stated nt stated (b) (4) s are discarded is on of the (b) (4) ng or (4) ng/ml
of the filling process. These (b) (vials are combined (b)(4) of the filling process. The vials vials sampled was not based on statistical rational documented. In addition to these samples, the first (b)(4) after the (b)(4) for finished process. The vials vials are combined (b)(4) of the filling process. The vials vials are combined (b)(4) vials are combined (b)(4) of the first (b)(4) after the (b)(4) of these (b)(4) vials, (b)(4) said (c)(4) vials, (b)(4) said (c)(4) vials, (c)(4) said (c)(4) vials, (c)(4) said (c)(4) vials, (c)	the firm sampled (4) vide prior to testing to observe tested for descripted and the times when the samples (5) (4) vials to product testing. These passed on a statistical event the sample is tested for assamples (5) (4) vials to product testing.	tain (b)(4) result from tion, pH, and assay. these samples are tale tall from the vials are compiled and impurities.	the (b) (4) This number of the cen is not the prior to being sent the firm samples
SEE REVERSE OF THIS PAGE SEE SEE OF THIS PAGE SEE SEE OF THIS PAGE	EMPLOYEE(S) NAME AND TITL Sandra A. Hughes, Investiga	E (Print or Type)	DATE ISSUED November 30, 2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
Office of Surveillance, Inspection Assessment Branch Food and Drug Administration-CDER/OC/DMPQ/ICT		November 20 - 30, 20)17
10903 New Hampshire Avenue, Bldg 51, Room 4225 Pho	one: 001-301-796-3334	FEI NUMBER	
Silver S pring, MD 20993 Fax Industry Information: www.fda.gov/oc/industry	x: 001-301-847-8738	3009876430	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
TO: Vishnukant Bhutada, Managing Director			
FIRM NAME	STREET ADDRESS		
Shilpa Medicare Limited	S-20 to S-26 Pharma.	Formulations SEZ; TSI	IC, Green Ind. Park
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT I	NSPECTED	
Polepally, Jadcherla, Mahabubnagar, Telangana, INDIA	Sterile and non-sterile	Drug Manufacturer	
in order to derive statistically valid colony counts. period reviewed. D. The process validation for (b) (4) [njection of the process of th	t appropriate for the e The firm did not obt n (b)(4) ng/vial only red filling to ensure produ	ain any CFUs for tl quires ^{(b) (4)} sample a	ne 12 month
filling from the	ining to ensure produ	ct uniformity.	
Observation 10 The following defects are not reflected in the visual insp			,
vial/liquid, vials: Sealing (non-integral), broken/cracks, changes in liquid color, absence of stopper/seal, less volume, more volume, color particle, coding, empty vial, molding defects, scratches, spot on spot on seal.			
vial/liquid, vials: Broken/cracks, less volume,	, more volume, empty	, appearance, sealir	ng (non-integral).
vial (b) (4) vials: Broken/cracks, (b) (4)	(b) (4)	black particle, glas	ss particle.
vial/(b)(4) vials: Sealing (non-integral), broken/cracks, glass particle, change in stopper/seal, (b)(4) vials: Sealing (non-integral), broken/cracks, glass particle, change in color, absence of stopper/seal, (b)(4) color, absence of stopper/seal, (b)(4) color, absence of stopper/seal, (b)(4) seal.			
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BA - W	120/17		
EMPLOYEES) SIGNATURE	MDI OVEE(E) NAME AND TITLE	(Print or Trees)	DATE ISSUED
SEE // \ // \ /	MPLOYEE(S) NAME AND TITLE		DATE ISSUED
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