URGENT DRUG RECALL
Anagrelide Capsules, USP 0.5 mg, 100 Capsules
Initiated 05/11/2022

Teva Pharmaceuticals USA, Inc.

Dear Valued Customer:

Teva Pharmaceuticals USA, Inc. (Teva USA) is voluntarily recalling one lot of **Anagrelide Capsules, USP 0.5 mg** to the Retail Level. The affected product lots were distributed under the label of Teva Pharmaceuticals USA, Inc.

NDC	Lot	Exp. Date	Size	Teva USA Distribution
0172-5241-60	GD01090	05/2022	100 Capsules/Bottle	07/30/2020 - 09/02/2020

This recall has been initiated because dissolution results for routine stability testing of lot number GD01090 are below approved specification limits. The main safety concern that may arise from the lower dissolution test results is decreased effectiveness and/or ineffectiveness of the drug product to exert its platelet-reducing effect. Exposure to the product of concern could lead to mild adverse events although the likelihood of the harm is remote. The overall risk of harm in the patient population prescribed this drug product is considered to be low.

Please take the following necessary **ACTIONS** stated below.

ACTIONS: Please *promptly* perform the following actions that are necessary for this recall:

- Examine your inventory for the recalled product lot GD01090.
- Quarantine and cease distribution of the recalled product lot GD01090.
- *Even if you have **no** product to return*, it is necessary that you ***promptly complete*** the attached recall stock response form (SRF) and ***promptly return*** the SRF by mail, email, or FAX to Inmar, Attn: Recall Coordinator,

  Inmar, 635 Vine Street, Winston Salem, NC 27101.

  Email address: **rxrecalls@inmar.com** FAX: 817-868-5362.
- **If you have further distributed product lots affected by this recall please perform a SUB-RECALL to your accounts using this Recall Notification and Stock Response Form as a basis of your recall notification.**

After receipt of your completed SRF, Inmar will send labels for Return Goods Authorization (RGA) and for return shipping of the recalled merchandise. Appropriate credit for your product returns, plus handling and shipping expenses, will be issued after receipt of said product and your RGA. All recalled product returned without a RGA may delay the issuance of a credit. Products returned that are not the subject of the recall will not be credited and will be destroyed.

CONTACT INFORMATION AND CREDIT
Product Returns: Contact Inmar at: 866-431-5972 (Hours of Operation: 9 am to 5 pm Eastern Time) Recall Stock Response Forms - Contact Inmar at 855-863-0535 or acquire forms from clsnetlink.com.
Medical-related Questions or to report an Adverse Event: Contact Medical Information at: 888-838-2872, option 3, then, option 4 Live calls received: M - F, 9:00 AM - 5:00 PM Eastern Time; Voicemail: 24 hrs./day, 7 days/week
Product Quality Complaint-related Questions: Contact Quality Assurance Services: 888-838-2872, option 4 Live calls received: M - F, 9:00 AM - 5:00 PM Eastern Time; Voicemail: 24 hrs./day, 7 days/week
Customer Service-related Questions: Contact Teva Customer Service: 888-838-2872, option 3 then, option 2 Live calls received: M - F, 8:30 AM - 5:00 PM Eastern Time; Voicemail: 24 hrs./day, 7 days/week
FDA contact information for reporting adverse events/quality complaints: Online at www.fda.gov/medwatch/report.htm or call FDA at 1-800-FDA-1088

This recall is being made with the knowledge of the Food and Drug Administration.

Sincerely,

Regulatory Compliance, Teva Pharmaceuticals USA, Inc.

/enclosures: Stock Response Form

URGENT DRUG RECALL
Anagrelide Capsules, USP 0.5 mg, 100 Capsules
Initiated 05/11/2022

Teva Pharmaceuticals USA, Inc.

STOCK RESPONSE FORM

Enter the information of the recalled product to be returned in the table below. If additional space is needed, please make copies of this form.

Please fill out completely **Date:** _____

DIRECT CUSTOMERS ONLY: Does this response include **all** your DC locations? ☐ YES ☐ NO

Customer/Store Name:	
*DEA #:	*Debit Memo #

DEA # is required; in order to process your form.

Address: _____

City: _____ State: _____ Zip: _____

Contact Name (please print): _____ Telephone #: _____

I have checked my stock and:

_____ I **do not** have stock of the recalled item(s) **OR** _____ I **do** have stock of the recalled item(s) listed above.

Anagrelide Capsules, USP 0.5 mg, 100 capsules/bottle		
NDC	**Lot**	**Quantity to Return Count Partials as 1**
0172-5241-60	GD01090	

Please send me _____ shipping box labels

NON DIRECT CUSTOMERS ONLY: Please complete the following:

Purchased From (Wholesaler name): _____ DEA #: _____

DEA # is required; in order to process your form.

City: _____ State: _____

Please promptly return this form by FAX to: 817-868-5362 or by E-mail at: rxrecalls@inmar.com or Mail to: Inmar, Attn: Recall Coordinator, Inmar, 635 Vine Street, Winston Salem, NC 27101.

Inmar/MedTurn Use Only:				
Scan	Labels	Store	Kit	D.B