



RCL149-24 N131176

### Lupin Pharmaceuticals, Inc.

#### RECALL

**Cefixime for Oral Suspension USP 200 mg/5 mL, 50 mL pack size**

**Retail Level**

**6/17/2024**

**Please fill out this form completely.** By doing so, this will acknowledge that you have read and understand the recall instructions and have taken the appropriate action.

Customer Name: \_\_\_\_\_

DEA#: \_\_\_\_\_

***DEA # is required, if it is not provided, the processing of your form will be delayed.***

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Name (Please Print): \_\_\_\_\_

Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DEBIT MEMO# (If unsure, leave blank): \_\_\_\_\_

**Wholesaler Information if not directly purchased from Lupin:**

Wholesaler Name: \_\_\_\_\_

DEA#: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**I have checked my stock and:**

\_\_\_\_\_ I do not have any stock of the recalled items.

**OR**

I have quarantined and listed in the box below the quantity of recalled units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels \_\_\_\_\_.

Product Name	NDC#	Lot#	Expiration Date	Total Quantity of Units (full and partial bottles)
Cefixime for Oral Suspension USP 200 mg/5 mL, 50 mL pack size	68180-407-03	F201519	11/30/2024	

If you have any questions regarding this form or product return please contact Inmar at 877-881-8618 Office hours 9am to 5pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**

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