

## **RECALL STOCK RESPONSE FORM**

**Lupin Pharmaceuticals Inc**  
**Recall**  
**Irbesartan Tablets USP, 75mg, 150mg and**  
**300mg**  
**Consumer Level**  
**10/6/2021**

**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 # \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

Wholesaler Information if not directly purchased from Lupin:

Wholesaler Name: \_\_\_\_\_ Wholesaler DEA#: \_\_\_\_\_

Wholesaler City: \_\_\_\_\_ Wholesaler State: \_\_\_\_\_ Wholesaler Zip: \_\_\_\_\_

**I have checked my stock and:**

\_\_\_\_\_ 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 \_\_\_\_\_.

| Item Description                              | NDC          | Lot #   | Qty Returning |
|---|--------------|---------|---------------|
| Irbesartan Tablets USP, 75mg, 150mg and 300mg | 68180-410-06 | H000843 |               |
|   | 68180-410-09 | H000844 |               |
|   | 68180-412-09 | H000845 |               |
|   | 68180-412-09 | H000846 |               |
|   | 68180-410-09 | H000964 |               |
|   | 68180-412-09 | H000965 |               |
|   | 68180-412-06 | H804310 |               |
|   | 68180-410-09 | H804311 |               |
|   | 68180-411-06 | H804403 |               |
|   | 68180-411-09 | H804492 |               |
|   | 68180-411-06 | H805251 |               |
|   | 68180-411-09 | H805252 |               |
|   | 68180-411-09 | H805253 |               |
|   | 68180-410-09 | H805267 |               |
|   | 68180-410-09 | H805268 |               |
|   | 68180-410-09 | H805269 |               |

|  |              |         |  |
|--|--------------|---------|--|
|  | 68180-412-09 | H805345 |  |
|  | 68180-412-09 | H805346 |  |
|  | 68180-412-09 | H805347 |  |
|  | 68180-411-06 | H805640 |  |
|  | 68180-411-09 | H805641 |  |
|  | 68180-411-09 | H805642 |  |
|  | 68180-411-09 | H805643 |  |
|  | 68180-412-09 | H805724 |  |
|  | 68180-410-09 | H805725 |  |
|  | 68180-410-09 | H805726 |  |
|  | 68180-410-06 | H805727 |  |
|  | 68180-412-06 | H900050 |  |
|  | 68180-412-09 | H900061 |  |
|  | 68180-412-09 | H900062 |  |
|  | 68180-412-09 | H900445 |  |
|  | 68180-412-09 | H901489 |  |
|  | 68180-412-09 | H901490 |  |
|  | 68180-412-09 | H901491 |  |
|  | 68180-410-09 | H901497 |  |
|  | 68180-410-09 | H901577 |  |
|  | 68180-410-09 | H901578 |  |
|  | 68180-410-06 | H901579 |  |
|  | 68180-411-06 | H901580 |  |
|  | 68180-411-09 | H901581 |  |
|  | 68180-411-09 | H902139 |  |
|  | 68180-411-09 | H902140 |  |
|  | 68180-410-09 | H902258 |  |
|  | 68180-412-09 | H902261 |  |
|  | 68180-412-06 | H902262 |  |

If you have any questions regarding this form or product return please contact Inmar at 855-769-3988  
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)**