



PRODUCT RECALL RESPONSE FORM
URGENT DRUG RECALL- WHOLESALE

Please complete the required information and fax it to **1-817-868-5362**
or email to rxrecalls@inmar.com

To the Attention of Drug Safety/ Recall Services-Zydus Pharmaceuticals USA Inc.

Product Detail	NDC Number Vial	NDC Number Outer Box	Lot No.	Exp Date	No. of Bottle Purchased	No of the Bottles consumed	No. of bottles in Possession	No of Bottles to be returned
Cyanocobalamin Injection USP 1000mcg/mL	16714-165-01	16714-165-25	L200253	07/2024				
Cyanocobalamin Injection USP 1000mcg/mL	16714-165-01	16714-165-25	L200281	07/2024				
Cyanocobalamin Injection USP 1000mcg/mL	16714-165-01	16714-165-25	L200301	07/2024				

No. of Returns kit required: _____

Please mark as applicable

☐ We currently do not have any inventory of the above-listed Lot/bottles

☐ We are notifying our customers

Office of Regulatory Affairs

Zydus Pharmaceuticals (USA) Inc.

(A wholly owned subsidiary of Zydus Lifesciences Limited)

73 Route 31 North • Pennington, NJ 08534 | Phone: 609-730-1900 | Fax: 609-730-1999

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___ We have identified and notified my customers that were shipped or may have been shipped this product by _____;

___ Attached is the list of customers who received/ may have received this product. Please notify my customers.

Any adverse event associated with recalled product? ___ Yes ___ No
If yes, please explain:

Please check appropriate box to describe your business

___ Wholesaler/Distributor

___ Retailers

___ Repackager

___ Manufacturer

___ Pharmacy- Retail

___ Hospital/ Medical Facility

___ Hospital Pharmacies

___ Medical Laboratory

___ Other: _____

Name: _____

Title: _____

Tel Number: _____

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USA

Firm Name: _____

DEA# _____

Address: _____

City/ State: _____

If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc., then please provide details of your wholesaler: _____ (Name, City) DEA# _____

Signature: _____

Date: _____

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