

Blynda B. Masters Director, Customer Service 609-495-2800 Blynda.Masters@sunpharma.com

URGENT: DRUG RECALL

Alendronate Sodium Tablets USP, 70 mg

February 11, 2016

Dear Trading Partner:

This notice is to inform you of a drug product recall involving:.

Drug Product Name: Alendronate Sodium Tablets USP, 70 mg

Manufacturer: Sun Pharmaceutical Industries, Ltd.

NDC Number: 47335-638-68 (Blister of 4 Tablets)

Dosage Form: Tablets

Route of Administration: Oral

Type of Drug Product: Prescription

<u>Intended Use/ Indications:</u> Indicated for treatment and prevention of osteoporosis in postmenopausal women.

Package Type and Number of Doses/Sizes: 4 tablets packed in aluminium blister.

Lot Numbers

Product name	Batch No.	Mfg. Date	Exp. Date
Alendronate Sodium Tablets USP, 70 mg	JKP2234A	05/2015	04/2017
	JKP2235A	05/2015	04/2017

Reason for Recall

This recall is voluntarily initiated based upon stability results. During the analysis of 3 month long term stability testing, it was noticed that observed levels of highest unknown impurity was exceeding specification limit.

These lots were distributed during September 2015 to November 2015.

Immediately examine your inventory and quarantine subject lots to this recall. Please stop distributing these lots immediately. This recall is being initiated to the retail level. In addition, if you have further distributed this product, please notify your customers at once of this product recall. Your notification may be enhanced by including a copy of this recall letter.

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

For return of affected product, please email rxrecalls@inmar.com or call 800-967-5952, during Monday to Friday, from 8:00 am to 5:00 pm (EST). Please complete and return the enclosed response form along with your affected customer list as soon as possible.

Affected product should be sent to:

Algada B. masters

Inmar 4332 Empire Road South Dock Fort Worth, TX 76155

Sincerely,

Blynda B. Masters

Director, Customer Service

URGENT: DRUG RECALL - RESPONSE FORM

<u>Please Complete This Form and A Provide Return Invoice and Fax</u> <u>to</u>: 817-868-5362 <u>or Email to</u>: <u>rxrecalls@inmar.com</u>

We do not have a	ny stock				
Or,					
Please enter the	quantity you sh	all be return	ing.		
Described	T - L	D 1			
Product Name	Lot Number	Pack size	NDC Number	Exp. Date	Quantity to be returned
Alendronate Sodium	JKP2234A	Blister of 4 Tablets	47335-638-68	04/2017	
Tablets USP, 70 mg	JKP2235A	Blister of 4 Tablets	47335-638-68	04/2017	
Name		_ DEA #			
Company					
Address					
City		_State	_Zip Code		
Dhana Numban					

Email Address _____

Wholesaler _____ City/State _____