

## URGENT: RETAIL LEVEL MARKET WITHDRAWAL - INITIATED 01/19/2024

### LORAZEPAM INJECTION, USP 2MG/ML AND 4MG/ML CIV ATIVAN (LORAZEPAM INJ. USP) 2MG/ML CIV

Dear Customer:

Hikma Pharmaceuticals USA Inc. (formerly West-Ward Pharmaceuticals) is voluntarily initiating a market withdrawal of fifty- three (53) lots of Lorazepam Injection, USP and Ativan (Lorazepam Inj. USP)-2mg/mL and 4mg/mL, 1mL and 10mL fill vials at the retail level. This market withdrawal is being conducted with the knowledge of the Food and Drug Administration.

NDC	Item Description	Lot	Exp. Date	First Ship Date	Last Ship Date
0641-6000-10	ATIVAN 20MG/10ML VIAL X 10	042077Z	04/2024	8/8/2022	8/29/2022
0641-6001-25	ATIVAN 2MG/ML VIAL X 25	022084Z	02/2025	4/11/2022	6/21/2022
0641-6001-25	ATIVAN 2MG/ML VIAL X 25	031106Z	03/2024	4/14/2021	1/24/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	011092	01/2024	2/8/2021	2/18/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	011094	01/2024	2/23/2021	3/3/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	011096	01/2024	3/10/2021	3/22/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	012091	01/2025	2/17/2022	2/28/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	021059	02/2024	3/25/2021	4/5/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	021061	02/2024	3/29/2021	4/12/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	021098	02/2024	3/22/2021	3/29/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	022052	02/2025	5/12/2022	5/24/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	022054	02/2025	3/7/2022	3/14/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	022056	02/2025	3/17/2022	3/28/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	022058	02/2025	3/30/2022	4/11/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	031102	03/2024	4/8/2021	5/3/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	031104	03/2024	4/26/2021	5/20/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	031108	03/2024	5/24/2021	6/21/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	031135	03/2024	5/17/2021	6/14/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	041145	04/2024	6/21/2021	7/7/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	051068	05/2024	6/28/2021	8/9/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	051070	05/2024	6/28/2021	9/13/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	051072	05/2024	7/6/2021	9/7/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	051074	05/2024	7/26/2021	8/30/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	061001	06/2024	8/2/2021	9/8/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	061003	06/2024	8/16/2021	10/12/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	061112	06/2024	8/23/2021	9/13/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	071054	07/2024	8/23/2021	10/11/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	071056	07/2024	9/13/2021	10/13/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	071058	07/2024	1/26/2022	2/7/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	081063	08/2024	9/13/2021	10/25/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	081065	08/2024	10/13/2021	10/25/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	091072	09/2024	11/2/2021	11/15/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	091074	09/2024	11/29/2021	12/6/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	091076	09/2024	12/13/2021	12/20/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	101069	10/2024	11/15/2021	11/29/2021
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	101073	10/2024	1/12/2022	1/24/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	101075	10/2024	1/18/2022	1/26/2022
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	111045	11/2024	1/18/2022	1/24/2022
0641-6045-25	LORAZEPAM 4MG/ML VIAL X 25	031137	03/2024	4/26/2021	5/23/2022
0641-6046-10	LORAZEPAM 20MG/10ML VIAL X 10	011128Z	01/2024	8/9/2021	11/22/2021
0641-6046-10	LORAZEPAM 20MG/10ML VIAL X 10	032105Z	03/2024	8/8/2022	8/8/2022
0641-6046-10	LORAZEPAM 20MG/10ML VIAL X 10	042077	04/2024	8/8/2022	10/17/2022
0641-6046-10	LORAZEPAM 20MG/10ML VIAL X 10	121058	12/2024	1/25/2022	7/27/2022

NDC	Item Description	Lot	Exp. Date	First Ship Date	Last Ship Date
0641-6048-25	LORAZEPAM NOVA+ 2MG/ML VIAL X 25	021067	02/2024	3/22/2021	6/21/2021
0641-6048-25	LORAZEPAM NOVA+ 2MG/ML VIAL X 25	031110	03/2024	6/21/2021	10/4/2021
0641-6048-25	LORAZEPAM NOVA+ 2MG/ML VIAL X 25	081071	08/2024	10/11/2021	1/24/2022
0641-6048-25	LORAZEPAM NOVA+ 2MG/ML VIAL X 25	111102	11/2024	2/7/2022	4/18/2022
0641-6050-10	LORAZEPAM NOVA+ 20MG/10ML VIAL X 10	011128	01/2024	12/15/2021	1/31/2022
0641-6050-10	LORAZEPAM NOVA+ 20MG/10ML VIAL X 10	032105	03/2024	8/8/2022	10/23/2023
0641-6207-25	LORAZEPAM ProRx 2mg/ml, 1ml vial	031128Z	03/2024	4/21/2021	9/13/2021
0641-6207-25	LORAZEPAM ProRx 2mg/ml, 1ml vial	071060Z	07/2024	9/20/2021	1/31/2022
72572-380-25	LORAZEPAM CIVICA 2MG/ML VIAL X 25	041129	04/2024	6/4/2021	6/4/2021
72572-380-25	LORAZEPAM CIVICA 2MG/ML VIAL X 25	121080	12/2024	2/1/2022	2/1/2022

## Reason for withdrawal:

This market withdrawal is being conducted as a precautionary measure. This is being executed out of abundance of caution to ensure product on the market does not exceed the total related compound specification as noted in previously identified Lorazepam /Ativan lots. A health assessment has been completed and no risk to patient safety has been identified.

## Important Basic Information:

This market withdrawal is limited to the lot numbers listed above. Corrective actions have been implemented and no other Hikma products or lots are impacted by this market withdrawal. We have received no Adverse Events complaints for the subject lots to date. The services of Inmar Rx Solutions, Inc. have been enlisted to facilitate the market withdrawal.

## Labeling:

Please see attachments for Product Labels that will assist in identifying the products.

## Action Required:

- ☐ Stop distributing these lots immediately and segregate any product remaining in your inventory for return.
- ☐ Immediately copy and forward this letter and the Return Response Form to any of your direct retail or distributor consignees to whom these affected product lots were distributed.
- ☐ Promptly complete a physical count and record this data on the enclosed Return Response Form included with this letter. Complete the Return Response Form indicating that you have contacted your consignees and return to Inmar Rx Solutions, Inc. An immediate response to complete the Return Response Form is required **even if there is no affected product/lot in your inventory**.

## If you have Product to Return:

- ☐ Once the Return Response Form is sent to Inmar Rx Solutions, Inc., Inmar will send a return kit and prepaid shipping label for your market withdrawal product return.
- ☐ Once you receive a shipping label and a return kit, immediately ship market withdrawal product to **Inmar Rx Solutions, Inc.** Do not include any other products/lots in this return shipment. Return of the market withdrawal product must be separate from all other returns and returned only to **Inmar RX Solutions, 3845 Grand Lakes Way, Suite 500, Grand Prairie, TX 75050**. All market withdrawal product returned without a return kit may delay the issuance of your credit. Hikma will issue a credit for the quantity of returned product to direct customers of Hikma. If you are NOT a Direct Customer of Hikma a credit should be requested from your WHOLESALER.

## Completed Return Response Form can be submitted by mail, email, or FAX to Inmar Rx Solutions, Inc.

By mail: Inmar RX Solutions Attn: Retail Coordinator, One West Fourth Street, Winston Salem, NC 27101

By email address: [HikmaEvent@Inmar.com](mailto:HikmaEvent@Inmar.com) or by FAX: 1-817-868-5362

For information regarding this market withdrawal, please reference the following contact information:

- For information regarding the market withdrawal process, call Hikma at 1-800-631-2174 between 8:00am - 6:00pm EST, Monday through Friday, or email at [usrecall@hikma.com](mailto:usrecall@hikma.com).
- For medical or technical product information or to report an Adverse Event call Hikma at 1-877-233-2001 between 9:00am – 7:00pm EST, Monday through Friday or email [us.hikma@primevigilance.com](mailto:us.hikma@primevigilance.com).
- For additional information regarding the return of the product, call Inmar Rx Solutions, Inc. at 877-780-4393.

We are committed to supplying our customers with quality products. We apologize for this inconvenience and thank you for your time and continued support. Your cooperation and compliance with the requests in this letter are appreciated.

Sincerely,


Brett Wood

Senior Director of Quality and Technical Operations



Lorazepam/ Ativan Vial and Shelf-Pack/ Carton print Label for the presentations listed above:

NDC 0641-6000-01 Rx only

**Ativan Injection**   
(lorazepam injection, USP)

**20 mg per 10 mL (2 mg/mL)**

For Intramuscular use  
For Intravenous use, dilution required; see insert.

10 mL Multiple Dose Vial 462-566-02


Usual Dosage:  
See insert.  
Protect from light.  
Do not use if solution is discolored or contains a precipitate.  
**Refrigerate**  
Mfd. by Hikma  
Berkeley Heights, NJ 07922

Lot: Exp:

To open—Cut seal along dotted line.

LOT: EXP: To open—Cut seal along dotted line.

NDC 0641-6000-10 Rx only

**Ativan Injection**   
(lorazepam injection, USP)

**20 mg per 10 mL (2 mg/mL)**

For Intramuscular use  
For Intravenous use, dilution required; see insert.

**Refrigerate**  
10 x 10 mL Multiple Dose Vials

Each mL contains 2 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2% benzyl alcohol as preservative.  
Usual Dosage: See insert.  
Do not use if solution is discolored or contains a precipitate.  
Protect from light: Store in carton.  
Mfd. by Hikma  
Berkeley Heights, NJ 07922  
462-567-03  
**hikma.**

Lot: Exp:

To open—Cut seal along dotted line.

NDC 0641-6001-01 Rx only

**Ativan Injection**   
(lorazepam inj., USP)

**2 mg/mL 1 mL Vial**


FOR IM USE: **REFRIGERATE**  
FOR IV USE: SEE DIRECTIONS.  
For IV use, additional dilution is required; see accompanying information. Usual Dosage: See accompanying information.  
Do not use if solution is discolored or contains a precipitate.  
**PROTECT FROM LIGHT**

WEST WARD

Lot: Exp:

To open—Cut seal along dotted line.

NDC 0641-6001-25

**Ativan Injection**   
(lorazepam injection, USP)

**2 mg/mL Rx only**

**25 x 1 mL Vials**

FOR IM USE;  
FOR IV USE DILUTION REQUIRED.  
SEE ENCLOSED DIRECTIONS

Manufactured by  
**WEST WARD**  
Eatontown, NJ 07724 USA 462-155-01

Each mL contains 2 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2.0% benzyl alcohol as preservative.  
Usual Dosage: See enclosed information.  
Do not use if solution is discolored or contains a precipitate.  
**PROTECT FROM LIGHT**  
Use this carton to protect contents from light.  
**STORE IN A REFRIGERATOR**

Lot: Exp:

To open—Cut seal along dotted line.

NDC 0641-6044-01

**Lorazepam Injection, USP**   
**2 mg/mL Rx only**

**1 mL Vial**

FOR IM USE: **REFRIGERATE**  
FOR IV USE: SEE DIRECTIONS.  
For IV use, additional dilution is required; see accompanying information. Usual Dosage: See accompanying information.  
Do not use if solution is discolored or contains a precipitate.  
**PROTECT FROM LIGHT**

WEST WARD

Lot: Exp:

To open—Cut seal along dotted line.

NDC 0641-6044-25

**Lorazepam Injection, USP**   
**2 mg/mL Rx only**

**25 x 1 mL Vials**

FOR IM USE;  
FOR IV USE DILUTION REQUIRED.  
SEE ENCLOSED DIRECTIONS


Manufactured by  
**WEST WARD**  
Eatontown, NJ 07724 USA 462-164-01

Each mL contains 2 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2.0% benzyl alcohol as preservative.  
Usual Dosage: See enclosed information.  
Do not use if solution is discolored or contains a precipitate.  
**PROTECT FROM LIGHT**  
Use this carton to protect contents from light.  
**STORE IN A REFRIGERATOR**

Lot: Exp:

To open—Cut seal along dotted line.

NDC 0641-6045-01 Rx only

**Lorazepam Injection, USP**   
**4 mg/mL 1 mL Vial**

FOR IM USE: **REFRIGERATE**  
FOR IV USE: SEE DIRECTIONS.  
For IV use, additional dilution is required; see accompanying information. Usual Dosage: See accompanying information.  
Do not use if solution is discolored or contains a precipitate.  
**PROTECT FROM LIGHT**

WEST WARD

Lot: Exp:

To open—Cut seal along dotted line.

NDC 0641-6045-25

**Lorazepam Injection, USP**   
**4 mg/mL Rx only**

**25 x 1 mL Vials**

FOR IM USE;  
FOR IV USE DILUTION REQUIRED.  
SEE ENCLOSED DIRECTIONS

Manufactured by  
**WEST WARD**  
Eatontown, NJ 07724 USA 462-166-01

Each mL contains 4 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2.0% benzyl alcohol as preservative.  
Usual Dosage: See enclosed information.  
Do not use if solution is discolored or contains a precipitate.  
**PROTECT FROM LIGHT**  
Use this carton to protect contents from light.  
**STORE IN A REFRIGERATOR**

Lot: Exp:

To open—Cut seal along dotted line.

NDC 0641-6046-01 Rx only

**Lorazepam Injection, USP**   
**20 mg per 10 mL (2 mg/mL)**

For Intramuscular use  
For Intravenous use, dilution required; see insert.

10 mL Multiple Dose Vial 462-167-03


Usual Dosage:  
See insert.  
Protect from light.  
Do not use if solution is discolored or contains a precipitate.  
**Refrigerate**  
Mfd. by Hikma  
Berkeley Heights, NJ 07922

Lot: Exp:

To open—Cut seal along dotted line.

LOT: EXP: To open—Cut seal along dotted line.

NDC 0641-6046-10 Rx only

**Lorazepam Injection, USP**   
**20 mg per 10 mL (2 mg/mL)**

For Intramuscular use  
For Intravenous use, dilution required; see insert.

**Refrigerate**  
10 x 10 mL Multiple Dose Vials

Each mL contains 2 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2% benzyl alcohol as preservative.  
Usual Dosage: See insert.  
Do not use if solution is discolored or contains a precipitate.  
Protect from light: Store in carton.  
Mfd. by Hikma  
Berkeley Heights, NJ 07922  
462-168-04  
**hikma.**

Lot: Exp:

To open—Cut seal along dotted line.

NDC 0641-6048-01 Rx ONLY

**Lorazepam**  
Injection, USP

FOR IM USE;  
FOR IV ROUTE,  
SEE DIRECTIONS.

**2 mg/mL 1 mL**

**REFRIGERATE**  
**NOVAPLUS®**

For IV use, additional dilution is required; see accompanying information. Usual Dosage: See accompanying information. Do not use if solution is discolored or contains a precipitate. **PROTECT FROM LIGHT**

Mfd. by: WEST-WARD

Lot: 462-373-01

Exp: (01)00306416048019

Lot: To open—Cut seal along dotted line.

Exp: NDC 0641-6048-25 Rx ONLY

**Lorazepam**  
Injection, USP

FOR IM USE; FOR IV USE DILUTION REQUIRED,  
SEE ENCLOSED DIRECTIONS

**2 mg/mL 25 x 1 mL Vials**

Each mL contains 2 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2.0% benzyl alcohol as preservative. Usual Dosage: See enclosed information. Do not use if solution is discolored or contains a precipitate. **PROTECT FROM LIGHT** Use this carton to protect contents from light. **STORE IN A REFRIGERATOR**

Mfd. by: WEST-WARD  
Eatontown, NJ 07724 USA

**NOVAPLUS®** 462-373-01

(01)00306416048255

NDC 0641-6207-01

**Lorazepam**  
Injection, USP

**2 mg/mL**  
1 mL Vial Rx only

FOR IM USE **REFRIGERATE**  
FOR IV ROUTE, SEE DIRECTIONS.  
For IV use, additional dilution is required; see accompanying information. Usual Dosage: See accompanying information. Do not use if solution is discolored or contains a precipitate. **PROTECT FROM LIGHT**

Mfd. by: WEST-WARD

Lot: 462-749-00

Exp: (01)00306416207010

Lot: To open—Cut seal along dotted line.

Exp: NDC 0641-6207-25

**Lorazepam**  
Injection, USP

**2 mg/mL** Rx only  
**25 x 1 mL Vials**

FOR IM USE;  
FOR IV USE DILUTION REQUIRED,  
SEE ENCLOSED DIRECTIONS

**PREMIER ProRx®**

Mfd. by: WEST-WARD  
Eatontown, NJ 07724 USA 462-750-00

Each mL contains 2 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2.0% benzyl alcohol as preservative. Usual Dosage: See enclosed information. Do not use if solution is discolored or contains a precipitate. **PROTECT FROM LIGHT** Use this carton to protect contents from light. **STORE IN A REFRIGERATOR**

(01)00306416207256

NDC 0641-6050-01 Rx ONLY

**Lorazepam**  
Injection, USP

For Intramuscular use  
For Intravenous use, dilution required; see insert.

**20 mg per 10 mL (2 mg/mL)**

10 mL Multiple Dose Vial  
**novaplus®**

Usual Dosage: See insert. Protect from light. Do not use if solution is discolored or contains a precipitate. **Refrigerate** 462-376-00

Mfd. by Hikma  
Berkeley Heights, NJ 07922

Lot: 462-376-00

Exp: (01)00306416050012

LOT: To open—Cut seal along dotted line.

EXP: NDC 0641-6050-10 Rx ONLY

**Lorazepam**  
Injection, USP

For Intramuscular use  
For Intravenous use, dilution required; see insert.

**20 mg per 10 mL (2 mg/mL)**

**Refrigerate**  
10 x 10 mL Multiple Dose Vials

Each mL contains 2 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2% benzyl alcohol as preservative. Usual Dosage: See insert. Do not use if solution is discolored or contains a precipitate. Protect from light: Store in carton.

Novaplus is a registered trademark of Vizient, Inc.  
**novaplus®**

Manufactured by Hikma  
Berkeley Heights, NJ 07922  
462-377-04

(01)00306416050104

NDC 72572-380-01 Rx Only

**LORazepam**  
Injection, USP

**2 mg/mL**

For IM use  
Dilute for IV use  
Protect from light  
**Refrigerate**  
1 mL Vial

Mfd. for: Civica, Inc.

Lot: 462-877-00

Exp: (01)10372572380017

Lot: To open—Cut seal along dotted line.

Exp: NDC 72572-380-25 Rx Only

**LORazepam**  
Injection, USP

**2 mg/mL**

For Intramuscular use  
For Intravenous use, dilution required; see insert.

**Refrigerate**  
25 x 1 mL Vials

Each mL contains 2 mg lorazepam, 0.18 mL polyethylene glycol 400 in propylene glycol with 2% benzyl alcohol as preservative. Usual Dosage: See insert. Do not use if solution is discolored or contains a precipitate. Protect from light: Store in carton.

Mfd. for: Civica, Inc., Lehi, UT 84043  
Mfd. by: Hikma, Cherry Hill, NJ 08003

(01)30372572380257

462-878-00





**Return Response Form**  
**RETAIL Level Market Withdrawal- Initiated 01/19/2024**  
**LORAZEPAM INJECTION, USP 2MG/ML AND 4MG/ML CIV**  
**ATIVAN (LORAZEPAM INJ. USP) 2MG/ML CIV**

Please complete and return this form immediately by FAX 1-817-868-5362 or email to [HikmaEvent@inmar.com](mailto:HikmaEvent@inmar.com).

**Please check ALL appropriate boxes:**

- ☐ I have read and understand the instructions provided in the enclosed Lorazepam Injection, USP and Ativan (Lorazepam Inj. USP)-2mg/mL and 4mg/mL, 1mL and 10mL fill vials market withdrawal packet.
- ☐ I **have** checked my stock of the product listed below and have quarantined inventory and will be returning the number of units shown below. Upon receipt of this Return Response Form, Inmar Rx Solutions, Inc., will issue return authorization shipping label(s) and a return kit.

Please indicate the number of needed box labels \_\_\_\_\_.

- ☐ I **do not have** any stock of the below market withdrawal products and will not be making a return.
- ☐ I **have** informed all my customers of the Retail Level market withdrawal

**Market Withdrawal Product: Lorazepam Injection, USP and Ativan (Lorazepam Inj. USP)-2mg/mL and 4mg/mL, 1mL and 10mL fill vials**

NDC	Item Description	Lot	Exp. Date	First Ship Date	Last Ship Date	Total full Units (Cartons sealed)	Total Partial Units (opened cartons)
0641-6000-10	ATIVAN 20MG/10ML VIAL X 10	042077Z	04/2024	8/8/2022	8/29/2022		
0641-6001-25	ATIVAN 2MG/ML VIAL X 25	022084Z	02/2025	4/11/2022	6/21/2022		
0641-6001-25	ATIVAN 2MG/ML VIAL X 25	031106Z	03/2024	4/14/2021	1/24/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	011092	01/2024	2/8/2021	2/18/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	011094	01/2024	2/23/2021	3/3/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	011096	01/2024	3/10/2021	3/22/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	012091	01/2025	2/17/2022	2/28/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	021059	02/2024	3/25/2021	4/5/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	021061	02/2024	3/29/2021	4/12/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	021098	02/2024	3/22/2021	3/29/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	022052	02/2025	5/12/2022	5/24/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	022054	02/2025	3/7/2022	3/14/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	022056	02/2025	3/17/2022	3/28/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	022058	02/2025	3/30/2022	4/11/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	031102	03/2024	4/8/2021	5/3/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	031104	03/2024	4/26/2021	5/20/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	031108	03/2024	5/24/2021	6/21/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	031135	03/2024	5/17/2021	6/14/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	041145	04/2024	6/21/2021	7/7/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	051068	05/2024	6/28/2021	8/9/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	051070	05/2024	6/28/2021	9/13/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	051072	05/2024	7/6/2021	9/7/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	051074	05/2024	7/26/2021	8/30/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	061001	06/2024	8/2/2021	9/8/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	061003	06/2024	8/16/2021	10/12/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	061112	06/2024	8/23/2021	9/13/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	071054	07/2024	8/23/2021	10/11/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	071056	07/2024	9/13/2021	10/13/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	071058	07/2024	1/26/2022	2/7/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	081063	08/2024	9/13/2021	10/25/2021		

## Return Response Form RETAIL Level Market Withdrawal- Initiated 01/19/2024

NDC	Item Description	Lot	Exp. Date	First Ship Date	Last Ship Date	Total full Units (Cartons sealed)	Total Partial Units (opened cartons)
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	081065	08/2024	10/13/2021	10/25/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	091072	09/2024	11/2/2021	11/15/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	091074	09/2024	11/29/2021	12/6/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	091076	09/2024	12/13/2021	12/20/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	101069	10/2024	11/15/2021	11/29/2021		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	101073	10/2024	1/12/2022	1/24/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	101075	10/2024	1/18/2022	1/26/2022		
0641-6044-25	LORAZEPAM 2MG/ML VIAL X 25	111045	11/2024	1/18/2022	1/24/2022		
0641-6045-25	LORAZEPAM 4MG/ML VIAL X 25	031137	03/2024	4/26/2021	5/23/2022		
0641-6046-10	LORAZEPAM 20MG/10ML VIAL X 10	011128Z	01/2024	8/9/2021	11/22/2021		
0641-6046-10	LORAZEPAM 20MG/10ML VIAL X 10	032105Z	03/2024	8/8/2022	8/8/2022		
0641-6046-10	LORAZEPAM 20MG/10ML VIAL X 10	042077	04/2024	8/8/2022	10/17/2022		
0641-6046-10	LORAZEPAM 20MG/10ML VIAL X 10	121058	12/2024	1/25/2022	7/27/2022		
0641-6048-25	LORAZEPAM NOVA+ 2MG/ML VIAL X 25	021067	02/2024	3/22/2021	6/21/2021		
0641-6048-25	LORAZEPAM NOVA+ 2MG/ML VIAL X 25	031110	03/2024	6/21/2021	10/4/2021		
0641-6048-25	LORAZEPAM NOVA+ 2MG/ML VIAL X 25	081071	08/2024	10/11/2021	1/24/2022		
0641-6048-25	LORAZEPAM NOVA+ 2MG/ML VIAL X 25	111102	11/2024	2/7/2022	4/18/2022		
0641-6050-10	LORAZEPAM NOVA+ 20MG/10ML VIAL X 10	011128	01/2024	12/15/2021	1/31/2022		
0641-6050-10	LORAZEPAM NOVA+ 20MG/10ML VIAL X 10	032105	03/2024	8/8/2022	10/23/2023		
0641-6207-25	LORAZEPAM ProRx 2mg/ml, 1ml vial	031128Z	03/2024	4/21/2021	9/13/2021		
0641-6207-25	LORAZEPAM ProRx 2mg/ml, 1ml vial	071060Z	07/2024	9/20/2021	1/31/2022		
72572-380-25	LORAZEPAM CIVICA 2MG/ML VIAL X 25	041129	04/2024	6/4/2021	6/4/2021		
72572-380-25	LORAZEPAM CIVICA 2MG/ML VIAL X 25	121080	12/2024	2/1/2022	2/1/2022		

Company Name: \_\_\_\_\_ DEA# \_\_\_\_\_  
*\*DEA # is required, if not provided the processing of your form may be delayed.*

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: *(please print)* \_\_\_\_\_

Contact Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you did not purchase the product directly from Hikma (formerly known as West-Ward pharmaceuticals) please complete the below section:**

Purchased From: Wholesaler Name \_\_\_\_\_ DEA # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- If you have any questions regarding this form or product return, please contact **Inmar Rx Solutions, Inc.** at 877-780-4393 during office hours from 9:00am to 5:00pm EST, Monday through Friday.
- Please send this form to **Inmar Rx Solutions, Inc.** by FAX: 1-817-868-5362 or E-mail: HikmaEvent@Inmar.com.
- Please include a copy in the box with your returns to ensure proper credit.