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## PRODUCT RECALL RESPONSE FORM

### URGENT DRUG RECALL- RETAIL LEVEL -AMENDMENT

Please complete the required information and fax to  
or email to

**1-817-868-5362**

[rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)

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

**Product Details: Carvedilol tablets 6.25 mg, 500's count & Acyclovir Tablets, USP 400mg,100 count**

Product	NDC Number	Lot No.	Expiry	Pack Size	No. of Bottle Purchased	No of Bottles consumed	No. of bottles in Possession	No of Bottles to be returned
Acyclovir Tablets, USP 400mg	68382- 791-01	Z804517	Nov 30, 2020	100's				
Carvedilol Tablets, USP, 6.25mg	68382-093-05	Z804517	Nov 30, 2020	500's				

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

☐ 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

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[www.zydususa.com](http://www.zydususa.com)



If yes, please explain:

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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: \_\_\_\_\_

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: \_\_\_\_\_