

RECALL STOCK RESPONSE FORM

Lupin Pharmaceuticals Inc
Recall
Irbesartan & HCTZ Tablets 150/12.5mg and
300/12.5mg
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 & HCTZ Tablets 150/12.5mg and 300/12.5mg	68180-413-09	H000963	
	68180-414-09	H804082	
	68180-414-09	H804121	
	68180-414-06	H804192	
	68180-414-09	H804338	
	68180-413-09	H804507	
	68180-413-09	H804536	
	68180-413-06	H804537	
	68180-414-09	H804538	
	68180-414-09	H804539	
	68180-413-09	H805070	
	68180-413-06	H805148	
	68180-413-09	H805149	
	68180-414-06	H805348	
	68180-414-09	H805349	
	68180-414-09	H805350	

	68180-413-06	H900063	
	68180-413-09	H900064	
	68180-414-06	H900065	
	68180-414-09	H900066	
	68180-414-09	H900067	
	68180-413-06	H900522	
	68180-413-09	H900523	
	68180-413-06	H901582	
	68180-413-09	H901583	
	68180-414-06	H902264	
	68180-414-09	H902265	
	68180-414-09	H902275	
	68180-414-09	H902276	
	68180-413-09	H902530	
	68180-414-09	H902531	
	68180-414-09	H902532	

If you have any questions regarding this form or product return please contact Inmar at 855-769-3989
Office hours 9am to 5pm EST Mon thru Fri.

Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com