



RCL082-2025 N131295

**Lupin Pharmaceuticals, Inc.****RECALL****Clomipramine Capsules USP 25 mg****Retail Level****4/21/2025**

**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#:

Email:

Contact Signature:

Date:

**DEBIT MEMO# (If unsure, leave blank):** \_\_\_\_\_**Wholesaler Information if not directly purchased from Lupin:**

Wholesaler Name:

DEA#:

City:

State:

Zip:

**I have checked my stock and communicated to my customers at the appropriate level:**

☐ I confirm that all locations that received the impacted products have been notified to the retail level. (Circle One) **YES** **YES-Corporate Notified** **NO (Why?)** \_\_\_\_\_

☐ I 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 \_\_\_\_\_.

Product Name	NDC#	Lot#	Expiration Date	Total Full Bottles/100 Capsules	Total Partial Bottles/Capsule Count
Clomipramine Capsules USP 25 mg	68180-492-01	M300442	6/30/2025		

If you have any questions regarding this form or product return please contact Inmar at 877-657-2382  
Office hours 9am to 5pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**

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