

PRODUCT RECALL RESPONSE FORM
URGENT DRUG RECALL- RETAIL LEVEL
Extension of Recall Number: D-0074-2021& D-0075-2021

Please complete the required information and fax to **1-817-868-5362**
 or email to rxrecalls@inmar.com

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

| Product Detail | NDC | Lot No. | Exp Date | No. of Bottle Purchased | No of Bottles consumed | No. of bottles in Possession | No of Bottles to be returned |
|---|--------------|---------|----------|-------------------------|------------------------|------------------------------|------------------------------|
| Lansoprazole DR-OD Tablets 15mg | 68382-771-77 | M005681 | 03/2022 | | | | |
| Lansoprazole DR-OD Tablets 30mg | 68382-772-77 | M005682 | 03/2022 | | | | |
| Lansoprazole Delayed Release Orally Disintegrating Tablets 15mg | 68382-771-77 | M915744 | 10/2021 | | | | |
| Lansoprazole Delayed Release Orally Disintegrating Tablets 15mg | 68382-771-77 | M904770 | 02/2021 | | | | |
| Lansoprazole Delayed Release Orally Disintegrating Tablets 30mg | 68382-772-77 | M915745 | 10/2021 | | | | |
| Lansoprazole Delayed Release Orally Disintegrating Tablets 30mg | 68382-772-77 | M904772 | 02/2021 | | | | |
| Lansoprazole Delayed Release Orally Disintegrating Tablets 30mg | 68382-772-77 | M900412 | 12/2020 | | | | |

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

If yes, please explain:

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: _____