

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

www.zydususa.com

☐ 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: _____