N131169 RCL126-24

Lupin Pharmaceuticals, Inc.

RECALL

Cefdinir for Oral Suspension 250 mg/5 mL (60 ml)

Retail Level - 5/30/2024

Please fill out this form completely. By doing so, this will acknowledge that you have read andunderstand 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 _____(Initial and date)
- ☐ 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 Quantity of Units (full and partial bottles)
Cefdinir for Oral Suspension 250 mg/5 mL (60 ml)	68180-723-04	F305184	7/31/2025	
Cefdinir for Oral Suspension 250 mg/5 mL (60 ml)	68180-723-04	F305185	7/31/2025	
Cefdinir for Oral Suspension 250 mg/5 mL (60 ml)	68180-723-04	F305186	7/31/2025	

If you have any questions regarding this form or product return please contact Inmar at 877-861-8984 Office hours 9am to 5pm EST Mon thru Fri.

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