

Sun Pharmaceuticals Industries, Inc.
URGENT: DRUG RECALL – RESPONSE FORM
Amphotericin B Liposome for Injection, 50 mg/vial, 1 vial
Retail Level
05/09/2024



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#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>	

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 Sun Pharma:

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	Package Description	NDC#	Lot#	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Amphotericin B Liposome for Injection 50 mg/vial	1 vial, single-dose in 1 carton	62756-233-01	BAE0055A	03/2026	
	1 vial, single-dose in 1 carton	62756-233-01	BAE0056A	03/2026	
	1 vial, single-dose in 1 carton	62756-233-01	BAE0068A	03/2026	

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If you have any questions regarding this form or product return please contact Inmar at (1-877-858-8531)

Office hours 9am to 5pm EST Monday through Friday.

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