

**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	

**RCL106-24 / N131157**

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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](mailto:rxrecalls@inmar.com)**