

**PRODUCT RECALL RESPONSE FORM**

**URGENT DRUG RECALL- RETAIL**

Please complete the required information and fax it to **1-817-868-5362**  
or email to [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)

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

Product	NDC	Lot Number	Expiry Date	No. of Cartons Purchased	No of the Cartons consumed	No. of Cartons/ Units in Possession	No of Cartons/ Units to be returned
Esomeprazole Magnesium for Delayed Release Oral Suspension 40mg	68382-849-94 (carton pack)	M408002	05/2026				
	68382-849-93 (unit dose packet)						

No. of Returns kit(s) required: \_\_\_\_\_

Please mark as applicable

We currently do not have any inventory of the above-listed lot

We are notifying our customers

We have identified and notified our 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 our customers.





# Pharmaceuticals

USA

Are you aware of any adverse event(s) associated with recalled product? \_\_\_ Yes \_\_\_ No

If yes, please explain:

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Please check the appropriate box to describe your business

Wholesaler/Distributor

Retailers

Repackager

Manufacturer

Pharmacy- Retail

Hospital/ Medical Facility

Hospital Pharmacy

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: \_\_\_\_\_

Office of Regulatory Affairs

Zydus Pharmaceuticals (USA) Inc.

(A wholly owned subsidiary of Zydus Lifesciences Limited)

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