

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

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) 68382-849-93 (unit dose packet)	M408002	05/2026				

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.



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

If yes, please explain:

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: _____

