

Lupin Pharmaceuticals, Inc.

RECALL

Clomipramine Hydrochloride Capsules USP 25 mg

Retail Level

7/15/2025

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#:

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. (Circle One) **YES** **YES-Corporate Notified** **NO (Why?)** _____

☐ 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 Full Bottles/100 Capsules	Total Partial Bottles/Capsule Count
Clomipramine Hydrochloride Capsules USP 25 mg – 100's	68180-492-01	M300464	6/30/2025		

If you have any questions regarding this form or product return please contact Inmar at 855-706-4412 Office hours 9am to 5pm EST Mon thru Fri.

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