URGENT: DRUG RECALL

Important Note: This recall letter is being re-issued following reclassification from Class III to Class II by the U.S. Food and Drug Administration. Please notify your customers accordingly.

Dear Customer: June 2, 2026

This is to inform you of a product recall involving Metoprolol Succinate Extended-Release (ER) Tablets USP, 25 mg. Please reference lot-specific information included below.

	Product Name	Lot Number	Strength	Expiration Date	Pack Size	NDC	Initial Distribution Date	Quantity Distributed (in bottles)
1	Metoprolol Succinate Extended-Release Tablets USP	25140859	25 mg	January 31, 2027	100 tablets/ bottle	67877-590-01	6/17/2025	17,304 bottles

See enclosed product labels for ease in identifying the product at the RETAIL level.

An out-of-specification (OOS) result was observed during dissolution test analysis during long term stability testing (LT conditions: 25 ± 2 °C / 60 ± 5 % RH) of Metoprolol Succinate ER Tablets USP, 25 mg, for batch number 25140859.

Metoprolol Succinate is indicated for hypertension in patients six years of age and older as well as for angina pectoris and heart failure in adult patients. The dissolution data show a limited acceleration of drug release confined to the 8-hour time point, while all other intervals and 12-month stability results remain within specification, confirming the integrity of the extended-release profile. As this represents a marginal terminal-phase release acceleration without evidence of dose dumping or uncontrolled delivery, the deviation is not expected to be clinically significant and constitutes a minor health hazard at most.

Our firm began shipping this product on June 17, 2025. Immediately examine your inventory and quarantine product subject to recall for the lot number specified in the table above.

Please perform the following activities:

a. Immediately examine your inventory and quarantine product subject to recall for the lot numbers specified in the table above. Please follow the directions in the attached recall stock response to return the affected product.
b. Promptly complete the attached recall stock response form even if you have no product to return.
c. The completed Recall Response Form can be submitted by any of the following methods:

Fax: 817-868-5362 or E-mail: rxrecalls@inmar.com

This recall is being carried out to the RETAIL level. Your assistance is appreciated and necessary to prevent consumer harm.

Your assistance is appreciated and necessary in this voluntary recall. If you have any questions related to customer service, please contact product inquiries—available 24 hours a day, 7 days a week—at 877-272-7901. If you have any questions about the return of the product, please contact Inmar toll free at 855-735-7360—available 9:00 AM to 5:00 PM ET Monday through Friday (excluding holidays).

This recall is being conducted with the knowledge of the Food and Drug Administration.

Sincerely,

Hindy Schiff

Digitally signed by Hindy Schiff
Date: 2026.06.01 16:50:59 -04'00'

Hindy Schiff

Vice President, Regulatory Affairs and Compliance

RECALL STOCK RESPONSE FORM

Recall: Metoprolol Succinate Extended-Release Tablets USP, 25 mg

Lot Number: 25140859

Customer Name: _____ DEA #:_____

***Please note that DEA # is required. If it is not provided, the processing of your form will be delayed. ***

Address:_____

City:_____ State:_____ Zip Code:_____

Contact Name (please print): _____Telephone #:_____

Contact Signature: _____ Date:_____

Wholesaler Information if not directly purchased from Ascend:

Wholesaler Name: _____Wholesaler DEA#:_____

Wholesaler City:_____ Wholesaler State:_____ Wholesaler Zip: _____

Please check and fill out each section accordingly.

- ☐ I have read and understand the recall instructions provided in the Recall Letter.
- ☐ I have checked my stock for the quarantined inventory indicated in the table below.

	Product Name	**Lot Number**	**Strength**	**Expiration Date**	**Pack Size**	**NDC**	**Quantity on Hand (in bottles)**
1	Metoprolol Succinate Extended-Release Tablets USP	25140859	25 mg	January 31, 2027	100 tablets/ bottle	67877-590-01	
Total Product							

- ☐ Indicate disposition of recall product:
  - Returned/Held for Return (Yes / No)
    - Quantity: _____
    - Date: _____
    - Method: _____

  OR

  - No recall product on hand (Yes / No)
- ☐ I have identified and notified my customers that this product was shipped/received or may have been shipped by:

- Date: _____
- Method of Notification: _____

Were there any adverse events associated with the recalled product?

- ☐ Yes
- ☐ No

If yes, please explain: _____

If you have any questions regarding this form or product return, please contact Inmar at 1-855-735-7360. Office Hours: 9:00 AM to 5:00 PM EST Monday through Friday (excluding holidays).

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

After receipt of this response form, a return kit will be provided for affected product return to:

Inmar Rx Solutions

3845 Grand Lakes Way

Grand Prairie, TX, 75050

Inmar Recall Event ID: RCL087-2026