

PRODUCT RECALL RESPONSE FORM

URGENT DRUG RECALL - RETAIL LEVEL

Please complete the required information and fax it to
or email to

1-817-868-5362

rxrecalls@inmar.com

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

Table:1

Chlorpromazine Hydrochloride Tablets, USP, (multiple strengths and lots as per table below)

Sr. No.	Lot Number	Strength	NDC Number	Expiry Date	Number of Bottles Purchased	Number of the Bottles Consumed	Number of Bottles in Possession	Number Bottles to be returned
1.	Z305060	25mg	70710-1130-1	31-Aug-25				
2.	Z305062	25mg	16714-048-01	31-Aug-25				
3.	Z305061	25mg	70710-1130-1	31-Aug-25				
4.	Z305083	200mg	70710-1133-1	30-Sep-25				
5.	Z305085	200mg	16714-051-01	30-Sep-25				
6.	Z305084	200mg	70710-1133-1	30-Sep-25				
7.	Z305079	100mg	70710-1132-1	30-Sep-25				
8.	Z305080	100mg	70710-1132-1	30-Sep-25				
9.	Z305468	200mg	70710-1133-1	30-Sep-25				
10.	Z305469	200mg	70710-1133-1	30-Sep-25				

Office of Regulatory Affairs

Zydus Pharmaceuticals (USA) Inc.

(A wholly owned subsidiary of Zydus Lifesciences Limited)

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Pharmaceuticals

USA

Sr. No.	Lot Number	Strength	NDC Number	Expiry Date	Number of Bottles Purchased	Number of the Bottles Consumed	Number of Bottles in Possession	Number Bottles to be returned
11.	Z305470	200mg	70710-1133-1	30-Sep-25				
12.	Z305454	100mg	70710-1132-1	31-Oct-25				
13.	Z305455	100mg	70710-1132-1	31-Oct-25				
14.	Z305457	100mg	70710-1132-1	31-Oct-25				
15.	Z305456	100mg	16714-050-01	31-Oct-25				
16.	Z306324	25mg	16714-048-01	30-Nov-25				
17.	Z306323	25mg	70710-1130-1	30-Nov-25				
18.	Z306327	50mg	70710-1131-1	30-Nov-25				
19.	Z306326	50mg	16714-049-01	30-Nov-25				
20.	Z306748	50mg	70710-1131-1	30-Nov-25				
21.	Z400492	100mg	70710-1132-1	31-Dec-25				
22.	Z400493	100mg	70710-1132-1	31-Dec-25				
23.	Z400494	100mg	70710-1132-1	31-Dec-25				
24.	Z401163	200mg	70710-1133-1	28-Feb-26				
25.	Z401166	200mg	16714-051-01	28-Feb-26				
26.	Z401165	200mg	70710-1133-1	28-Feb-26				
27.	Z401151	25mg	16714-048-01	28-Feb-26				
28.	Z401153	25mg	70710-1130-1	28-Feb-26				
29.	Z401152	25mg	16714-048-01	28-Feb-26				
30.	Z401167	200mg	16714-051-01	28-Feb-26				
31.	Z401155	50mg	16714-049-01	28-Feb-26				
32.	Z401154	50mg	70710-1131-1	28-Feb-26				
33.	Z401156	100mg	16714-050-01	28-Feb-26				

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Pharmaceuticals

USA

Sr. No.	Lot Number	Strength	NDC Number	Expiry Date	Number of Bottles Purchased	Number of the Bottles Consumed	Number of Bottles in Possession	Number Bottles to be returned
34.	Z401158	100mg	70710-1132-1	28-Feb-26				
35.	Z401725	100mg	70710-1132-1	28-Feb-26				
36.	Z401726	100mg	70710-1132-1	28-Feb-26				
37.	Z402217	200mg	70710-1133-1	31-Mar-26				
38.	Z402218	200mg	70710-1133-1	31-Mar-26				
39.	Z403012	10mg	70710-1129-1	30-Apr-26				
40.	Z403011	10mg	16714-047-01	30-Apr-26				
41.	Z403015	25mg	70710-1130-1	30-Apr-26				
42.	Z403016	25mg	70710-1130-1	30-Apr-26				
43.	Z403738	50mg	70710-1131-1	31-May-26				
44.	Z404118	100mg	70710-1132-1	30-Jun-26				
45.	Z404119	100mg	70710-1132-1	30-Jun-26				
46.	Z404120	100mg	70710-1132-1	30-Jun-26				
47.	Z405518	200mg	70710-1133-1	31-Aug-26				
48.	Z405520	200mg	70710-1133-1	31-Aug-26				
49.	Z405591	25mg	70710-1130-1	30-Sep-26				
50.	Z405645	50mg	70710-1131-1	30-Sep-26				
51.	Z405648	100mg	70710-1132-1	30-Sep-26				
52.	Z406235	200mg	70710-1133-1	31-Oct-26				
53.	Z406657	10mg	70710-1129-1	30-Nov-26				
54.	Z407306	100mg	16714-050-01	30-Nov-26				
55.	Z407335	10mg	16714-047-01	30-Nov-26				

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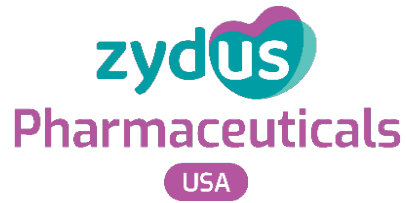
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No. of Returns kit required: _____

Please mark as applicable

We currently do not have any inventory of the above-listed Lot/bottles

We are notifying our customers

We have identified and notified my 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 my customers.

Any adverse event associated with recalled product? Yes No

If yes, please explain:

Please check appropriate box to describe your business

Wholesaler/Distributor

Retailers

Repackager

Manufacturer

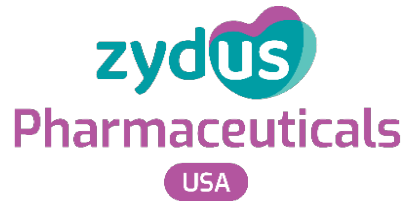
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___ Pharmacy- Retail
___ Hospital/ Medical Facility
___ Hospital Pharmacies
___ Medical Laboratory
___ Other: _____

Name: _____

Title: _____

Tel Number: _____

Firm Name: _____ DEA# _____

Address: _____

City/ State: _____

Phone number: _____

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: _____

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