

Sun Pharmaceuticals Industries, Inc.
URGENT: DRUG RECALL – RESPONSE FORM
Spironolactone Tablets, USP, 25 mg, 100 count
Retail Level
8/7/2025



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#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>	

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 Sun Pharma:

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 wholesale level _____ (Initial and date)
- 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	Package Description	NDC#	Lot#	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Spironolactone Tablets, USP, 25 mg	100 count bottle	53489-143-01	P3314	11/30/2026	

If you have any questions regarding this form or product return please contact Inmar at 877-296-2602

Office hours 9am to 5pm EST Monday through Friday.

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