

Lupin Pharmaceuticals, Inc.**RECALL****Cefdinir for Oral Suspension 125 mg/5 mL (60 mL)****Cefdinir for Oral Suspension 250 mg/5 mL (60 mL)****Wholesale Level****4/24/2024**

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

Address:		
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City:	State:	Zip:
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Contact Name (Please Print):

Telephone#:	Email:
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Contact Signature:	Date:
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DEBIT MEMO# (If unsure, leave blank):

Wholesaler Information if not directly purchased from Lupin:

Wholesaler Name:	DEA#:
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City:	State:	Zip:
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I have checked my stock and communicated to my customers at the appropriate level:

☐ 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 Quantity of Units (full and partial bottles)
Cefdinir for Oral Suspension 125 mg/5 mL (60 mL)	68180-722-04	F305292	8/31/2025	
Cefdinir for Oral Suspension 250 mg/5 mL (60 mL)	68180-723-04	F305442	8/31/2025	

If you have any questions regarding this form or product return please contact Inmar at 877-861-5865
Office hours 9am to 5pm EST Mon thru Fri.

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