

**RECALL STOCK RESPONSE FORM**  
**Lupin Pharmaceuticals, Inc.**

**RECALL**

**Tydem**

**(Drospirenone, Ethinyl Estradiol & Levomefolate Calcium Tablets 3.0/0.03/0.451mg & 0.451mg)**

**Consumer Level**

**7/24/2023**

**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 Lupin:**

Wholesaler Name:	DEA#:
City:	State: Zip:

**I have checked my stock and:**

\_\_\_\_\_ 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 \_\_\_\_\_.

Item Description	NDC#	Lot#	Exp Date	Full Blister Pack/Carton	Partial Blister Pack/Carton	Tablet Count in Partial Blister Pack/Carton
Tydem Blister of 28 tablets	68180-904-71	L200183	1/31/2024			
Tydem Carton of 3 Blisters	68180-904-73	L200183	1/31/2024			
Tydem Blister of 28 tablets	68180-904-71	L201560	9/30/2024			
Tydem Carton of 3 Blisters	68180-904-73	L201560	9/30/2024			

If you have any questions regarding this form or product return please contact Inmar at 866-480-8206  
Office hours 9am to 5pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**