



RCL125-2023 N130939

RECALL STOCK RESPONSE FORM
Lupin Pharmaceuticals, Inc.

RECALL
Tydemy

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

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
Tydemy Blister of 28 tablets	68180-904-71	L200183	1/31/2024			
Tydemy Carton of 3 Blisters	68180-904-73	L200183	1/31/2024			
Tydemy Blister of 28 tablets	68180-904-71	L201560	9/30/2024			
Tydemy 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

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