

URGENT MARKET RECALL – RETAIL LEVEL - INITIATED 10/10/2025

Niacin Extended-Release Tablets USP, 1000 mg 90 count

MANUFACTURED BY:

LANNETT COMPANY, INC

RECALLED BY:

LANNETT COMPANY, INC.

Dear Customer:

LANNETT COMPANY, INC. is recalling **Niacin Extended-Release Tablets USP, 1000 mg 90 count** distributed under the **LANNETT COMPANY, INC.** label. This recall is being carried out due to *Out of Specification Dissolution result*. This voluntary recall is being made to the **Retail level** and affects lots listed in the table below. Distribution dates: **2/21/2021 thru 02/26/2024**.

Item Description	NDC	Lot	Expire Date
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	21264027A	10/2025
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	22266446A	12/2025
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	22266901A	02/2026
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	22267553A	03/2026
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	22267554A	03/2026
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	22267555A	02/2026
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	22267992A	04/2026
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	22267993A	05/2026
Niacin Extended-Release Tablets USP, 1000 mg 90 count	62175-322-46	22267994A	05/2026

Wholesalers / Distributors - Please perform the following activities:

- If you have the affected lot numbers of the recalled product in your stock, please discontinue further distribution, [quarantine the affected product and return all units to: Inmar Rx Solutions, 3845 Grand Lakes Way, Grand Prairie, TX 75050.](#)
- Wholesalers and distributors should forward this notification to retailers. Please [complete the enclosed "DRUG RECALL RESPONSE FORM"](#) and fax it to us at 1.817-868-5362 or email it to rxrecalls@inmar.com.
- [If you have any questions about the logistics for returning affected lots or other issues, please call Recall Services at 1-855-896-9867](#) Monday – Friday (excluding holidays), 9am to 5 pm EST.

If you have recalled product to return, please return the response form and a return kit and prepaid shipping label will be sent to you for product return. Appropriate credit for product returns, plus handling and shipping expenses, will be issued upon receipt of said product with the return kit. All recalled product returned without a return kit may delay the issuance of your credit. LANNETT COMPANY, INC. will be accepting product returns to the wholesale level.

The Food & Drug Administration has been informed of this recall. Your cooperation and prompt response to this notice is much appreciated. If you have Customer Service-related questions or medical related questions, please contact LANNETT COMPANY, INC. at: 215-333-9000 ext 4.

Sincerely,

Michelle Prince

Site Quality Head

Lannett Company, Inc. 1101 C Avenue West, Seymour, IN 47274

Michelle.Prince@lannett.com | 812-523-5497

RECALL STOCK RESPONSE FORM

**Niacin Extended-Release Tablets USP, 1000 mg 90 count
VOLUNTARY RECALL – 10/10/2025**

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.

Company 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 # _____

Contact Signature _____ Date _____

I have checked my stock and:

_____ Do not have any stock of the recalled items.

OR

_____ Have quarantined and listed in the box below the qty of recalled units 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 _____.

If Returning Pallets please indicate the number of pallets and the weight of each. ____pallet(s) ____ weight

Email address for freight contact person _____

Lot #	Exp. Date	Strength	Pkg Size	NDC	Qty of Cases returning
21264027A	10/2025	1000 mg	48 bottles	62175-322-46	
22266446A	12/2025	1000 mg	48 bottles	62175-322-46	
22266901A	02/2026	1000 mg	48 bottles	62175-322-46	
22267553A	03/2026	1000 mg	48 bottles	62175-322-46	
22267554A	03/2026	1000 mg	48 bottles	62175-322-46	
22267555A	02/2026	1000 mg	48 bottles	62175-322-46	
22267992A	04/2026	1000 mg	48 bottles	62175-322-46	
22267993A	05/2026	1000 mg	48 bottles	62175-322-46	

22267994A	05/2026	1000 mg	48 bottles	62175-322-46	
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If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased From: Wholesaler Name _____

City _____ State _____

If you have any questions regarding this form or product return please contact Inmar at 1-855-896-9867 Office hours 9am to 5pm EST, Mon thru Fri.

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