N131512 RCL209-26

Lupin Pharmaceuticals, Inc.

RECALL

Clobetasol Propionate Cream USP 0.05 %

Wholesale Level

8/3/2026

Please fill out this form completely. By doing so, this will acknowledge that you have read andunderstand 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 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 Full Tubes	Total Partial Tubes
Clobetasol Propionate Cream USP 0.05 %	68180-956-04	KB00427	4/30/2028		
Clobetasol Propionate Cream USP 0.05 %	68180-956-04	KA00308	10/31/2026		

If you have any questions regarding this form or product return please contact Inmar at 855-660-8902 Office hours 9am to 5pm EST Mon thru Fri.

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