



PRODUCT RECALL RESPONSE FORM

URGENT DRUG RECALL - RETAIL LEVEL

Please complete the required information and fax it to **1-817-868-5362**
or email to rxrecalls@inmar.com

To the Attention of Drug Safety/ Recall Services-Zydus Pharmaceuticals USA Inc.

Table:1

Product	NDC Number	Lot Number	Expiry Date	Number of Bottles Purchased	Number of the Bottles Consumed	Number of Bottles in Possession	Number Bottles to be returned
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M313934	11/2025				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M313935	11/2025				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M315615	11/2025				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M316809	12/2025				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M405765	04/2026				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M405763	04/2026				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M405764	04/2026				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M414999	10/2026				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M414241	10/2026				

Office of Regulatory Affairs

Zydus Pharmaceuticals (USA) Inc.

(A wholly owned subsidiary of Zydus Lifesciences Limited)

73 Route 31 North • Pennington, NJ 08534 | Phone: 609-730-1900

Product	NDC Number	Lot Number	Expiry Date	Number of Bottles Purchased	Number of the Bottles Consumed	Number of Bottles in Possession	Number Bottles to be returned
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M414307	10/2026				
Bromocriptine Mesylate Capsules USP,5mg	68382-110-06	M414305	10/2026				

No. of Returns kit required: _____

Please mark as applicable

We currently do not have any inventory of the above-listed Lot/bottles

We are notifying our customers

We have identified and notified my customers that were shipped or may have been shipped this product by _____;

Attached is the list of customers who received/ may have received this product. Please notify my customers.

Any adverse event associated with recalled product? Yes No

If yes, please explain:

Please check appropriate box to describe your business

Wholesaler/Distributor

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Pharmaceuticals

USA

- Retailers
- Repackager
- Manufacturer
- Pharmacy- Retail
- Hospital/ Medical Facility
- Hospital Pharmacies
- Medical Laboratory
- Other: _____

Name: _____
 Title: _____
 Tel Number: _____

Firm Name: _____ DEA# _____

Address: _____

City/ State: _____

Phone number: _____

If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc., then please provide details of your wholesaler: _____ (Name, City) DEA# _____

Signature: _____

Date: _____

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