



## URGENT DRUG RECALL – EXTENSION RETAIL LEVEL

**RE: Lamivudine Oral Solution USP, 10 mg/mL, 8 oz.,  
NDC 54838-566-70, Control # 0649A, Expiration Date 05/2017**

August 27, 2015

Dear Valued Customer:

This letter is to inform you that the recent product recall involving **Lamivudine Oral Solution USP, 10 mg/mL, 8 oz, NDC 54838-566-70, Control # 0649A, Expiration Date 05/2017**, due to a labeling error (recall letter dated August 18, 2015) has been extended from the Wholesale level to the Retail level.

Please send this recall notification letter and attached response form to any of your customers that this lot was potentially distributed to down to the Retail level. They should complete the form and return it electronically (rxrecalls@inmar.com) or via facsimile at 1-817-868-5362.

Please acknowledge receipt of this recall notification by completing the attached form and immediately providing the requested information. For question/inquiries, please call 800-967-5952.

Product received is to be returned to the following address:

CLS MedTurn  
635 Vine St.  
Winston-Salem, NC 27101

Your assistance is appreciated. We sincerely regret this inconvenience.

This recall is being made with the knowledge of the Food and Drug Administration.

Sincerely,

Neha Desai-Jimenez  
Director of Operations  
Silarx Pharmaceuticals, Inc.  
1033 Stoneleigh Ave.  
Carmel, NY 10512  
(845) 225-1500



August 27, 2015

## URGENT DRUG RECALL RESPONSE FORM

**RE: Lamivudine Oral Solution USP, 10 mg/mL, 8 oz.,  
NDC 54838-566-70, Control # 0649A, Expiration Date 05/2017**

**Please check your inventory and fill out the information below completely, even if you do not have the affected product,** by doing so, this will acknowledge that you have received the recall letter and taken the appropriate action.

*Failure to complete all sections of this page may result in improper, delayed or denied credit*

Customer Name \_\_\_\_\_

Customer Telephone Number \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ We do not have any stock of the recalled batches of Lamivudine Oral Solution USP.

\_\_\_\_\_ We have not received any complaints of adverse effects associated with use of this product.

\_\_\_\_\_ We have requested our accounts to return their stocks of this merchandise to us.

We have \_\_\_\_\_ units (8 oz) of the recalled batch of Lamivudine Oral Solution USP and will be returning to CLS MedTurn, an Inmar company, as soon as possible.

Upon receipt of this notification CLS MedTurn, an Inmar company, will issue a return authorization kit.

Please indicate the number of shipping labels you will need \_\_\_\_\_.

If you have any questions please contact: 1-800-967-5952

**Please fax this page to: 1-817-868-5362**

**Or**

**E-mail at: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**