

## PRODUCT RECALL RESPONSE FORM

### URGENT DRUG RECALL - RETAIL LEVEL

Please complete the required information and fax it to  
or email to

**1-817-868-5362**

[rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)

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

**Table:1**

Sr. No.	Product and Strength	Lot Number	Count	NDC Number	Expiry Date	Number of Bottles Purchased	Number of the Bottles Consumed	Number of Bottles in Possession	Number of Bottles to be returned
1.	Icosapent Ethyl Capsules 1 g	S2520249	120's Count Bottle Pack	70710-1592-07	2027/Jan				
2.	Icosapent Ethyl Capsules 1 g	S2520250	120's Count Bottle Pack	70710-1592-07	2027/Jan				
3.	Icosapent Ethyl Capsules 1 g	S2520267	120's Count Bottle Pack	70710-1592-07	2027/Jan				
4.	Icosapent Ethyl Capsules 1 g	S2520303	120's Count Bottle Pack	70710-1592-07	2027/Feb				
5.	Icosapent Ethyl Capsules 1 g	S2520305	120's Count Bottle Pack	70710-1592-07	2027/Feb				
6.	Icosapent Ethyl Capsules 1 g	S2520332	120's Count Bottle Pack	70710-1592-07	2027/Feb				
7.	Icosapent Ethyl Capsules 1 g	S2540208	120's Count Bottle Pack	70710-1592-07	2027/Apr				
8.	Icosapent Ethyl Capsules 1 g	S2540209	120's Count Bottle Pack	70710-1592-07	2027/Apr				

**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





# Pharmaceuticals

USA

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:

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Please check appropriate box to describe your business

Wholesaler/Distributor

Retailers

Repackager

Manufacturer

Pharmacy- Retail

Hospital/ Medical Facility

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# Pharmaceuticals

USA

\_\_\_ 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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