URGENT MARKET RECALL – RETAIL LEVEL - INITIATED 08/19/2025

CII Product

Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate Tablets, 10 mg 100 count

MANUFACTURED BY:

LANNETT COMPANY, INC

RECALLED BY:

LANNETT COMPANY, INC.

Dear Customer:

LANNETT COMPANY, INC. is recalling **Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate Tablets, 10 mg 100 count** distributed under the **LANNETT COMPANY, INC.** label. This recall is being carried out due to *PRODUCT BOTTLE STRENGTH MISLABELING*. Use of this product may include a reduced efficacy of the drug, and temporary heightened symptoms of the ADHD or narcolepsy. This voluntary recall is being made to the **Retail level** and affects lots listed in the table below. Distribution dates: **04/25/2025 thru 05/14/2025.**

Item Description	NDC	Lot	Expire Date
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate Tablets, 10 mg 100 count	0527-0762-37	25283185A	02/2027

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 1-877-837-2565 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. For adverse reactions or quality problems experienced with the use of this product, contact firm’s website or to the FDA's Med Watch Adverse Event Reporting program either online, by regular mail or by fax:

Complete and submit the report Online: www.fda.gov/medwatch/report.htm

Regular Mail or Fax: Download form www.fda.gov/MedWatch/getforms.htm or call 1-800- 332-1088 to request a reporting form, then complete and return to the address on the pre- addressed form, or submit by fax to 1-800-FDA-0178.

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

Product Label:

Lannett

RECALL STOCK RESPONSE FORM

CII Product

Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate Tablets, 10 mg 100 count

VOLUNTARY RECALL – 08/08/2025

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: _____

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 Tablets returning
25283185A	02/2027	10 mg	100 tabs per bottle	0527-0762-37	

_____ Returning Full case of 24 bottles

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 1-877-837-2565 Office hours 9am to 5pm EST, Mon thru Fri.

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