

URGENT DRUG RECALL – RETAIL LEVEL - INITIATED 05/27/2026

NIACIN EXTENDED-RELEASE TABLETS USP, 1000 mg, 90 COUNT

MANUFACTURED BY:

RECALLED BY:

LANNETT COMPANY, INC

LANNETT COMPANY, INC.

Dear Customer:

LANNETT COMPANY, INC. is recalling **Niacin Extended-Release Tablets USP, 1000 mg, 90 count** distributed under the **LANNETT COMPANY, INC.** label. This recall is being carried out due to *out of specification dissolution results*. This voluntary recall is being made to the **Retail level** and affects lots listed in the table below. Distribution dates: **05/19/2025 thru 03/19/2026**.

Item Description	NDC	Lot	Expiry Date
Niacin Extended-Release Tablets USP, 1000 mg, 90 count	62175-322-46	25282724A	2027/01

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 \[rxrecalls@inmar.com\]\(mailto:rxrecalls@inmar.com\)](#). Even if you do not possess any inventory of the lot being recalled, we would appreciate it if you could still fill out and return the "PRODUCT RECALL RESPONSE FORM".
- [If you have any questions about the logistics for returning affected lots or other issues, please call Recall Services at 1-855-751-4733](#) 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. 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

Do not accept if seal over bottle opening is broken or missing.
Each film-coated tablet contains 1,000 mg niacin extended-release.
Dispense in a tight container with a child-resistant closure.
USUAL DOSAGE
See package insert for full prescribing information.
Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

NDC 62175-322-46

**Niacin
Extended-release
Tablets, USP**

1,000 mg

Print Patient Information Leaflets at:
www.lannett.com/patient-info/niacin

Distributed by:
Lannett Company, Inc.
Philadelphia, PA 19136

Rx Only
90 Tablets



Q1A76146C
Rev. 09/20



LOT: 25282724A
EXP: 2027/01
SN: 302094899345
GTIN: 00362175322463

RECALL STOCK RESPONSE FORM
Niacin Extended-Release Tablets USP, 1000 mg, 90 count
VOLUNTARY RECALL – 05/27/2026

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#: _____

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 # _____

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
25282724A	2027/01	1000 mg	90 Tablets per bottles	62175-322-46	

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 1-855-751-4733 Office hours 9am to 5pm EST, Mon thru Fri.

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