UNICHEM
PHARMACEUTICALS (USA), INC.

URGENT RECALL COMMUNICATION / CUSTOMER NOTIFICATION
Bisoprolol Fumarate and Hydrochlorothiazide Tablets, USP
RETAIL LEVEL RECALL

January 21, 2026

Dear Valued Customer:

This letter is to inform you that Unichem Pharmaceuticals (USA), Inc. is voluntarily recalling the following products listed immediately below:

Product Description	Lot Number	NDC Number	Distribution Date
Bisoprolol Fumarate and Hydrochlorothiazide Tablets, USP Strength: 2.5 mg /6.25 mg Pack size: 100 count bottles	**GBHL24005A** **Exp 2026/09**	29300-187-01	03/12/2025 to 01/12/2026

Unichem Pharmaceuticals (USA), Inc. has initiated a voluntary recall from the US market (**to the retail level)** for bottles of product labeled as "Bisoprolol Fumarate and Hydrochlorothiazide Tablets, USP 2.5 mg/6.25 mg 100 Count Bottle Lot **GBHL24005A"** due to not meeting the N-Nitroso Bisoprolol impurity specification limits. See enclosed product label for ease in identifying the product.

This recall is being made with the full knowledge of the United States Food and Drug Administration and should be carried out as a **Retail Level Recall**. Unichem has not received any reports of any adverse events related to this recall to date.

Bisoprolol fumarate and hydrochlorothiazide tablets are indicated in the management of hypertension.

Unichem Pharmaceuticals (USA), Inc., began shipping this batch to customers nationwide in March 2025.

Please complete and return the enclosed recall response form as soon as possible. Subsequently, please examine your inventory and quarantine the product specific to the subject recall. Additionally, if you have further distributed this product, please identify and notify your retail customers at once of this product recall. Your notification to your customers may be enhanced by including a copy of this recall notification letter.

The product should be identified by checking the product name and lot number on the product label.

To implement this recall, please take the following actions:

1. Immediately examine your inventory and quarantine product subject to this recall.

2. Immediately discontinue distribution of the identified lot numbers. A credit memo will be issued covering the quantity of your product returned.
3. Return product to:

   Inmar
   Ref No. RCL019-26
   3845 Grand Lakes Way, STE 125,
   Grand Prairie, Texas 75050

   NOTE: A recall packet, inclusive of a call tag, a pre-printed, pre-paid return label will be provided to you for product return; return shipment is free of charge. For the call tag, contact 1-877-703-7756.

   Wholesalers/Retailers: No call necessary, just send complete response form via email: rxrecalls@inmar.com or fax to 1-817-868-5362.

4. If you have further distributed this product and Lot Number to other **retailers**, please identify and notify them at once of this product recall. Your notification should include a copy of this recall notification letter and response form.

5. Please complete and return the enclosed "Customer Recall Return Response Form" as soon as possible and fax the form to us at **1-817-868-5362** or email to **rxrecalls@inmar.com**.

Once the business response form is received by Inmar, a Return Goods Authorization form will be sent to you. Please return your product along with the Return Authorization using the postage paid shipping label included in your recall return packet. Appropriate reimbursement for product returns will be issued on receipt of the recalled product.

We apologize for any inconvenience this may cause you. If you should have any questions, please do not hesitate to contact Inmar **1-877-703-7756;** Monday – Friday (9 am – 5 pm; CST).

Sincerely,

01/21/2026

Kanwaljit Uppal
Quality Assurance
Unichem Pharmaceuticals (USA), Inc.
1 Tower Center Boulevard,
East Brunswick, New Jersey 08816 (USA)

UNICHEM
PHARMACEUTICALS (USA), INC.

RECALL STOCK RESPONSE FORM – RCL019-26, N131430

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.

Customer Name _____*DEA #_____

DEA # is required for all Controlled Substances, if not provided, processing of your form will be delayed.

Address_____

City_____ State_____ Zip_____

Contact Name (please print)_____ Telephone #_____

Contact Signature _____Date_____

Please Complete (check ALL applicable):

☐ I have read and understand the recall instructions provided in the recall letter and that this recall is now being carried out to the retail level.

☐ I have checked my inventory and have quarantined the subject product, we possess _____ units of the same.

☐ I have or will contact those we further distributed the subject product regarding this recall out to the retail level.

☐ Indicate disposition of this recalled product:

Item Description	Lot Number	NDC Number	QTY Returning

☐ Other: _____

Check the appropriate box(s) to describe your business:

☐ Wholesaler/Distributor ☐ Hospital/Medical Facility ☐ Pharmacy (retail) ☐

Other:_____

Name of Wholesaler & Address:

If you have any questions regarding this form or product return, please contact us at:

1+ (877) 703-7756. Office hours Monday – Friday (9 am – 5 pm; CST).

PLEASE SEND THIS COMPLETED RECALL RESPONE FORM TO:

FAX: **1+ (817) 868-5362** EMAIL TO: **rxrecalls@inmar.com**

MAIL: **Inmar, 3845 Grand Lakes Way, STE 125, Grand Prairie, Texas 75050**

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The product label is shown below: