N131323

Lupin Pharmaceuticals, Inc.

RECALL

Amlodipine and Benazepril Hydrochloride Capsules USP 2.5mg/10 mg

Wholesale Level

6/26/2025

Please fill out this form completely. By doing so, this will acknowledge that you have read andunderstand the recall instructions and have taken the appropriate action.

Customer 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#:	Email:	
Contact Signature:	Date:	
DEBIT MEMO# (If unsure, leave blank):		

Wholesaler Information if not directly purchased from Lupin:

Wholesaler Name:	DEA#:	
City:	State:	Zip:

I have checked my stock and communicated to my customers at the appropriate level:

☐ I do not have any stock of the recalled items. **OR**

☐ I have quarantined and listed in the box below the quantity of recalled units and 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_____.

Product Name	NDC#	Lot#	Expiration Date	Total Full Bottles/100 Capsules	Total Partial Bottles/Capsule Count
Amlodipine and Benazepril Hydrochloride Capsules USP 2.5mg/10 mg	68180-755-01	GB01616	2/28/2027		

If you have any questions regarding this form or product return please contact Inmar at 855-706-4411 Office hours 9am to 5pm EST Mon thru Fri.

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

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