



N131495 RCL166-26

Lupin Pharmaceuticals, Inc.

RECALL

Glucagon Emergency Kit

(Glucagon for Injection USP 1mg/Vial with Diluent for Glucagon) Pack Size 1's

Wholesale Level

6/23/2026

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.

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 Vials	Total Partial Vials
Glucagon Emergency Kit (Glucagon for Injection USP 1mg/Vial with Diluent for Glucagon) Pack Size 1's	70748-311-01	WB00010	1/31/2027		
		WB00017	2/28/2027		
		WB00019	2/28/2027		
		WB00070	6/30/2027		
		WB00077	7/31/2027		
		WB00078	7/31/2027		
		WB00130	11/30/2027		

If you have any questions regarding this form or product return please contact Inmar at 866-281-0382 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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