N131320

Lupin Pharmaceuticals, Inc.

RECALL

Lisinopril and Hydrochlorothiazide Tablets USP 20mg/12.5mg

Retail Level

7/15/2025

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 confirm that all locations that received the impacted products have been notified to the retail level. (Circle One) **YES** **YES-Corporate Notified** **NO (Why?)**_____

_____

☐ 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 Tablets	Total Partial Bottles/Tablet Count
Lisinopril and Hydrochlorothiazide Tablets USP 20mg/12.5mg	68180-519-01	QA01081	4/30/2027		

If you have any questions regarding this form or product return please contact Inmar at 855-299-2509 Office hours 9am to 5pm EST Mon thru Fri.

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

N131320