

**Lupin Pharmaceuticals, Inc.**

**RECALL**

**Amlodipine and Benazepril Hydrochloride Capsules USP 2.5mg/10 mg**

**Retail Level**

**7/24/2025**

**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#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>	

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 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](mailto:rxrecalls@inmar.com)**