



N131322

### Lupin Pharmaceuticals, Inc.

**RECALL**

**Clomipramine Hydrochloride Capsules USP 25 mg**

**Wholesale Level**

**6/26/2025**

**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 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
Clomipramine Hydrochloride Capsules USP 25 mg – 100's	68180-492-01	M300464	6/30/2025		

If you have any questions regarding this form or product return please contact Inmar at 855-706-4412 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)**

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