

URGENT DRUG MARKET RECALL – RETAIL LEVEL - INITIATED 06/25/2026**CII Product**

**Dextroamphetamine Saccharate, Amphetamine Aspartate Monohydrate,
Dextroamphetamine Sulfate and Amphetamine Sulfate Extended-Release Capsules, 5
mg 100 count**

MANUFACTURED BY:**RECALLED BY:****LANNETT COMPANY, INC****LANNETT COMPANY, INC.**

Dear Customer:

LANNETT COMPANY, INC. is recalling **Dextroamphetamine Saccharate, Amphetamine Aspartate Monohydrate, Dextroamphetamine Sulfate and Amphetamine Sulfate Extended-Release Capsules, 5 mg 100 count**, distributed under the **LANNETT COMPANY, INC.** label. This recall is being initiated in response to a customer complaint identifying a single capsule containing only immediate-release (IR) beads. Use of an affected capsule may result in a more rapid release of the active ingredient and a shortened duration of therapeutic effect compared to the intended extended-release profile. This voluntary recall is being made to the **Retail level** and affects lots listed in the table below. Distribution dates: **11/17/2025 thru 11/24/2025**.

Item Description	NDC	Lot	Expire Date
Dextroamphetamine Saccharate, Amphetamine Aspartate Monohydrate, Dextroamphetamine Sulfate and Amphetamine Sulfate Extended-Release Capsules, 5 mg 100 count	0527-0790-37	25285401A	2027/04

Wholesalers / Distributors - Please perform the following activities:

- If you have the affected lot numbers of the recalled product in your stock, please discontinue further distribution, [quarantine the affected product and return all units to: Inmar Rx Solutions, 3845 Grand Lakes Way, Grand Prairie, TX 75050](#).
- Wholesalers and distributors should forward this notification to retailers. Please [complete the enclosed "DRUG RECALL RESPONSE FORM"](#) and fax it to us at 1.817-868-5362 or email it to rxrecalls@inmar.com.
- [If you have any questions about the logistics for returning affected lots or other issues, please call Recall Services at 1-866-292-0728](#) Monday – Friday (excluding holidays), 9am to 5 pm EST.

If you have recalled product to return, please return the response form and a return kit and prepaid shipping label will be sent to you for product return. Appropriate credit for product returns, plus handling and shipping expenses, will be issued upon receipt of said product with the return kit. All recalled product returned without a return kit may delay the issuance of your credit. LANNETT COMPANY, INC. will be accepting product returns to the retail level.

The Food & Drug Administration has been informed of this recall. For adverse reactions or quality problems experienced with the use of this product, contact firm's website or to the FDA's Med Watch Adverse Event Reporting program either online, by regular mail or by fax:

Complete and submit the report Online: www.fda.gov/medwatch/report.htm

Regular Mail or Fax: Download form www.fda.gov/MedWatch/getforms.htm or call 1-800- 332-1088 to request a reporting form, then complete and return to the address on the pre- addressed form or submit by fax to 1-800-FDA-0178.

Your cooperation and prompt response to this notice is much appreciated. If you have Customer Service-related questions or medical related questions, please contact LANNETT COMPANY, INC. at: 215-333-9000 ext 4.

Sincerely,

DocuSigned by:

Michelle Prince

9374F41468D141D...

Michelle Prince

Site Quality Head

Lannett Company, Inc. 1101 C Avenue West, Seymour, IN 47274

Michelle.Prince@lannett.com | 812-523-5497

Product Label:



RECALL STOCK RESPONSE FORM**CII Product**

Dextroamphetamine Saccharate, Amphetamine Aspartate Monohydrate, Dextroamphetamine Sulfate and Amphetamine Sulfate Extended-Release Capsules, 5 mg 100 count

VOLUNTARY RECALL – 06/25/2026

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.

Company Name _____ DEA: _____

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Contact Signature _____ Date _____

I have checked my stock and:

_____ Do not have any stock of the recalled items.

OR

_____ Have quarantined and listed in the box below the qty of recalled units 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 _____.

If Returning Pallets please indicate the number of pallets and the weight of each. _____ pallet(s) _____ weight

Email address for freight contact person _____

Lot #	Exp. Date	Strength	Pkg Size	NDC	Qty of Tablets returning
25285401A	2027/04	5 mg	100 tabs per bottle	0527-0790-37	

_____ Returning Full case of 24 bottles

If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased From: Wholesaler Name _____

City _____ State _____

If you have any questions regarding this form or product return please contact Inmar at **1-866-292-0728** Office hours 9am to 5pm EST, Mon thru Fri.

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