



N131390 RCL278-2025

Lupin Pharmaceuticals, Inc.

RECALL

Sertraline Hydrochloride Tablets USP, 100mg

Retail Level

12/4/2025

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/90 Tablets | Total Partial Bottles/Tablet Count |
|---|--------------|---------|-----------------|-------------------------------|------------------------------------|
| Sertraline Hydrochloride Tablets USP, 100mg | 68180-353-09 | QB00865 | 2/29/2028 | | |

If you have any questions regarding this form or product return please contact Inmar at 877-268-1273 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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