



URGENT MARKET RECALL – WHOLESALE LEVEL INITIATED 04/01/2022

METHYLPREDNISOLONE TABLETS USP, 4 MG, 100-COUNT BOTTLE

MANUFACTURED BY:
JUBILANT CADISTA
PHARMACEUTICALS INC.

RECALLED BY:
JUBLIANT CADISTA
PHARMACEUTICALS INC.

Dear Customer:

Jubilant Cadista Pharmaceuticals Inc. is recalling Methylprednisolone Tablets USP, 4 mg, 100-count bottle, NDC 59746-001-06, lot 21P0322, expiry 01/2023, distributed under the Cadista label. This recall is being carried out due to an out of specification (OOS) assay result obtained at the 12-month Long Term stability station. This voluntary recall is being made to the Wholesale level and affects lot 21P0322, only.

| Item Description | NDC | Lot | Expiry Date | Distribution Dates |
|---|--------------|---------|-------------|----------------------------|
| Methylprednisolone Tablets USP 4 mg, 100-count bottle | 59746-001-06 | 21P0322 | 01/2023 | 06/02/2021 - 07/21/2021 |

Wholesalers / Distributors - Please perform the following activities:

- Examine your inventory immediately for the above lots and immediately discontinue distribution of this product being recalled.
- Promptly complete the attached recall stock response form even if you have <u>no</u> product to return.

Completed Recall Stock Response form can be submitted by any of the below methods:

• Fax to: 817-868-5362

• E-mail to: rxrecalls@inmar.com

Mail to: Inmar, Attn: Recall Coordinator, 635 Vine St., Winston-Salem, NC 27101

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.

A Jubilant Pharma Company

Our Values



Jubilant Cadista Pharmaceuticals Inc. (Formerly Cadista Pharmaceuticals Inc.)

207 Kiley Drive Salisbury, MD 21801-2249 Main Number: 410-860-8500 Fax: 410-860-8719 Website: www.cadista.com Sales & Marketing Office Jubilant Cadista Pharmaceuticals Inc. 790 Township Line Road, Suite 325

Yardley, PA 19067 Main Number: 410-860-8500 Fax: 215-443-9646 Website: www.cadista.com





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. Jubilant Cadista Pharmaceuticals Inc. will be accepting product returns to the Wholesale level.

If you have Customer Service related questions, please contact Jubilant Cadista Pharmaceuticals Inc. at: 1-800-313-4623.

If you have medical related questions, please contact Jubilant Cadista Pharmaceuticals Inc. at: 1-800-308-3985.

If you have any questions about the return of the product, please contact Inmar at: 1-855-874-8638.

This recall is being made with the knowledge of the Food & Drug Administration. Your cooperation and prompt response to this notice is much appreciated.

Sincerely,

Melissa Cabrera

Melissa Cabrera Recall Coordinator

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RECALL STOCK RESPONSE FORM

RECALL of Methylprednisolone Tablets USP, 4 mg, 100-count bottle Wholesale Level Initiated 04/01/2022

<u>Please fill out this form completely</u>. By doing so, this will acknowledge that you have read and understand the recall instructions and have taken the appropriate action.

| Customer Name *DEA # is required, if it is not provided, the pro | DEA #_ cessing of your | r form will | be delayed. |
|---|--------------------------------|--------------|-----------------|
| Address | | - | |
| City S | tate | _ Zip | |
| Contact Name (please print)Te | elephone # | | |
| Contact Signature | | _Date | |
| I have checked my stock and: | | | |
| Do <u>not</u> have any stock of the recalled item OR I have quarantined, and listed in the box below, the quarantined to large as soon as possible. | | units on ha | and that I will |
| be returning to Inmar as soon as possible. Please indicate the # of needed box labels | _· | | |
| Item Description | NDC | Lot# | Qty. returning |
| Methylprednisolone Tablets USP 4 mg, 100-ct. bottle | 59746-001-06 | 21P0322 | |
| Upon receipt of this Response Form, Inmar will issue If you have any questions regarding this form or produ 1-855-874-8638. Office hours 9am to 5pm EST Mon the Please fax this form to: 1-817-868-5362 or E- | ıct return, please hru Fri. | e contact li | nmar at |
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207 Kiley Salisbury Main Nu: Fax: 410

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