



# Lupin Pharmaceuticals, Inc.

This recall should be carried out to the **Wholesale** level.

**A COMPLETE PACKAGE OF INFORMATION INCLUDING A REPLY FORM WILL BE MAILED WITHIN (5) BUSINESS DAYS. THE REPLY FORMS SHOULD BE RETURNED TO INMAR Rx SOLUTIONS, INC. THROUGH MAIL/EMAIL/FAX. ONCE RECEIVED AN RA AND NEEDED BOX LABELS WILL BE PROVIDED.**

**Upon receipt of this packet, please take the following actions:**

1. **Wholesalers/Distributors** – Immediately examine your inventory, quarantine and discontinue distribution of these lots.
2. **Distributors** – Complete the enclosed Business Response Form even if you do not have any product on hand.
3. **Distributors** – If you have units of the affected lot(s) in inventory, please contact Inmar Rx Solutions, Inc. at 877-861-5865 to receive a Business Recall Response form or acquire it from [clsnetlink.com](http://clsnetlink.com).
4. Business Recall Response Form can be submitted by any of these methods.  
Fax: 817-868-5362  
Email: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)  
Address: Inmar Rx Solutions, Inc., Attn: Recall Coordinator – One West Fourth Street, Suite 500 Winston Salem, NC 27101
5. **Distributors/Wholesalers** – Return recalled product lot(s) to Inmar Rx Solutions, Inc. as instructed in recall/return packet.
6. **Distributors** – You do not need to notify your customers of this event.

**Upon receipt of the completed BRF, a return kit will be sent including an RA form and necessary box labels.**

We appreciate your immediate attention to this matter. This recall is being made with the knowledge of the U.S. Food and Drug Administration.

Sincerely,

**Jigar  
Thakkar**

Digitally signed  
by Jigar Thakkar  
Date: 2024.04.24  
11:02:03 -04'00'

Jigar Thakkar  
Manager, Quality Assurance