

URGENT: DRUG RECALL

April 10, 2025

Dear Pharmacy, Wholesale and Retail Customer:

This is to inform you that Glenmark is initiating a voluntary recall to the Retail level involving the following prescription product;

Table 1:

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
1.	68462-572-30	VORICONAZOLE TAB 50MG 30	30's	17231045	Apr-25
2.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231015	Apr-25
3.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231128	Apr-25
4.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231138	Apr-25
5.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231139	Apr-25
6.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231143	Apr-25
7.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231144	Apr-25
8.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17230982	Apr-25
9.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17230986	Apr-25
10.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17231001	Apr-25
11.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17231046	Apr-25

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
12.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231256	May-25
13.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231386	May-25
14.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231387	May-25
15.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231407	May-25
16.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231417	May-25
17.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231418	May-25
18.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17231271	May-25
19.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17231300	May-25
20.	68462-694-97	FROVATRIPTAN SUCCINATE TAB 2.5MG 9	9's	17231352	Jun-25
21.	68462-694-97	FROVATRIPTAN SUCCINATE TAB 2.5MG 9	9's	17231649	Jul-25
22.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231754	Jul-25
23.	68462-713-08	RUFINAMIDE TAB 200MG 120	120's	17231643	Jul-25
24.	68462-713-08	RUFINAMIDE TAB 200MG 120	120's	17231644	Jul-25
25.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231848	Aug-25
26.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231898	Aug-25
27.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231977	Aug-25

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
28.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231978	Aug-25
29.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232015	Aug-25
30.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232016	Aug-25
31.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232017	Aug-25
32.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232034	Aug-25
33.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232041	Aug-25
34.	68462-639-45	NITROGLYCERIN SUBLING TAB 0.4MG 4X25	100's	17232024	Aug-25
35.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17221771	Aug-25
36.	68462-338-01	FLUPHENAZINE HCL TAB 10MG 100	100's	17232206	Sep-25
37.	68462-336-01	FLUPHENAZINE HCL TAB 2.5MG 100	100's	17232214	Sep-25
38.	68462-521-90	METFORMIN HCL ER TAB (Z) 1000MG 90	90's	17232088	Sep-25
39.	68462-521-90	METFORMIN HCL ER TAB (Z) 1000MG 90	90's	17232093	Sep-25
40.	68462-639-45	NITROGLYCERIN SUBLING TAB 0.4MG 4X25	100's	17232071	Sep-25
41.	68462-639-45	NITROGLYCERIN SUBLING TAB 0.4MG 4X25	100's	17232072	Sep-25
42.	68462-325-60	INDOMETHACIN ER CAP 75MG 60	60's	17232323	Oct-25
43.	68462-325-60	INDOMETHACIN ER CAP 75MG 60	60's	17232335	Oct-25

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
44.	68462-325-90	INDOMETHACIN ER CAP 75MG 90	90's	17232323	Oct-25
45.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232396	Nov-25
46.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232406	Nov-25
47.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232410	Nov-25
48.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232490	Nov-25
49.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17232533	Nov-25
50.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17232534	Nov-25
51.	68462-638-01	NITROGLYCERIN SUBLING TAB 0.3MG 100	100's	17232361	Nov-25
52.	68462-638-01	NITROGLYCERIN SUBLING TAB 0.3MG 100	100's	17232367	Nov-25
53.	68462-727-30	SAXAGLIPTIN TAB 5MG 30	30's	17232460	Nov-25
54.	68462-727-90	SAXAGLIPTIN TAB 5MG 90	90's	17232460	Nov-25
55.	68462-386-30	SOLIFENACIN SUCCINATE TAB 5MG 30	30's	17232395	Nov-25
56.	68462-386-30	SOLIFENACIN SUCCINATE TAB 5MG 30	30's	17232400	Nov-25
57.	68462-386-90	SOLIFENACIN SUCCINATE TAB 5MG 90	90's	17232395	Nov-25
58.	68462-424-30	TERIFLUNOMIDE TAB 14MG 30	30's	17232462	Nov-25
59.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240085	Dec-25

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
60.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240117	Dec-25
61.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240131	Dec-25
62.	68462-638-01	NITROGLYCERIN SUBLING TAB 0.3MG 100	100's	17240037	Dec-25
63.	68462-638-01	NITROGLYCERIN SUBLING TAB 0.3MG 100	100's	17240038	Dec-25
64.	68462-320-60	RANOLAZINE ER TAB 1000MG 60	60's	17240040	Dec-25
65.	68462-164-05	Cavedilol tab USP 12.5 mg 500's	500's	17240238	Jan-26
66.	68462-164-05	Cavedilol tab USP 12.5 mg 500's	500's	17240243	Jan-26
67.	68462-164-05	Cavedilol tab USP 12.5 mg 500's	500's	17240245	Jan-26
68.	68462-164-05	Cavedilol tab USP 12.5 mg 500's	500's	17240248	Jan-26
69.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240326	Jan-26
70.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240327	Jan-26
71.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240197	Jan-26
72.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240198	Jan-26
73.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240215	Jan-26
74.	68462-678-60	LACOSAMIDE TAB 50MG 60	60's	17240221	Jan-26
75.	68462-678-60	LACOSAMIDE TAB 50MG 60	60's	17240222	Jan-26

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
76.	68462-890-01	PROCHLORPERAZINE MAL TAB 10MG 100	100's	17240254	Jan-26
77.	68462-890-01	PROCHLORPERAZINE MAL TAB 10MG 100	100's	17240257	Jan-26
78.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240383	Feb-26
79.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240395	Feb-26
80.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240389	Feb-26
81.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240390	Feb-26
82.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240426	Feb-26
83.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240427	Feb-26
84.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240428	Feb-26
85.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240669	Mar-26
86.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17240606	Mar-26
87.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17240619	Mar-26
88.	68462-196-05	PRAVASTATIN SOD TAB 20MG 500	500's	17230810	Mar-26
89.	68462-196-05	PRAVASTATIN SOD TAB 20MG 500	500's	17230811	Mar-26
90.	68462-196-90	PRAVASTATIN SOD TAB 20MG 90	90's	17230810	Mar-26
91.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240876	Apr-26

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
92.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240846	Apr-26
93.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240847	Apr-26
94.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17230930	Apr-26
95.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17230931	Apr-26
96.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240778	Apr-26
97.	68462-562-01	DILTIAZEM HCL ER CAP 12HR 120MG 100	100's	17241067	May-26
98.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240883	May-26
99.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240909	May-26
100.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240914	May-26
101.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240927	May-26
102.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17240911	May-26
103.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17240912	May-26
104.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231252	May-26
105.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231274	May-26
106.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241055	May-26
107.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17241121	Jun-26

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
108.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17241124	Jun-26
109.	68462-680-60	LACOSAMIDE TAB 150MG 60	60's	17241125	Jun-26
110.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241074	Jun-26
111.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241075	Jun-26
112.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241091	Jun-26
113.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241100	Jun-26
114.	68462-727-30	SAXAGLIPTIN TAB 5MG 30	30's	17241194	Jun-26
115.	68462-727-90	SAXAGLIPTIN TAB 5MG 90	90's	17241194	Jun-26
116.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17241156	Jun-26
117.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241278	Jul-26
118.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241297	Jul-26
119.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241304	Jul-26
120.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241315	Jul-26
121.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241327	Jul-26
122.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17241388	Jul-26
123.	68462-562-01	DILTIAZEM HCL ER CAP 12HR 120MG 100	100's	17241628	Aug-26

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
124.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231855	Aug-26
125.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231916	Aug-26
126.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231917	Aug-26
127.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231945	Aug-26
128.	68462-726-30	SAXAGLIPTIN TAB 2.5MG 30	30's	17241788	Sep-26
129.	68462-726-30	SAXAGLIPTIN TAB 2.5MG 30	30's	17241821	Sep-26
130.	68462-726-30	SAXAGLIPTIN TAB 2.5MG 30	30's	17241822	Sep-26
131.	68462-726-90	SAXAGLIPTIN TAB 2.5MG 90	90's	17241822	Sep-26
132.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17241800	Sep-26
133.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17241863	Oct-26
134.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17241869	Oct-26
135.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17241870	Oct-26
136.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17242050	Oct-26
137.	68462-680-60	LACOSAMIDE TAB 150MG 60	60's	17242202	Nov-26
138.	68462-196-05	PRAVASTATIN SOD TAB 20MG 500	500's	17232501	Nov-26
139.	68462-196-05	PRAVASTATIN SOD TAB 20MG 500	500's	17232502	Nov-26

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry
140.	68462-680-60	LACOSAMIDE TAB 150MG 60	60's	17242204	Dec-26
141.	68462-179-01	NAPROXEN SOD TAB 550MG	100's	17231956	Aug-25

The recall to the retail level of the above mentioned drug product batches, manufactured in a shared facility with Ezetimibe tablets 10 mg and Ezetimibe/ Simvastatin tablets 10 mg/10 mg, 10 mg/20 mg, 10 mg/40 mg, and 10 mg/80 mg, has been initiated. Based on risk assessment and out of an abundance of caution, Glenmark proposes a voluntary recall for 21 products and 141 lots.

In contrast to β -lactam antimicrobials, the β -lactam ring in ezetimibe remains stable and does not open under physiological conditions, thus avoiding the formation of allergenic determinants through haptination. Additionally, ezetimibe lacks the R1 side chains typically present in penicillins and cephalosporins, and all metabolites of ezetimibe retains a closed β -lactam ring. These characteristics are crucial in preventing allergic sensitization and cross-reactivity with antimicrobial β -lactams. Consequently, it is unlikely that ezetimibe would trigger β -lactam related hypersensitivity.

Please see details of product batches listed in above table and refer enclosed product labels for ease in identifying the product.

Please examine your inventory and if you have any inventory available for the batches specified in the above table, you should quarantine such product immediately and not dispense any further product from these lots. Glenmark Pharmaceuticals Inc., USA began shipping this product on October 04, 2022.

In addition, if you are a wholesaler/ distributor, who has further distributed this product, please identify those retail customers and notify them at once of this Product recall. Your notification to your retail customers may be enhanced by including a copy of this recall notification letter. Again,



this recall should be carried out to the retail level only. Because this is not a consumer level recall, notice to the consumer level is not required.

Glenmark is requesting the batches specified in the above table to be returned to Inmar Rx Solutions (address below) using the Postage Paid Product Return label that was provided in your Recall Return Packet.

Inmar Rx Solutions
3845 Grand Lakes Way
Grand Prairie, TX 75050

Please complete and return the enclosed response form preferably within 72 hours of receipt of this notification. Please either fax your response to 817-868-5362 or email to Rxrecalls@Inmar.com.

If you have any questions regarding your recall return please contact Inmar at 877-645-1410

Inmar office hours are Monday through Friday, from 9am to 5pm EST.

This recall is being made with the knowledge of the Food and Drug Administration.

Thank you for your cooperation,

Sincerely,

GLENMARK PHARMACEUTICALS INC., USA

thomas.callaghan@g
lenmarkpharma.com

Digitally signed by
thomas.callaghan@glenmarkphar
ma.com
Date: 2025.04.10 14:46:31 -04'00'

Thomas Callaghan

Executive Director - Regulatory Affairs, North America

US Agent for Glenmark Pharmaceuticals Limited

Enclosure(s):

Product labels

Recall Return Response Form

Glenmark Pharmaceuticals Inc.

RECALL RETURN RESPONSE FORM

Product Name: Refer Table 01

Pack Size: Refer Table 01

NDC: Refer Table 01

Retail level

4/10/2025

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the withdrawal 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 Glenmark Pharmaceuticals Inc.:

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
Recall _____ (Initial and date)

☐ 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 _____.

Table: 1

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
1.	68462-572-30	VORICONAZOLE TAB 50MG 30	30's	17231045	Apr-25	
2.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231015	Apr-25	
3.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231128	Apr-25	
4.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231138	Apr-25	
5.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231139	Apr-25	
6.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231143	Apr-25	
7.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231144	Apr-25	
8.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17230982	Apr-25	
9.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17230986	Apr-25	
10.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17231001	Apr-25	
11.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17231046	Apr-25	
12.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231256	May-25	
13.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231386	May-25	
14.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231387	May-25	
15.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231407	May-25	
16.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231417	May-25	
17.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231418	May-25	

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
18.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17231271	May-25	
19.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17231300	May-25	
20.	68462-694-97	FROVATRIPTAN SUCCINATE TAB 2.5MG 9	9's	17231352	Jun-25	
21.	68462-694-97	FROVATRIPTAN SUCCINATE TAB 2.5MG 9	9's	17231649	Jul-25	
22.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231754	Jul-25	
23.	68462-713-08	RUFINAMIDE TAB 200MG 120	120's	17231643	Jul-25	
24.	68462-713-08	RUFINAMIDE TAB 200MG 120	120's	17231644	Jul-25	
25.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231848	Aug-25	
26.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231898	Aug-25	
27.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231977	Aug-25	
28.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17231978	Aug-25	
29.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232015	Aug-25	
30.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232016	Aug-25	
31.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232017	Aug-25	
32.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232034	Aug-25	
33.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232041	Aug-25	
34.	68462-639-45	NITROGLYCERIN SUBLING TAB 0.4MG 4X25	100's	17232024	Aug-25	

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
35.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17221771	Aug-25	
36.	68462-338-01	FLUPHENAZINE HCL TAB 10MG 100	100's	17232206	Sep-25	
37.	68462-336-01	FLUPHENAZINE HCL TAB 2.5MG 100	100's	17232214	Sep-25	
38.	68462-521-90	METFORMIN HCL ER TAB (Z) 1000MG 90	90's	17232088	Sep-25	
39.	68462-521-90	METFORMIN HCL ER TAB (Z) 1000MG 90	90's	17232093	Sep-25	
40.	68462-639-45	NITROGLYCERIN SUBLING TAB 0.4MG 4X25	100's	17232071	Sep-25	
41.	68462-639-45	NITROGLYCERIN SUBLING TAB 0.4MG 4X25	100's	17232072	Sep-25	
42.	68462-325-60	INDOMETHACIN ER CAP 75MG 60	60's	17232323	Oct-25	
43.	68462-325-60	INDOMETHACIN ER CAP 75MG 60	60's	17232335	Oct-25	
44.	68462-325-90	INDOMETHACIN ER CAP 75MG 90	90's	17232323	Oct-25	
45.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232396	Nov-25	
46.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232406	Nov-25	
47.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232410	Nov-25	
48.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17232490	Nov-25	
49.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17232533	Nov-25	
50.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17232534	Nov-25	
51.	68462-638-01	NITROGLYCERIN SUBLING TAB 0.3MG 100	100's	17232361	Nov-25	

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
52.	68462-638-01	NITROGLYCERIN SUBLING TAB 0.3MG 100	100's	17232367	Nov-25	
53.	68462-727-30	SAXAGLIPTIN TAB 5MG 30	30's	17232460	Nov-25	
54.	68462-727-90	SAXAGLIPTIN TAB 5MG 90	90's	17232460	Nov-25	
55.	68462-386-30	SOLIFENACIN SUCCINATE TAB 5MG 30	30's	17232395	Nov-25	
56.	68462-386-30	SOLIFENACIN SUCCINATE TAB 5MG 30	30's	17232400	Nov-25	
57.	68462-386-90	SOLIFENACIN SUCCINATE TAB 5MG 90	90's	17232395	Nov-25	
58.	68462-424-30	TERIFLUNOMIDE TAB 14MG 30	30's	17232462	Nov-25	
59.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240085	Dec-25	
60.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240117	Dec-25	
61.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240131	Dec-25	
62.	68462-638-01	NITROGLYCERIN SUBLING TAB 0.3MG 100	100's	17240037	Dec-25	
63.	68462-638-01	NITROGLYCERIN SUBLING TAB 0.3MG 100	100's	17240038	Dec-25	
64.	68462-320-60	RANOLAZINE ER TAB 1000MG 60	60's	17240040	Dec-25	
65.	68462-164-05	Cavedilol tab USP 12.5 mg 500's	500's	17240238	Jan-26	
66.	68462-164-05	Cavedilol tab USP 12.5 mg 500's	500's	17240243	Jan-26	
67.	68462-164-05	Cavedilol tab USP 12.5 mg 500's	500's	17240245	Jan-26	
68.	68462-164-05	Cavedilol tab USP 12.5 mg 500's	500's	17240248	Jan-26	

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
69.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240326	Jan-26	
70.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240327	Jan-26	
71.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240197	Jan-26	
72.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240198	Jan-26	
73.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240215	Jan-26	
74.	68462-678-60	LACOSAMIDE TAB 50MG 60	60's	17240221	Jan-26	
75.	68462-678-60	LACOSAMIDE TAB 50MG 60	60's	17240222	Jan-26	
76.	68462-890-01	PROCHLORPERAZINE MAL TAB 10MG 100	100's	17240254	Jan-26	
77.	68462-890-01	PROCHLORPERAZINE MAL TAB 10MG 100	100's	17240257	Jan-26	
78.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240383	Feb-26	
79.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17240395	Feb-26	
80.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240389	Feb-26	
81.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240390	Feb-26	
82.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240426	Feb-26	
83.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240427	Feb-26	
84.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240428	Feb-26	
85.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240669	Mar-26	
86.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17240606	Mar-26	

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
87.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17240619	Mar-26	
88.	68462-196-05	PRAVASTATIN SOD TAB 20MG 500	500's	17230810	Mar-26	
89.	68462-196-05	PRAVASTATIN SOD TAB 20MG 500	500's	17230811	Mar-26	
90.	68462-196-90	PRAVASTATIN SOD TAB 20MG 90	90's	17230810	Mar-26	
91.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240876	Apr-26	
92.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240846	Apr-26	
93.	68462-681-60	LACOSAMIDE TAB 200MG 60	60's	17240847	Apr-26	
94.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17230930	Apr-26	
95.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17230931	Apr-26	
96.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17240778	Apr-26	
97.	68462-562-01	DILTIAZEM HCL ER CAP 12HR 120MG 100	100's	17241067	May-26	
98.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240883	May-26	
99.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240909	May-26	
100.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240914	May-26	
101.	68462-433-18	COLESEVELAM HCL TAB 625MG 180	180's	17240927	May-26	
102.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17240911	May-26	
103.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17240912	May-26	
104.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231252	May-26	

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
105.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231274	May-26	
106.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241055	May-26	
107.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17241121	Jun-26	
108.	68462-679-60	LACOSAMIDE TAB 100MG 60	60's	17241124	Jun-26	
109.	68462-680-60	LACOSAMIDE TAB 150MG 60	60's	17241125	Jun-26	
110.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241074	Jun-26	
111.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241075	Jun-26	
112.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241091	Jun-26	
113.	68462-264-30	ROSUVASTATIN TAB 40MG 30	30's	17241100	Jun-26	
114.	68462-727-30	SAXAGLIPTIN TAB 5MG 30	30's	17241194	Jun-26	
115.	68462-727-90	SAXAGLIPTIN TAB 5MG 90	90's	17241194	Jun-26	
116.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17241156	Jun-26	
117.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241278	Jul-26	
118.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241297	Jul-26	
119.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241304	Jul-26	
120.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241315	Jul-26	
121.	68462-144-01	CLINDAMYCIN HCL CAP 300MG 100	100's	17241327	Jul-26	
122.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17241388	Jul-26	

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
123.	68462-562-01	DILTIAZEM HCL ER CAP 12HR 120MG 100	100's	17241628	Aug-26	
124.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231855	Aug-26	
125.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231916	Aug-26	
126.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231917	Aug-26	
127.	68462-198-90	PRAVASTATIN SOD TAB 80MG 90	90's	17231945	Aug-26	
128.	68462-726-30	SAXAGLIPTIN TAB 2.5MG 30	30's	17241788	Sep-26	
129.	68462-726-30	SAXAGLIPTIN TAB 2.5MG 30	30's	17241821	Sep-26	
130.	68462-726-30	SAXAGLIPTIN TAB 2.5MG 30	30's	17241822	Sep-26	
131.	68462-726-90	SAXAGLIPTIN TAB 2.5MG 90	90's	17241822	Sep-26	
132.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17241800	Sep-26	
133.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17241863	Oct-26	
134.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17241869	Oct-26	
135.	68462-126-05	GABAPENTIN TAB 600MG 500	500's	17241870	Oct-26	
136.	68462-573-30	VORICONAZOLE TAB 200MG 30	30's	17242050	Oct-26	
137.	68462-680-60	LACOSAMIDE TAB 150MG 60	60's	17242202	Nov-26	
138.	68462-196-05	PRAVASTATIN SOD TAB 20MG 500	500's	17232501	Nov-26	
139.	68462-196-05	PRAVASTATIN SOD TAB 20MG 500	500's	17232502	Nov-26	
140.	68462-680-60	LACOSAMIDE TAB 150MG 60	60's	17242204	Dec-26	

Sr. No.	NDC Code	Product Name	Pack	Lot Numbers	Expiry	Total Full/Sealed and Partial/Open Bottle Count
141.	68462-179-01	NAPROXEN SOD TAB 550MG	100's	17231956	Aug-25	

If you have any questions regarding this form or product return please contact Inmar at 877-645-1410 Office hours 9am to 5pm EST Mon thru Fri.

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