



Sun Pharmaceutical Industries, Inc

URGENT: DRUG RECALL

Perampanel 6mg tablet, CIII

June 17, 2026

Dear Valued Customer,

This notice is to inform you of a product recall involving, **Perampanel 6mg tablet, CIII**, see enclosed labeling and tablets.

Product Name	Package Description	NDC#	Lot#	Expiration Date
Perampanel 6mg tablet	30 ct bottle	51672-4206-6	AE01763	9/30/2027

This recall has been initiated in response to a report from pharmacist that Perampanel 10mg tablets were inside a bottle of Perampanel 6mg tablets and dispensed as Perampanel 6mg. The Pharmacy repackages Perampanel 6mg tablets into a blister pack and noted the color / strength difference after the repackaging of the subsequent shipment.

While Sun Pharma is not able to confirm that the Perampanel 10mg tablets were labeled as Perampanel 6mg tablets, as the bottle was discarded and the product was not directly distributed by Sun Pharma, the subject lot is being recalled in the event of a very low probability that Sun Pharma inadvertently labeled and distributed Perampanel 10 mg bottle(s) as Perampanel 6 mg. The tablets are embossed with the correct strength, therefore, visual identification of the strength is possible reducing the likelihood of consuming an incorrect dose.

Based on the Health Hazard Evaluation, *“Although the recommended daily dose can be up to 12 mg, unintended higher exposure without appropriate titration may increase the risk of adverse reactions”*

All lots complied with all of the established product specifications at the time the products were released for distribution.

Sun Pharmaceutical Industries, Inc. initiated shipment of this product between November 26, 2026 and April 13, 2026.

Immediately examine your inventory and quarantine product subject to the recall. In addition, if you have further distributed this product, please identify your 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 letter.



Please complete and return the enclosed response form as soon as possible. After receipt of the response form, a return kit will be provided so the affected product can be sent to:

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

If you have any questions or return the enclosed response form contact Inmar, Inc. at Rxrecalls@Inmar.com or call **855-792-9070** Monday to Friday from 8:30 am to 5:00 pm (EST).

This recall should be carried out to the retail level.

Your assistance is appreciated and necessary to prevent patient harm.

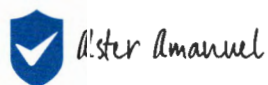
For adverse reactions or quality problems experienced with the use of this product, contact firm's website or to the FDA's Med Watch Adverse Event Reporting program either online, by regular mail or by fax.

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

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

Aster Amanuel

Signed by Aster Amanuel
 I am the author of this document
17-Jun-2026 | 11:58:25 AM EDT
E 8975643C76C40A484899529D32552CC

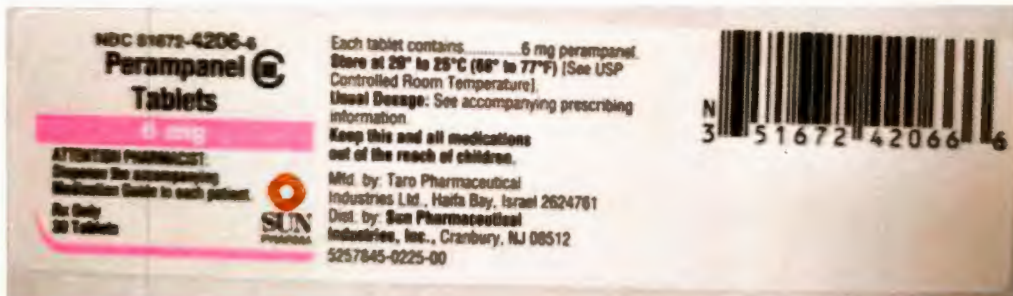
17-Jun-2026

Sun Pharmaceutical Industries, Inc.
Manager, Quality Compliance



For return of affected product, please email Rxrecalls@Inmar.com or call **855-792-9070**

Enclosure:

Perampanel 6mg tablet_ Label



Perampanel 6mg & 10 mg tablet Description

Correct Tablet –Perampanel 6 mg	Wrong Tablet – Perampanel 10 mg
	
<p>Pink, film coated, round, tablets debossed with "T6" on one side and plain on the other</p>	<p>Green, film coated, round, tablets debossed with "T10" on one side and plain on the other</p>

Certificate Of Completion

Envelope Id: 107BBE3C-DD8A-8A33-8339-59CA3FD00B72
 Subject: Attachment 3A; Customer Notification Letter
 Source Envelope:
 Document Pages: 3
 Certificate Pages: 1
 AutoNav: Enabled
 EnvelopeId Stamping: Disabled
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:
 Aster Amanuel
 3 Skyline Drive
 Hawthorne, NY 10532
 Aster.Amanuel@taro.com
 IP Address: 162.10.151.55

Record Tracking

Status: Original
 6/17/2026 11:56:02 AM

Holder: Aster Amanuel
 Aster.Amanuel@taro.com

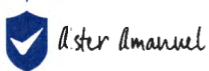
Location: DocuSign

Signer Events

Aster Amanuel
 Aster.Amanuel@taro.com
 Security Level: Email, Account Authentication (Required)

Signature

Signed by Aster Amanuel



I am the author of this document
 6/17/2026 11:58:41 AM EDT

E 8975643C76C40A484899529D32552CC

Timestamp

Sent: 6/17/2026 11:58:07 AM
 Viewed: 6/17/2026 11:58:15 AM
 Signed: 6/17/2026 11:58:41 AM

Signature Adoption: Pre-selected Style
 Signature ID:
 E8975643-C76C-40A4-8489-9529D32552CC
 Using IP Address: 162.10.151.55

With Signing Authentication via Docusign password
 With Signing Reasons (on each tab):
 I am the author of this document

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Envelope Sent Hashed/Encrypted
 Certified Delivered Security Checked
 Signing Complete Security Checked
 Completed Security Checked

Timestamps
 6/17/2026 11:58:07 AM
 6/17/2026 11:58:15 AM
 6/17/2026 11:58:41 AM
 6/17/2026 11:58:41 AM

Payment Events

Status

Timestamps

Sun Pharmaceuticals Industries, Inc.

URGENT: DRUG RECALL – RESPONSE FORM

Perampanel 6mg tablet, CIII

Retail Level

6/17/2026



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.

Customer Name: _____ DEA#: _____
DEA # is required, if it is not provided, the processing of your form will be delayed.

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 Sun Pharma:

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** _____ (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 _____.

Product Name	Package Description	NDC#	Lot#	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Perampanel 6mg tablet	30 ct bottle	51672-4206-6	AE01763	9/30/2027	

If you have any questions regarding this form or product return please contact Inmar Inc. at Rxrecalls@Inmar.com or call **855-792-9070** Monday to Friday from 8:30 am to 5:00 pm (EST).

Please fax this form to: 1-817-868-5362 or E-mail: Rxrecalls@Inmar.com