

DEC 0 6 2021

BY: 12-04-2024

Updated Version: 01

Dr. Reddy's Laboratories, Inc. 107 College Road East, Princeton, NJ 08540

URGENT: DRUG RECALL (Retail Level)

(Note: This letter is a revised letter to the previously released 'Wholesale level Drug Recall' issued on October 01, 2021 for the subject lot. Please note the depth of the recall has been changed to the 'Retail Level').

11/30/2021

Ezetimibe & Simvastatin Tablets

MANUFACTURED BY:

Dr. Reddy's Laboratories Louisiana, LLC. Shreveport, Louisiana, United States **RECALLED BY:**

Dr. Reddy's Laboratories Inc. 107 College Road East, Princeton, NJ- 08540 USA

Dear Valued Customer:

This is to inform you of a product recall involving:

Ezetimibe & Simvastatin Tablets

See enclosed product label.

This voluntary recall is being initiated as a precautionary measure due to out of specification (OOS) results for the conductivity test for one of the excipients, Microcrystalline Cellulose (Avicel pH 102), NF supplied by DuPont. MCC is used as a tableting agent during the manufacturing of Ezetimibe/Simvastatin tablets. In addition to the above reason, lot# L100208 is also being recalled due to a product complaint received for comingling, where five (5) Ezetimibe and Simvastatin 10mg/10mg tablets found in a bottle of Ezetimibe and Simvastatin 10mg/40mg tablets.

The lots of the product to be recalled are in the table below:



Batch #	Description (Name, Strength, count)	Expiry Date	NDC
L100158	Ezetimibe & Simvastatin Tablets 10mg/40mg, 30 count	12/2022	43598-743-30
L100159	Ezetimibe & Simvastatin Tablets 10mg/40mg, 90 count	12/2022	43598-743-90
L100160	Ezetimibe & Simvastatin Tablets 10mg/80mg, 30 count	01/2023	43598-745-30
L100185	Ezetimibe & Simvastatin Tablets 10mg/40mg, 30 count	12/2022	43598-743-30
L100208	Ezetimibe & Simvastatin Tablets 10mg/40mg, 500 count	01/2023	43598-743-05
L100235	Ezetimibe & Simvastatin Tablets 10mg/20mg, 90 count	01/2023	43598-744-90
L100249	Ezetimibe & Simvastatin Tablets 10mg/80mg, 90 count	01/2023	43598-745-90
L100250	Ezetimibe & Simvastatin Tablets 10mg/80mg, 500 count	01/2023	43598-745-05
L100256	Ezetimibe & Simvastatin Tablets 10mg/10mg, 90 count	01/2023	43598-742-90
L100257	Ezetimibe & Simvastatin Tablets 10mg/10mg, 1000 count	01/2023	43598-742-10
L100298	Ezetimibe & Simvastatin Tablets 10mg/20mg, 30 count	01/2023	43598-744-30
L100304	Ezetimibe & Simvastatin Tablets 10mg/20mg, 30 count	01/2023	43598-744-30

Risk Assessment: The OOS in conductivity in Microcrystalline cellulose was detected because of the presence of moderately higher additional ammonium chloride salt. Based on the safety and exposure assessment, the elevated levels of ammonium Chloride are not expected to pose any human health hazard.

There is a possibility of under dosing when the comingled tablet (10mg/10mg) is consumed by a patient. Considering the chronic nature of the indication, frequent monitoring of lipid profile and dose adjustment in patients receiving Ezetimibe and Simvastatin tablets, the possibility of harm due to such under dosing is very low.

The Product Distribution Dates: March 30, 2021 to June 17, 2021

Recall Instructions:

Please perform the following activities:

- Examine your inventory immediately for the lots listed above and immediately discontinue distribution and sales of the product lots being recalled. Please quarantine the affected lot of this product.
- In addition, if the listed product was further distributed, please identify the customers and notify them immediately of this product recall. The notification to the customers may be expedited by including a copy of this recall notification letter
- 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: 817-868-5362

E-mail: RXrecalls@inmar.com

Mail: Inmar, Attn: Recall Coordinator, Dr. Reddy's Recall

635 Vine Street, Winston Salem, NC 27101



For questions regarding return of the recalled product please call Inmar at 855-806-2523 Office hours 9am to 5pm (EST) Monday through Friday.

Upon receipt of your Recall Response Form a "Return Kit" will be sent to you. This kit will include:

- Pre-paid shipping label(s)
- Processing labels
- Shipping instructions

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

Your cooperation and prompt response to this notice is much appreciated. If you have Customer Service-related questions, please contact Dr. Reddy's Laboratories 866-733-3952. Medical related questions, please contact Dr. Reddy's Laboratories at 888-375-3784.

Sincerely,

For

DocuSigned by:

Signer Name: Naga Veluri

Signing Reason: I approve this document

Signing Time: 01-Dec-21 | 12:41:11 AM IST

Naga Veluri

Subbareddy Inta

Sr. Director Quality

Dr. Reddy's Laboratories, Inc. 6E040730C77C44BF858BCC47B4A296D7

Enclosure(s)

- 1. Product Label
- 2. Recall Return Response Form





















RECALL STOCK RESPONSE FORM

RECALL of Ezetimibe & Simvastatin Tablets (Retail Level) 11/30/2021

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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.

Company Name	DEA #
Debit Memo #	Original Invoice#
*DEA # and Debit Memo # is req	uired, without it, processing of your form will be delayed.
Address	
	StateZip
Contact Name (please print)	Telephone #
Contact Signature	<u>D</u> ate
I have checked my stock and: Do not have any stock of the	he recalled <u>items</u> .
OR	
ger and section from the general contract of the contract of t	ox below the quantity of recalled units and will be returning to Form, Inmar, will issue return authorization label(s) and will

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L100208	Ezetimibe & Simvastatin Tablets 10mg/40mg, 500ct	43598-743-05	
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Wholesalers and Distributors only

☐ I have identified my customers that were shipped Attached is a list of customers with their contact deproduct.	
Any adverse events associated with recalled produ	ict? □ Yes □ No
If yes, please explain:	
If you did not purchase the product directly from below section.	m the Manufacturer, please complete the
Purchased from: Wholesaler Name	DEA #
City State	



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If you have any questions regarding this form or product return, please contact Inmar at 855-806-2523, Office hours 9am to 5pm (EST) Monday through Friday.

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