

**URGENT MARKET RECALL – RETAIL LEVEL - INITIATED 11/06/2020**

**CLOMIPRAMINE HYDROCHLORIDE CAPSULES USP, 50 MG, 30-COUNT BOTTLE**

**MANUFACTURED BY:  
JUBILANT CADISTA  
PHARMACEUTICALS INC.**

**RECALLED BY:  
JUBILANT CADISTA  
PHARMACEUTICALS INC.**

Dear Customer:

Jubilant Cadista Pharmaceuticals Inc. is recalling Clomipramine Hydrochloride Capsules USP, 50 mg, 30-count bottle, lot 20P0141, expiry 02/2022, distributed under the Cadista label. This recall is being carried out due to out of specification capsule weights at the 6-month long term annual stability station. This voluntary recall is being made to the Retail level and affects lot #20P0141, only. Distribution dates: 05/21/2020 through 09/22/2020.

Item Description	NDC	Lot	Expiry Date
Clomipramine Hydrochloride Capsules USP, 50 mg, 30-count bottle	59746-711-30	20P0141	02/2022

**Wholesalers / Distributors - Please perform the following activities:**

- Examine your inventory immediately for lot 20P0141 and immediately discontinue distribution of this product being recalled.
- Promptly complete the attached recall stock response form even if you have **no** product to return.
- Please notify your customers down to the retail level for this recall.

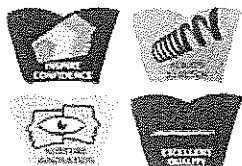
Completed Recall Stock Response form can be submitted by any of the below methods:

- Fax to: 817-868-5362
- E-mail to: [rxrecalls@inmar.com](mailto: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](http://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](http://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 retail 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: 1-800-967-5952, prompt number 1 for recall.

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

03 Nov 2020 08:43:052-0500

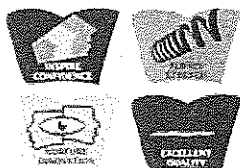
REASON: I am the author of this document.

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Melissa Cabrera  
Recall Coordinator

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**RECALL STOCK RESPONSE FORM**

**RECALL of Clomipramine Hydrochloride Capsules USP, 50 mg, 30-count bottle,  
Lot 20P0141  
Retail Level  
11/06/2020**

**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 # \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have checked my stock and:**

\_\_\_\_\_ Do not have any stock of the recalled **items**.

**OR**

I have quarantined and listed in the box below the quantity of recall 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 \_\_\_\_\_.

Item Description	NDC	Lot #	Qty. returning
Clomipramine Hydrochloride Capsules USP, 50 mg, 30-count bottle	59746-711-30	20P0141	

**If you did not purchase the product directly from the Manufacturer, please complete the below section.**

Purchased From: Wholesaler Name \_\_\_\_\_ DEA # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have any questions regarding this form or product return, please contact Inmar at 1-800-967-5952. Office hours 9am to 5pm EST Mon thru Fri.

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

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