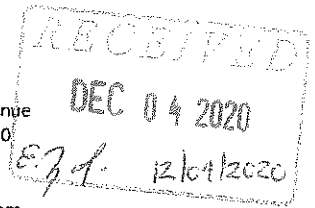




Teligent, Inc.
105 Lincoln Avenue
Buena, NJ 08310
T 856.697.1441



www.teligent.com

CUSTOMER RECALL NOTIFICATION
URGENT: Teligent Clobetasol Propionate Ointment 0.05%, 60g Recall

Date: December 2, 2020

Dear Valued Customer:

Recently, you were notified that Teligent is voluntarily recalling the following product. This notification is to inform you that this recall is now being carried out to the **Retail level**.

Product	NDC Code	Lot Number	Expiry Date	Distribution Dates
CLOBETASOL PROPIONATE OINTMENT 0.05% 60GM	52565-039-60	12597	12/2020	02/14/2019 – 07/26/2019

This recall on the 60g fill size has been initiated based on an internal review which discovered low assay results from the 30g fill size. The 30g fill size was not released, but the 60g fill size was released. There is no real or perceived risk to the patient.

This recall is being made with the knowledge of the Food and Drug Administration and should be carried out to the **retail level**.

To implement this recall, please take the following actions:

1. Immediately examine your inventory and quarantine product subject to recall.
2. Immediately discontinue use and distribution of the identified lot numbers. A credit memo will be issued covering the quantity of your product returned.
3. Return product to:
Eversana
c/o Teligent Recall
ATTN: Returns Department
4580 S. Mendenhall
Memphis, TN 38141

NOTE: A return label will be provided to you, free of charge. To request a call tag please complete and return the enclosed "Request for Call Tag Form" as soon as possible and email the form to TeligentCS@Eversana.com. The completed form may also be faxed to 414-434-6695. If you need further assistance please contact Customer Service at 877-622-2330, option #1.

Wholesalers please send debit memo via email or fax.

4. If you have further distributed this product to other wholesalers and/or retailers, please identify and notify them at once of this product recall. Your notification should include a copy of this recall notification letter, response form, and call tag form.
5. Please complete and return the enclosed "Customer Recall Return Response Form" as soon as possible and email the form to us at DDNRegulatory@Eversana.com. The completed form may also be faxed to 1-901-368-6903.

We apologize for any inconvenience this may cause you. If you have any questions, please do not hesitate to call our Customer Service at 877-622-2330, option 1; M-F 8 am – 7 pm CDT.

Thank you,
Teligent Customer Service Team



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Recall Response Form

Date: December 2, 2020

Product	NDC Code	Lot Number	Quantity to be returned	Expiry Date	Distribution Dates
CLOBETASOL PROPIONATE OINTMENT 0.05% 60GM	52565-039-60	12597		12/2020	02/14/2019 - 07/26/2019

***Note: Total number of unopened tubes only.**

Please check ALL appropriate boxes

- I have read and understand the recall instructions provided in the recall letter.
- I have checked my stock and have quarantined inventory consisting of _____ unit(s)
- I have contacted customer service (below) for a free of charge return label.

Return product to:

Eversana
c/o Teligent Recall
 ATTN: Returns Department
 4580 S. Mendenhall Rd.
 Memphis, TN 38141

NOTE: A return label will be provided to you, free of charge. To request a call tag please complete and return the enclosed "Request for Call Tag Form" as soon as possible and email the form to TeligentCS@Eversana.com. The completed form may also be faxed to 414-434-6695. If you need further assistance please contact Customer Service at 877-622-2330, option #1.

Wholesalers please send debit memo via email or fax.

- I have or will contact any distributors and/or retailers we may have sold to. This recall is to the retail level.

Any adverse events associated with this recalled product? Yes No

If yes, please explain: _____

Check the appropriate box(es) to describe your business:

- Wholesaler/distributor Hospital/medical facility
- Pharmacy-retail Other: _____

Contact Information:

Name: _____

Title: _____

Tel Number: _____

Email: _____



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Recall Response Form (continued)

Facility Name: _____

Debit Memo#: _____

Address: _____

City, State Zip: _____

Date: _____

PLEASE SEND THIS COMPLETED RECALL RESPONSE FORM TO THE EMAIL OR FAX BELOW:

EMAIL: DDNRegulatory@Eversana.com

FAX: 1-901-368-6903

Request for Call Tag Form

Teligent Voluntary Recall – Retail Level

Date: December 2, 2020

Dear Valued Customer,

Please complete the form below in its entirety and fax back to 414-434-6695 or email to TeligentCS@Eversana.com for your call tag (pre-paid shipping label) to be processed.

If you provide an email address FedEx will email you a link to print your return label. A credit memo will be issued covering the quantity of your product returned.

Note: Total number of unopened tubes only.

Product	NDC Code	Lot Number	Quantity to be returned	Expiry Date	Distribution Dates
CLOBETASOL PROPIONATE OINTMENT 0.05% 60GM	52565-039-60	12597		12/2020	02/14/2019-07/26/2019

Total of Call Tags (Number of Boxes you will be returning): _____

***Required Fields:**

Contact Name: _____ Phone: _____

Email: _____

Wholesalers:

*Debit Memo #: _____

Wholesaler/Distributor Name: _____

Wholesaler/Distributor Address: _____

City: _____ State: _____ Zip Code: _____

Retail/Pharmacies:

*Wholesaler Name: _____ *Wholesale Account #: _____

Pharmacy Name: _____ DEA# _____

Pharmacy Address: _____

City: _____ State: _____ Zip Code: _____