



URGENT MARKET RECALL – RETAIL LEVEL - INITIATED 02/19/2021

METHYLPREDNISOLONE TABLETS USP, 4 MG, 21-COUNT BLISTER

MANUFACTURED BY:  
JUBILANT CADISTA  
PHARMACEUTICALS INC.

RECALLED BY:  
JUBILANT CADISTA  
PHARMACEUTICALS INC.

Dear Customer:

Jubilant Cadista Pharmaceuticals Inc. is recalling Methylprednisolone Tablets USP 4 mg, 21-count blister, lots 20K0043P and 20K0044P, expiry 08/2022, distributed under the Cadista label. This recall is being carried out due to mis-alignment of the printed dosing instructions on the blister card. This voluntary recall is being made to the Retail level and affects lots **20K0043P** (Distribution dates: 01/05/2021 – 01/13/2021) and **20K0044P** (Distribution dates: 01/12/2021 – 01/27/2021), only.

Item Description	NDC	Lot	Expiry Date
Methylprednisolone Tablets USP 4 mg, 21-count blister	59746-001-03	20K0043P	08/2022
Methylprednisolone Tablets USP 4 mg, 21-count blister	59746-001-03	20K0044P	08/2022

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

- Examine your inventory immediately for the above lots 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

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)



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.

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,

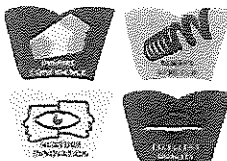
Melissa  
Cabrera

Digitally signed by Melissa Cabrera  
DN: c=US, st=Maryland, l=Salisbury,  
o=JUBILANT CADISTA  
PHARMACEUTICALS INC.,  
ou=Quality Assurance Compliance,  
cn=Melissa Cabrera,  
email=melissa.cabrera@jubil.com  
Date: 2021.02.16 13:12:32 -05'00'

Melissa Cabrera  
Recall Coordinator

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**RECALL STOCK RESPONSE FORM**

**RECALL of Methylprednisolone Tablets USP, 4 mg, 21-count blister,  
Lots 20K0043P and 20K0044P  
Retail Level  
02/19/2021**

**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
Methylprednisolone Tablets USP 4 mg, 21-count blister	59746-001-03	20K0043P	
Methylprednisolone Tablets USP 4 mg, 21-count blister	59746-001-03	20K0044P	

**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](mailto:rxrecalls@inmar.com)

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