RETAIL LEVEL RECALL

10/18/17

Dear Member,

Unichem Pharmaceuticals has issued a voluntary recall, to the retail level, of the below lots of Bisoprolol Fumarate tablets 5 mg

This recall has been initiated due to an Out of Specification for an unknown impurity observed during the 18 month stability testing.

PRODUCT RECALLED BY UNICHEM PHARMACEUTICALS

<table>
<thead>
<tr>
<th>MUTUAL ITEM #</th>
<th>PRODUCT</th>
<th>SIZE</th>
<th>NDC #</th>
<th>LOT #</th>
</tr>
</thead>
<tbody>
<tr>
<td>045-948</td>
<td>BISOPROLOL FUMARATE 5MG TAB</td>
<td>30’s pack</td>
<td>29300-126-13</td>
<td>GBOL 16001 GBOL 16002 GBOL 16015</td>
</tr>
</tbody>
</table>

With this recall, you are asked to:

- Check you product for the affected Lots.
- Stop dispensing and quarantine all impacted product.
- Complete the attached Response form and return per the instructions.
- **DO NOT RETURN THIS PRODUCT TO MUTUAL DRUG**
- Contact Brent Slaughter if you have additional questions.
**RECALL RESPONSE FORM**

<table>
<thead>
<tr>
<th>Product</th>
<th>Lot Number</th>
<th>NDC Number</th>
<th>Distribution Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tablets, 5 mg, 30's pack</td>
<td>GBOL16002 Exp.: 12/31/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GBOL16015 Exp.: 03/31/18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please complete; check ALL applicable

- [ ] I have read and understand the recall instructions provided in the recall letter and that this recall is now being carried out to the Retail level.

- [ ] I have checked my inventory and have quarantined the product consisting of __________ units.

- [ ] I have or will contact those retailers further distributed to, this recall is to the Retail level.

- [ ] Indicate disposition of this recalled product:
  - [ ] Returned (quantity: __________; date: __________; method: ________________________)
  - [ ] Held in Quarantine for return
  - [ ] Other: ____________________________________________________________________

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: ____________________________________

Facility: _______________________________________

Address: _______________________________________

City, State Zip: __________________________________

Date: ________________________________________

Please send this completed recall response form to:

FAX: 1-901-368-6903

OR EMAIL TO: [DDNRegulatory@ddnet.com](mailto:DDNRegulatory@ddnet.com)

OR MAIL TO: DLSS Regulatory, 4580 S. Mendenhall Road, Memphis, TN 38141