

To: DC Managers
From: Cynthia Gaw
Date: November 9, 2010
RC: 10-203

URGENT!!! DRUG RECALL!!! URGENT!!!

FDA/SUPPLIER CLASS OF RECALL: Not Yet Classified
LEVEL OF NOTIFICATION: McKesson Customer
SUPPLIER: Teva Pharmaceuticals # 17561

Description	Lot #	Exp Date	NDC	UPC	Econo #
IFOSFAM SDV 50MG/ML SIC 20ML	31307334B 11/2010; 31308422B 2/2011; 31311307B 09/2011		00703342711	30703342711	1388636
IFOSFAM SDV 50MG/ML SIC 60ML	31307458B 11/2010; 31308419B 2/2011; 31309497B 05/2011; 31310544B 6/2011		00703342911	30703342911	1391127
IFOSFAM/MESNA SIC KIT@	31309016C 03/2011		00703410058	30703410058	2749661
IFOSFAM/MESNA TEV KIT@	31307674C 02/2011		00703410068	30703410068	2749547

Teva Pharmaceuticals is voluntarily recalling the above lots distributed under the Sicor Pharmaceuticals and Teva Parenteral Medicines labels because of the potential for these lots not to meet impurity specifications throughout the shelf life. This recall is to the McKesson Customer level. Product started shipping August 2009.

Please examine your inventory immediately for the affected lots. Promptly complete the recall stock response form and return via fax at 215-619-3864 even if you do not have the affected lots. If you need a copy of the recall stock response form, contact Teva at 267-468-4333. If you have the affected product, please discontinue distribution immediately. Upon receipt of your completed Recall Stock Response form, Teva will fax or send a Return Authorization Form within twenty-one business days. Appropriate credit for recalled product returns, plus shipping and handling, will be issued upon receipt of the affected product. Please return the product with the Return Authorization Form to the address below.

Teva Pharmaceuticals USA Inc.
1090 Horsham Road (PO Box 1090)
North Wales, PA 19454

If you have additional questions about this recall, contact Teva at 267-468-4333.

McKesson Customers are to check their inventory and return product to Teva Pharmaceuticals.

PLEASE NOTE: Customers currently participating in a McKesson administered Return to Vendor program should return this product to their designated returns processor. All others should follow the instructions provided by the manufacturer.

This recall is being conducted with the knowledge of the FDA.

Information contained in this document was provided by Teva Pharmaceuticals.

FOR McKESSON USE ONLY:

- Please follow Recall Guidelines as outlined in the Reclamation SOP for a CLASS II RECALL.

- PROCESS TO THE RETAIL LEVEL.

Teva Pharmaceuticals USA Inc.

URGENT DRUG RECALL – RETAIL LEVEL – INITIATED 11/09/2010

RECALL STOCK RESPONSE (Page 1 of 2)

Ifosfamide Injection 50 mg/mL & Ifosfamide/Mesna Injection Kit 50 mg/mL / 100 mg/mL

After you have determined whether any remaining stock is subject to this recall, fax the Recall Stock Response (two pages) to TEVA Pharmaceuticals USA, Inc.

Customer Name _____

Address _____

City, State, Zip _____

RA REQUEST#: FIRST SECOND

Please indicate where product will be returned WHOLESALER / DISTRIBUTOR TEVA

NO STOCK: We have no stock of the recalled product to return (Mark "X") _____

STOCK REMAINS: We have stock of the recalled product to return:

Reference (Debit Memo) Number: _____ (If applicable)

Ifosfamide Injection 50 mg/mL, 1 gm

Lot #	Exp Date	Quantity to return 0703-3427-11 (single vials)
31307334B	11/2010	
31308422B	2/2011	
31311307B	9/2011	

Ifosfamide Injection 50 mg/mL, 3 gm

Lot #	Exp Date	Quantity to return 0703-3429-11 (single vials)
31307458B	11/2010	
31308419B	2/2011	
31309497B	5/2011	
31310544B	6/2011	

Teva Pharmaceuticals USA Inc.
URGENT DRUG RECALL – RETAIL LEVEL – INITIATED 11/09/2010
RECALL STOCK RESPONSE (Page 2 of 2)
Ifosfamide Injection 50 mg/mL &
Ifosfamide/Mesna Injection Kit 50 mg/mL / 100 mg/mL

Ifosfamide/Mesna Injection Kit 0703-4100-58:

Containing: 10 - 20 mL vials of Ifosfamide 1g/20mL (50 mg/mL) (0703-3407-79)
 10 - 10 mL vials of Mesna 1 g/10mL (100 mg/mL) (0703-4805-03)

Ifosfamide/Mesna Injection Kit 0703-4100-68:

Containing: 2 - 60 mL vials of Ifosfamide 3 g/60mL (50mg/mL) (0703-3409-79)
 6 - 10 mL vials of Mesna 1g/10mL (100mg/mL) (0703-4805-03)

Lot #	Exp Date	Quantity to return Partial Kits	Quantity to return Complete Kits
31309016C	03/2011		
31307674C	02/2011		

Name _____ Phone # _____
 (Please Print)
 Date _____ Fax # _____
 Email _____

Retailers: Wholesaler / distributor name and location MUST be provided below to receive credit.

Wholesalers: If your location is different from above, please detail below.

Distributor / Wholesaler Name: _____

Location (City & State): _____

Inquiries regarding this recall are to be directed to the following:

Please fax STOCK RESPONSE FORM to 215-619-3864

For all inquiries regarding this recall, please contact Teva Pharmaceuticals at 267-468-4333.