

**To:** DC Managers  
**From:** Cynthia Gaw  
**Date:** November 3, 2010  
**RC:** 10-198

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

**FDA/SUPPLIER CLASS OF RECALL:** Not Yet Classified  
**LEVEL OF NOTIFICATION:** McKesson Customer  
**SUPPLIER:** Teva # 26108

Description	Lot #	Exp Date	NDC	UPC	Econo #
LISINOPR TAB 5MG IVA 1000@	TE03074	03/2012	00172375880	30172375880	1944628

Teva PharmaceuticalsUSA is voluntarily recalling the above lot distributed under the Teva Pharmaceuticals label due to the potential of some tablets to exhibit blue discoloration. This recall is to the McKesson Customer level. Product started shipping August 2010.

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.

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 11/3/2010**

## Lisinopril Tablets USP, 5mg

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)

Lot #	Exp. Date	NDC #	Qty. to Return (Bottles)
TE03074	3/2012	0172-3758-80	

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.**