

**To:** DC Managers  
**From:** Cynthia Gaw  
**Date:** November 5, 2010  
**RC:** 10-199

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

**FDA/SUPPLIER CLASS OF RECALL:** Not Yet Classified  
**LEVEL OF NOTIFICATION:** McKesson Customer  
**SUPPLIER:** Shionogi Pharma # 21294

Description	Lot #	Exp Date	NDC	UPC	Econo #
TWINJECT 0.3MG AUTO INJECT 2PK	U100701B	12/2011	59630080202	35963080202	2140192

Shionogi Pharma is voluntarily recalling the above lot because a small number of sheaths covering the needle may have pinholes. The lots of finished product shared a common lot of needle sheaths with auto-injectors produced later that were identified to have a sink developed in the tip area of the needle sheath. The depth of the sink allowed for a small hole to develop in the sheath directly behind the tip location. This recall is to the McKesson Customer level.

Please check your inventory for the above lot. Complete and return the Business Reply Form/Packing Slip via fax to 877-907-9961 even if you do not have the affected lots. If you have the affected lots, quarantine immediately. Return product with the Business Reply Form/Packing Slip to the address below. Please write on the outside label of the shipping box the UPS account #A3F358 and Event#2270.

Stericycle  
2670 Executive Dr., Suite A  
Indianapolis, IN 46241

If you have additional questions or need a Business Reply Form/Packing Slip please contact Stericycle at 877-496-5035. For medical questions, contact Shionogi at 800-849-9707 x1454.

McKesson Customers are to check their inventory and return to Stericycle.

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 Shionogi Pharma.

**FOR McKESSON USE ONLY:**

- Please follow Recall Guidelines as outlined in the Reclamation SOP for a CLASS II RECALL.
- PROCESS TO THE RETAIL LEVEL.

**PLEASE COMPLETE THIS FORM AND RETURN IT VIA FAX TO  
1-877-907-9961, EVEN IF YOU DO NOT HAVE THE RECALLED PRODUCT.**

**BUSINESS REPLY FORM / PACKING SLIP**

**Twinject 0.3 mg Auto-Injector (Epinephrine Injection, USP 1:1000)**

NDC #	PACKAGE SIZE	LOT #	EXPIRATION DATE	PACKS TO RETURN
59630-802-02	Two Pack	U100701B	12/29/2011	

**Your timely response to this recall notification is requested. Please complete and fax this reply form within five (5) business days, even if you do not have the recalled product. Thank you.**

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

The following information is required to assure proper crediting:

Wholesaler Debit Memo: \_\_\_\_\_

