

Teva Pharmaceuticals USA, Inc.

URGENT DRUG RECALL – RETAIL LEVEL – Initiated 3/19/2013

DISULFIRAM Tablets USP 250mg

NDC# 0093-5035-01

MANUFACTURED BY:
PLIVA Krakow Pharmaceutical Company S. A.
Krakow, Poland

RECALLED BY:
Teva Pharmaceuticals USA, Inc.
Sellersville, PA 18960

Lot #	Exp Date	Size		Lot #	Exp Date	Size
14064211A	3/2014	100 count bottles		14099412A	4/2015	100 count bottles
14064311A	3/2014	100 count bottles		14099612B	4/2015	100 count bottles
14064411A	3/2014	100 count bottles		14099712A	5/2015	100 count bottles
14064511A	3/2014	100 count bottles		14110111A	5/2014	100 count bottles
14090312A	4/2015	100 count bottles		14110211A	5/2014	100 count bottles
14092512A	4/2015	100 count bottles		14110311A	5/2014	100 count bottles
14092712A	4/2015	100 count bottles		14110411A	5/2014	100 count bottles
14094612A	4/2015	100 count bottles		34090212A	4/2015	100 count bottles

Dear Customer:

Teva Pharmaceuticals USA, Inc. is taking the precautionary measure of voluntarily recalling the above lots of **DISULFIRAM Tablets USP 250mg** distributed under the **Teva Pharmaceutical label**. This recall is being carried out to the **RETAIL LEVEL** due to the lack of cotton coil in the packaged bottles.

Wholesalers / Distributors - Please perform the following activities:

- Examine your inventory immediately for the specified lots of **DISULFIRAM Tablets USP 250mg**. Our records indicate we shipped this product between April 15, 2011 and February 1, 2013.
- Immediately discontinue distribution of the specific lots being recalled.
- **Please perform a SUB-RECALL to your RETAIL accounts using this Recall Notification and Stock Response Form.**
- Promptly complete the attached recall stock response and reply via fax number 817-868-5362 or mail, even if you have **no** product to return.

Completed Recall Stock Response forms can be mailed, emailed, or sent via FAX to Inmar Attn: Recall Coordinator, 4332 Empire Road Suite 200, Fort Worth, TX 76155. Inmar Email address: recallnotice@inmar.com. Inmar FAX: 817-868-5362. Inmar will send a **Return Goods Authorization** label and shipping label. Appropriate credit for product returns, plus handling and shipping expenses, will be issued upon receipt of said product with the Return Goods Authorization form. All recalled product returned without a Return Goods Authorization label may delay the issuance of your credit.

This recall is being made with the knowledge of the Food & Drug Administration. Your cooperation and prompt response to this notice is appreciated. If you have Customer Service related questions, please contact Teva Customer Service at 800-545-8800. For medical-related questions please contact Medical Affairs at 215-641-6974. If you need a Recall Stock Response form, contact Inmar at 800-967-5952 or acquire it from clsnetlink.com.

Sincerely,



Christopher A. Murdock, PhD
Sr. Director, Regulatory Compliance
Teva Pharmaceuticals USA, Inc.

Teva Pharmaceuticals USA, Inc.

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DISULFIRAM Tablets USP 250mg

NDC# 0093-5035-01

STOCK RESPONSE FORM

Please fill out completely

Date: _____

DIRECT CUSTOMERS ONLY: Does this response include all DC locations? YES NO

Customer/Store Name: _____

DEA #: _____

**DEA # is required; if not provided the processing of your form will be delayed.*

Address: _____

City: _____

State: _____

Zip: _____

Contact Name (please print) _____

Telephone #: _____

Lot #	Exp Date	Size	Quantity to Return (Count partial as 1)	Lot #	Exp Date	Size	Quantity to Return (Count partial as 1)
14064211A	3/2014	100 ct. bottle		14099412A	4/2015	100 ct. bottle	
14064311A	3/2014	100 ct. bottle		14099612B	4/2015	100 ct. bottle	
14064411A	3/2014	100 ct. bottle		14099712A	5/2015	100 ct. bottle	
14064511A	3/2014	100 ct. bottle		14110111A	5/2014	100 ct. bottle	
14090312A	4/2015	100 ct. bottle		14110211A	5/2014	100 ct. bottle	
14092512A	4/2015	100 ct. bottle		14110311A	5/2014	100 ct. bottle	
14092712A	4/2015	100 ct. bottle		14110411A	5/2014	100 ct. bottle	
14094612A	4/2015	100 ct. bottle		34090212A	4/2015	100 ct. bottle	

I have checked my stock and:

____ I **do not** have stock of the recalled item(s) OR ____ I **do** have stock of the recalled item(s) listed above.

Please send me _____ shipping box labels

NON DIRECT CUSTOMERS ONLY: Please complete the following:

Purchased From (Wholesaler name): _____

DEA #: _____

City: _____

State: _____

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

Recall Stock Response forms - If your return kit is not received between 7-10 business days contact Inmar at 800-967-5952, Option 1 then Option 3. Please **do not resubmit** response form.

Customer service related questions - contact Teva Customer Service at 800-545-8800

Medical related questions - contact Medical Affairs 215-641-6974

Please fax this form to: 817-868-5362 or E-mail at: recallnotice@inmar.com

Inmar/MedTurn Use Only: _____

Scan	Labels	Store	Kit	D.B
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