Teva Pharmaceuticals USA, Inc.

Metoclopramide Tablets USP, 10mg

DRUG PRODUCT RECALL - Consumer Level

Initiated May 23, 2025

INSTRUCTIONS TO CONSUMERS / PATIENTS / CAREGIVERS FOR RETURNING RECALLED PRODUCT

Dear Valued Consumer/Patient/Caregiver:

Prior to returning the recalled medication, you should consult with your pharmacist, healthcare provider or physician who can advise you about a replacement prescription for your medication. The potential for adverse health consequences associated with stopping the medication may be of greater concern than continuing your medication as prescribed until a replacement product is provided by your healthcare providers. Once your pharmacist, healthcare provider and/or physician has provided you with a replacement prescription to treat your condition, we request that you return any remaining product that is the subject of this recall.

These instructions are for returning recalled product and for obtaining your reimbursement for your return. Provided with these instructions are the Recall Response Form for Consumers and instructions on how to return the product.

Product Return Instructions

1. Complete the enclosed Recall Response Form for Consumers.
2. Affix to the exterior of the return shipping package, the Return Authorization shipping label and the pre-paid FedEx shipping label. The Return Authorization shipping label is authorization for your return of recalled product.

   PLEASE DO NOT COPY OR DUPLICATE THE SHIPPING LABELS.

   Copies of shipping labels are not valid and will not be accepted.
3. Place the recalled product that you are returning in the return shipping package. (**DO NOT INCLUDE YOUR "PROOF OF PURCHASE" WITH YOUR PRODUCT RETURN).**

   PLEASE MAKE SURE YOU ONLY RETURN RECALLED PRODUCT.

   THE COST OF ANY DRUG PRODUCTS THAT ARE NOT THE SUBJECT OF THIS RECALL WILL NOT BE REIMBURSED.
4. Ship your product return shipping package to Inmar via FedEx. To arrange pick up or to find a drop off location, go to http://www.fedex.com or call 1-800-go-fedex (463-3339).
5. Should you need additional product return packages, contact Inmar at 855-243-4880 or email Inmar at rxrecalls@inmar.com.

Reimbursement Instructions

1. For your reimbursement, please submit completed response form along with a copy of your "Proof of Purchase" (such as a pharmacy receipt or a claim from your medical/ prescription benefit provider) by any one of these means below to Inmar:

   EMAIL: **rxrecalls@inmar.com**

   MAIL: One West Fourth Street, Suite 500, Winston Salem, NC 27101

   FAX: 817-868-5362
2. If you do not have a Proof of Purchase, please work with your pharmacy.

To ensure timely reimbursement for the product you are returning, please follow the instructions above.
Reimbursement cannot be guaranteed for your return of recalled product if these instructions are not followed.

If you have any questions regarding your return, please contact Inmar's Dedicated Phone Line for this event at 855-243-4880 or email Inmar at rxrecalls@inmar.com.

Please refer to the Recall Information for Consumers/Patients/Caregivers Letter for other important information about this recall. To request a copy of this letter, email rxrecalls@inmar.com or go to www.TevaUSA.com (News & Media section).

Thank you for your assistance in this matter.

Sincerely,

Regulatory Compliance, Teva Pharmaceuticals USA, Inc.

Teva Pharmaceuticals USA, Inc.

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Date Form Completed _____

RECALL RESPONSE FORM FOR CONSUMERS

Section 1 – Consumer/Patient Information

Consumer / Patient Name	
Address:	City/State/Zip
Email Address:	Telephone #:

Section 2 – ***Once we process this completed form, you will receive return instructions and prepaid shipping and mailing labels***

Metoclopramide Tablets USP, 10mg
Recalled on 05/23/2025

NDC#	Lot	Exp. Date	Strength	Quantity of Product to Return (Count Partial Bottles as 1)
0093-2203-01	5420094	09/2027	10 mg	

Inmar/MedTurn Use Only:				
Scan	Labels	Consumer	Kit	D.B