



A Public Entity

Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

July 03, 2019

URGENT: Recalls, Market Withdrawals, & Safety Alerts

Dear IEHP Providers,

According to the FDA recall guidance, Title 21 Code of Federal Regulations Part 7 (21 CFR part 7), recalled products must be promptly removed or corrected. In an effort to promote health and wellness of our members, please review your records and notify members who may have been impacted by these recalls and market withdrawals.

| Product Name | Product Code | Lot # and Exp. Date | Classification | Recalling Firm |
|---|-----------------------------------|--|----------------|--------------------------------------|
| Bevacizumab 2.5 mg/0.1 mL packaged in a Prefilled Syringe | NDC: 42852-0001-27 | 138-20191202@64 Exp. 05/13/2019 | Class II | Avella of Deer Valley, Inc. Store 38 |
| Cefdinir 250mg/5mL Powder for Oral Suspension | NDC: 68180-0723-20 | F802335 Exp. 11/2020 | Class II | Lupin Pharmaceuticals Inc. |
| Losartan Potassium 50 mg Tablets | NDC: 60429-0317-10; 60429-0317-90 | GS017387, GS017651, GS017387 Exp. 01/2020 | MW | Teva Pharmaceuticals USA |
| Losartan Potassium 100 mg Tablets | NDC: 06429-0318-90 | GS017042, GS017043, GS017044, GS017541 Exp. 01/2020 | MW | Teva Pharmaceuticals USA |
| Risperidone Oral Solution 1 mg/mL | NDC: 13668-0589-06 | 18F020 Exp. 06/2020; 18H013 Exp. 08/2020; 18J015 Exp. 09/2020; 8K015, 18K034 Exp. 10/2020; 19A014 Exp. 01/2021 | Class II | Torrent Pharma Inc |
| Children's Acetaminophen Liquid, Cherry Flavor 160 mg per 5 mL | NDC: 59741-0101-06 | 17E035 Exp. 05/2019 | Class II | Torrent Pharma Inc |
| Allergy Liquid Antihistamine, Diphenhydramine HCl USP, Alcohol free, 12.5 mg/5 mL | NDC: 59741-0119-06 | 17E019, 17E045 Exp. 05/2019 | Class II | Torrent Pharma Inc |



A Public Entity

Inland Empire Health Plan

| | | | | |
|--|--|---|-----------------|-------------------------------|
| <p>Children's MAPAP Acetaminophen Liquid, Cherry flavored, 160 mg per 5 mL</p> | <p>NDC: 00904-1985-20; 00904-1985-16</p> | <p>17E003, 17E038, 17E006, 17E008 Exp. 05/2019; 17F002, 17F005, 17F007, 17F025 Exp. 06/2019; 17G014, 17G001, 17G008, 17G025 Exp. 07/2019; 17H015 Exp. 08/2019; 17J004, 17J006, 17J016, 17J022 Exp. 09/2019; 17K008, 17K013, 17K021, 17K027, 17K001, 17K007, 17K007A Exp. 10/2019; 17L021, 17L014, 17L034 Exp. 11/2019; 17M032 Exp. 12/2019; 18A023, 18A039, 18A007, 18A007A, 18A025, 18A036 Exp. 01/2020; 18B007, 18B030, 18B037, 18B018, 18B033, 18B034 Exp. 02/2020; 18C017, 18C026 Exp. 03/2020; 18D003, 18D034, 18D032, 18D035 Exp. 04/2020; 18E027, 18E033, 18E006, 18E035, 18E036 Exp. 05/2020; 18F024, 18F033, 18F033, 18F034 Exp. 06/2020; 18G001, 18G023, 18G007, 18G019 Exp. 07/2020; 18H008, 18H009, 18H025 Exp. 08/2020; 18J008, 18J009, 18J017, 18J027 Exp. 09/2020; 18K013, 18K014, 18K028 Exp. 10/2020; 19A002 Exp. 01/2021.</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
|--|--|---|-----------------|-------------------------------|



Inland Empire Health Plan

| | | | | |
|--|---|--|-----------------|-------------------------------|
| <p>Robafen Cough Formula Expectorant guaifenesin USP 200 mg in each 10 mL</p> | <p>NDC: 00904-0061-00, 00904-0061-16</p> | <p>17F003 Exp. 06/2019; 17G018 Exp. 07/2019; 17H001, 17H010, 17H014 Exp. 08/2019; 17J011, 17J009 Exp. 09/2019; 17K018, 17K020, 17K023 Exp. 10/2019; 17L006, 17L025 Exp. 11/2019; 17M014, 17M034, 17M025, 17M034 Exp. 12/2019; 18A035, 18A005, 18A012, 18A016 Exp. 01/2020; 18B022, 18B027, 18B020 Exp. 02/2020; 18C036, 18C023, 18C031 Exp. 03/2020; 18D009, 18D024 Exp. 04/2020; 18E017 Exp. 05/2020; 18G005, 18G022 Exp. 07/2020; 18H021, 18H026 Exp. 08/2020; 18J003 Exp. 09/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Robafen AC Oral Solution (Guaifenesin and Codeine Phosphate Oral Solution, USP) 100 mg/10 mg per 5 mL</p> | <p>NDC: 00904-6479-16</p> | <p>17M003 Exp. 12/2019; 18A009, 18A010 Exp. 01/2020; 18B024 Exp. 02/2020; 18F021 Exp. 06/2020; 18G009, 18G020 Exp. 07/2020; 18K005, 18K011 Exp. 10/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Robafen DM Syrup (Dextromethorphan HBr, USP 20 mg/10 mL and Guaifenesin, USP 200 mg/10 mL)</p> | <p>NDC: 00904-0053-00; 00904-0053-09; 00904-0053-16</p> | <p>17E014 Exp. 05/2019; 17F001, 17F015 Exp. 06/2019; 17G016, 17G009, 17G020 Exp. 07/2019; 17H017 Exp. 08/2019; 17K019 Exp. 10/2019; 17L002, 17L024, 17L009, 17L012, 17L013 Exp. 11/2019; 17M010, 17M013, 17M012, 17M016, 17M033 Exp. 12/2019; 18A002 Exp. 01/2020; 18B006, 18B031, 18B015, 18B009, 18B019 Exp. 02/2020; 18C033, 18C034, 18C015, 18C035 Exp. 03/2020; 18D015, 18D016, 18D001, 18D002 Exp. 04/2020; 18E020, 18E026, 18E018 Exp. 05/2020; 18F027 Exp. C15 06/2020; 18G013 Exp. 07/2020; 18G011, 18H017, 18H018 Exp. 08/2020; 18K016, 18K035 Exp. 10/2020 18L010 Exp. 11/2020; 19A010, 19A019 Exp. 01/2021</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |



A Public Entity

Inland Empire Health Plan

| | | | | |
|---|--|---|-----------------|---------------------------|
| <p>Banophen Oral Solution, Sugar Free, Alcohol Free, Cherry Flavor, (Diphenhydramine HCl, USP) Each teaspoonful contains diphenhydramine hydrochloride, USP 12.5 mg</p> | <p>NDC: 00904-1228-00; 00904-5174-16</p> | <p>17E018, 17E020, 17E026, 17E013, 17E025, 17E028, 17E041 Exp. 05/2019; 17F009, 17F016 Exp. 06/2019; 17G007, 17G021, 17G032 Exp. 07/2019; 17H008, 17H018, 17H028, 17H023 Exp. 08/2019; 17J002, 17J025, 17J028, 17J001, 17J012, 17J023, 17J027 Exp. 09/2019; 17K004, 17K022, 17K028, 17K028A Exp. 10/2019; 17L035, 17L032 Exp. 11/2019; 17M024, 17M036 Exp. 12/2019; 18A017, 18A011, 18A019, 18A030, 18A032, 18A041 Exp. 01/2020; 18B016, 18B010, 18B038 Exp. 02/2020; 18C011, 18C008, 18C022, 18C030 Exp. 03/2020; 18D014, 18D021, 18D026, 18D004, 18D008, 18D010, 18D011 Exp. 04/2020; 18E014 Exp. 05/2020; 18F036, 18F028, 18H010 Exp. 06/2020; 18F035, 18G018, 18G004, 18G012 Exp. 07/2020; 18H005, 18H015, 18H002, 18H011, 18H027, 18H032, 18H033 Exp. 08/2020; 18K008, 18K009 Exp. 10/2020 19A011, 19A013 Exp. 01/2121</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Pseudoephedrine Oral Solution, 30 mg in each teaspoonful, Nasal Decongestant</p> | <p>NDC: 00536-1850-85</p> | <p>17H012 Exp. 08/2019; 17L011 Exp. 11/2019; 17M020 Exp. 12/2019; 18D007 Exp. 04/2020; 18J001 Exp. 09/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |



A Public Entity

Inland Empire Health Plan

| | | | | |
|---|--|---|-----------------|---------------------------|
| <p>Nasal Decongestant Spray Regular, Oxymetazoline HCl 0.05%</p> | <p>NDC: 00904-5711-35; 00904-5711-30</p> | <p>17E032, 17E011 Exp. 05/2019; 17F011, 17F020, 17E012 Exp. 06/2019; 17G003, 17G011, 17G019, 17G023 Exp. 07/2019; 17H016, 17H011 Exp. 08/2019; 17J005, 17J017, 17J026, 17J029 Exp. 09/2019; 17K029, 17K005 Exp. 10/2019; 17L027, Exp. 11/2019; 17M005, 17M018 Exp. 12/2019; 18A003, 18A004, 18A033 Exp. 01/2020; 18B011 Exp. 02/2020; 18C029, 18C001, 18C004 Exp. 03/2020; 18D019, 18D025 Exp. 04/2020; 18F014, 18F032, 18F019 Exp. 06/2020; 18H029 Exp. 08/2020; 18J007, 18J018 Exp. 09/2020; 18K007, 18K026 Exp. 10/2020; 19A012 Exp. 01/2021</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Robafen DM Cough Sugar-Free Clear Cough Expectorant (Dextromethorphan HBr, USP 20 mg), Expectorant (Guaifenesin, USP 200 mg in each 2 teaspoonfuls (10mL))</p> | <p>NDC: 00904-6306-20</p> | <p>17E016, 17E017 Exp. 05/2019; 17F023, 17F023A Exp. 06/2019; 17L018, 17L029, 17L030, 17L031 Exp. 11/2019; 17M035 Exp. 12/2019; 18B002, 18B014, 18B035 Exp. 02/2020; 18C002, 18C019 Exp. 03/2020; 18D013, Exp. 04/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Pedia Relief Cough-Cold Oral Solution, Alcohol free, (Chlorpheniramine Maleate, USP 2 mg; Dextromethorphan HBr, USP 10 mg; Pseudoephedrine HCl, USP 30 mg in each 2 tsp (10 mL))</p> | <p>NDC: 00904-5050-20</p> | <p>17L020 Exp. 11/2019; 18C025 Exp. 03/2020; 18J020 Exp. 09/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |



A Public Entity

Inland Empire Health Plan

| | | | | |
|--|--|---|-----------------|-------------------------------|
| <p>Biscolax Laxative (Bisacodyl, USP 10 mg)</p> | <p>NDC: 00904-5058-12; 00904-5058-60</p> | <p>17E004, 17E033, 17E005, 17E027 Exp. 05/2019; 17F019 Exp. 06/2019; 17G017 Exp. 07/2019; 17K009, 17K030, 17K025 Exp. 10/2019; 17M006, 17M028 Exp. 12/2019; 18A029, 18A014 Exp. 01/2020; 18B039 Exp. 02/2020; 18C037 Exp. 03/2020; 18D033 Exp. 04/2020; 18E002, 18E025 Exp. 05/2020; 18F003, 18F013, 18F018 Exp. 06/2020; 18G002, 18G016, 18G003 Exp. 07/2020; 18H031, 18H012, 18H014 Exp. 08/2020; 18J004, 18J026 Exp. 09/2020; 18L008, 18L012, 18L009 Exp. 11/2020; 18M014 Exp. 12/2020; 19A008, 19A021 Exp. 01/2021; 19B001, 19B002 Exp. 02/2021</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Cyproheptadine Hydrochloride Syrup Oral Solution, USP 2mg/5mL</p> | <p>NDC: 39328-0044-16</p> | <p>17L003 Exp. 05/2019; 18A021 Exp. 07/2019; 18C027 Exp. 09/2019; 18D020 Exp. 10/2019; 18E007 18E022, Exp. 11/2019; 18F006; 18F007; 18F023; 18F023A; 18F040 Exp. 12/2019; 19A004 Exp. 07/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Hyoscyamine Oral Drops 0.125 mg/mL</p> | <p>NDC: 39328-0047-15</p> | <p>17E039 Exp. 05/2019; 17K016 Exp. 10/2019; 18E021 Exp. 05/2020; 18G008 Exp. 07/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Hyoscyamine Sulfate Elixir 0.125 mg per 5 mL</p> | <p>NDC: 39328-0048-16</p> | <p>17F021 Exp. 06/2019; 17G013 Exp. 07/2019; 17K010 Exp. 10/2019; 18E015 Exp. 05/2020; 18F029 18F031, 18F042 Exp. 06/2020; 18G024 Exp. 07/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |



A Public Entity

Inland Empire Health Plan

| | | | | |
|--|--------------------|---|----------|--------------------|
| Cetirizine HCL Oral Solution 1mg/mL | NDC Not Provided | 17E015, 17E024, 17E044 Exp. 05/2019; 17F018 Exp. 06/2019; 17G012 Exp. 07/2019; 17K024 Exp. 10/2019; 17M004 Exp. 12/2019; 18B017 Exp. 02/2020; 18H023 Exp. 08/2020 | Class II | Torrent Pharma Inc |
| Acetic Acid Otic Solution 2% | NDC: 64980-0424-15 | 18J005, 18J016, 18J025 Exp. 09/2020 | Class II | Torrent Pharma Inc |
| Guaifenesin AC Cough Syrup (Guaifenesin and Codeine Phosphate Oral Solution, USP) 100 mg/10 mg per 5 mL | NDC: 16571-0302-16 | 17H002, 17H005, 17H006, 17H007, 17H026, 17H027 Exp. 08/2019; 17J010, 17J013 Exp. 09/2019; 17K014, 17K015 Exp. 10/2019; 17L015 Exp. 11/2019; 17M026 Exp. 12/2019; 18A028, 18A031 Exp. 01/2020; 18B026 Exp. 02/2020; 18E003 Exp. 05/2020 | Class II | Torrent Pharma Inc |
| Guaifenesin DAC Oral Solution, Sugar free, (Guaifenesin, Pseudoephedrine HCl and Codeine Phosphate Oral Solution, USP), Expectorant, Nasal Decongestant, Cough Suppressant, 100 mg/30 mg/10 mg per 5 mL, | NDC: 16571-0301-16 | 17E031 Exp. 05/2019; 18F030 Exp. 06/2020 | Class II | Torrent Pharma Inc |
| Phenobarbital Oral Solution, USP 20 mg per 5 mL | NDC: 16571-0330-16 | 17E007 Exp. 05/2019; 17F026 Exp. 06/2019; 17G015 Exp. 07/2019; 17K002, 17K026 Exp. 10/2019; 17M002 Exp. 12/2019; 18C020 Exp. 03/2020; 18D023 Exp. 04/2020; 18F009 Exp. 06/2020; 18K030 Exp. 10/2020 | Class II | Torrent Pharma Inc |



A Public Entity

Inland Empire Health Plan

| | | | | |
|--|--|--|-----------------|-------------------------------|
| <p>Pain & Fever Oral Solution (Acetaminophen 160 mg/5 mL), Sugar free, Aspirin & Alcohol free, Cherry flavored</p> | <p>NDC: 00536-0122-97, 00536-0122-85</p> | <p>17E022, 17E037, 17E036 Exp. 05/2019; 17F008, 17F008A Exp. 06/2019; 17G006, 17G026 Exp. 07/2019; 17H019, 17H020, 17H030 Exp. 08/2019; 17J020 Exp. 09/2019; 17K006, 17K012, 17K017 Exp. 10/2019; 17L028, 17L033, 17L017 Exp. 11/2019; 17M031 Exp. 12/2019; 18A001, 18A006, 18A013, 18A038, 18A020, 18A040 Exp. 01/2020; 18B036 Exp. 02/2020; 18C024, 18C032 Exp. 03/2020; 18E009, 18E019, 18E028, 18E004, 18E032 Exp. 05/2020; 18F010, 18F001 Exp. 06/2020; 18H003, 18H006 Exp. 08/2020; 18J010, 18J012, 18J013, 18J019 Exp. 09/2020; 18K003, 18K012, 18K032 Exp. 10/2020; 18L003 Exp. 11/2020; 19A016, 19A007 Exp. 01/2021</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Kid Kare Childrens Cough/Cold Liquid, Cherry Flavored, Alcohol Free, (Chlorpheniramine Maleate, USP 2 mg, Dextromethorphan HBr, USP 10 mg, Pseudoephedrine HCl, USP 30 mg in each 2 tsp (10mL))</p> | <p>NDC: 00536-2310-97</p> | <p>17E009 Exp. 05/2019; 17L004, 17L004A, 17L020 Exp. 11/2019; 17M029 Exp. 12/2019; 18C010, 18C025 Exp. 03/2020; 18J020 Exp. 09/2020.</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |



A Public Entity

Inland Empire Health Plan

| | | | | |
|--|--|---|-----------------|-------------------------------|
| <p>Cough Syrup (Guaifenesin Syrup, USP) 200 mg/10 mL, Alcohol free Non- Narcotic Expectorant</p> | <p>NDC: 00536-0825-85</p> | <p>17F022 Exp. 06/2019; 17G027 Exp. 07/2019; 17H021, 17H021A Exp. 08/2019; 17J008 Exp. 09/2019; 17L001 Exp. 11/2019; 17M015 Exp. 12/2019; 18A018 Exp. 01/2020; 18B003, 18B008 Exp. 02/2020; 18C012 Exp. 03/2020; 18D005 Exp. 04/2020; 18F008, 18F043 Exp. 06/2020; 18G025, 18H004 Exp. 07/2020; 18H007, 18H016 Exp. 08/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Extra Action Cough Syrup (Guaifenesin and Dextromethorphan HBr Syrup) 100 mg/10 mg per 5 mL</p> | <p>NDC: 00536-0970-97; 00536-0970-85</p> | <p>17E034 Exp. 05/2019; 17L023 Exp. 11/2019; 17M027, 17M027A Exp. 12/2019; 18A024 Exp. 01/2020; 18B029 Exp. 02/2020; 18C018, 18C021 Exp. 03/2020; 18E008 Exp. 05/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Diphenhist Oral Solution (Diphenhydramine HCl, USP) 12.5 mg/5 mL</p> | <p>NDC: 00536-0770-97; 00536-0770-85</p> | <p>17E010, 17E030 Exp. 05/2019; 17F013 Exp. 06/2019; 17F010 Exp. 07/2019; 17J014 Exp. 09/2019; 17H025 Exp. 08/2019; 17L005 Exp. 11/2019; 17M022, 17M017 Exp. 12/2019; 18A022 Exp. 01/2020; 18B021 Exp. 02/2020 18D017 Exp. 04/2020; 18E011 18E011, Exp. 05/2020; 18F041 Exp. 06/2020; 18G018 Exp. 07/2020; 18G021, 18H022, 18H028, 18H030 Exp. 08/2020; 18J014 Exp. 09/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |
| <p>Nasal Decongestant Liquid, Pseudoephedrine HCl 30 mg in each teaspoonful</p> | <p>NDC: 00536-1850-97</p> | <p>17G002 Exp. 07/2019; 17H024 Exp. 08/2019; 17M023 Exp. 12/2019; 18F012 Exp. 06/2020</p> | <p>Class II</p> | <p>Torrent Pharma Inc</p> |



A Public Entity

Inland Empire Health Plan

| | | | | |
|--|--------------------------------------|--|----------|-----------------------|
| Lactulose Solution 10 g/15 mL | NDC: 13668-0580-10; 13668-0580-12 | 18K025, 18K027 Exp. 10/2020; 18L001, 18L006, 18L007 Exp. 11/2020; 18M013 Exp. 12/2020; 19A006 Exp. 01/2021 | Class II | Torrent Pharma Inc |
| Lactulose Solution 10 g/15 mL | NDC: 13668-0574-10 | 18E016, 18E029 Exp. 05/2020; 18F004, 18F005, 18F039 Exp. 06/2020; 18G010, 18G017 Exp. 07/2020; 18H019 Exp. 08/2020; 18M008 Exp. 12/2020; 19A005 Exp. 01/2021; 19B010 Exp. 02/2021 | Class II | Torrent Pharma Inc |
| Memantine Hydrochloride Oral Solution 2 mg/mL | NDC: 39328-0551-12 | 17E001 Exp. 05/2019; 17F014 Exp. 06/2019; 17G005, 17G010 Exp. 07/2019; 17J019, 17J021 Exp. 09/2019; 17M008, 17M009 Exp. 12/2019 | Class II | Torrent Pharma Inc |
| Memantine Hydrochloride Oral Solution 2 mg/mL | NDC: 13668-0573-09 | 18F026 Exp. 06/2020 | Class II | Torrent Pharma Inc |
| Hydrocortisone Acetate Suppositories 25 mg | NDC: 59741-0301-12; 59741-0301-24 | 17L010 Exp. 11/2019; 18D018 Exp. 04/2020; 18F022, 18F022A Exp. 06/2020; 17L019, 17L026 Exp. 11/2019; 18B005 Exp. 02/2020; 18D006, 18D012, 18D022 Exp. 04/2020; 18K006 Exp. 10/2020 | Class II | Torrent Pharma Inc |
| Laxative Suppositories (Bisacodyl USP, 10 mg) | NDC: 00536-1355-12; 00536-1355-01 | 17G004, 17G028 Exp. 07/2019 17K009 Exp. 10/2019; 17M028 Exp. 12/2019; 18A034 Exp. 01/2020; 18C016 Exp. 03/2020; 18D033 Exp. 04/2020; 18E005, 18E025 Exp. 05/2020; 18F003, 18F038 Exp. 06/2020; 18G015 Exp. 07/2020; 18H024 Exp. 08/2020; 18J022 Exp. 09/2020; 18K024 Exp. 10/2020; 18L012, 18L011 Exp. 11/2020; 19A008, 19A009 Exp. 01/2021 | Class II | Torrent Pharma Inc |



A Public Entity

Inland Empire Health Plan

| | | | | |
|---|--------------------------------------|---|----------|--------------------|
| Hemorrhoidal Suppositories (Phenylephrine HCl 0.25%; Hard Fat 88.7%) | NDC: 00536-1389-12 | 17L008 Exp. 05/2019; 17M019, 17M037 Exp. 06/2019; 18B012, 18K023 Exp. 04/2020 | Class II | Torrent Pharma Inc |
| Anu-Med brand of Hemorrhoidal Suppositories (Phenylephrine HCl 0.25%; Hard Fat 88.7%) | NDC: 00904-7688-22 | 7L008 Exp. 05/2019; 17M011, 17M037 Exp. 06/2019; 18A015 Exp. 07/2019; 18B012, 18B023 Exp. 08/2019; 18K023, 18K029 Exp. 04/2020; 18L014 Exp. 05/2020; 19A001 Exp. 06/2020 | Class II | Torrent Pharma Inc |
| Cetirizine Hydrochloride Oral Solution 1 mg/mL | NDC: 23155-0292-51 | 17E021, 17E023, 17E040, 17E042 Exp. 05/2019; 17F017 Exp. 06/2019; 17G030, 17G033 Exp. 07/2019; 17H013 Exp. 08/2019; 17J007, 17J024 Exp. 09/2019; 17K003, 17K011 Exp. 10/2019; 17L016, 17L022 Exp. 11/2019; 17M001, 17M021, 17M030 Exp. 12/2019; 18A027, 18A037 Exp. 01/2020; 18B001 Exp. 02/2020; 18C005, 18C006, 18C007 Exp. 03/2020 | Class II | Torrent Pharma Inc |
| Cetirizine Hydrochloride Oral Solution 1mg/mL | NDC: 13668-0029-07; 13668-0596-07 | 18D027, 18D028, 18D029, 18D029A Exp. 04/2020; 18E001B, 18E010B Exp. 05/2020; 18F016A, 18F017A, 18F037A Exp. 06/2020; 18J021, 18J023, 18J023A, 18J024 Exp. 09/2020; 18K001, 18K002 Exp. 10/2020; 19A003, 19A022 Exp. 01/2021; 19B009 Exp. 02/2021 | Class II | Torrent Pharma Inc |
| RisperiDONE Oral Solution 1 mg/mL | NDC: 23155-0317-51 | 17F012, 17F012A Exp. 06/2019; 17G031 Exp. 07/2019; 17H004 17H031, Exp. 08/2019; 18B004 Exp. 02/2020; 18C028 Exp. 03/2020 | Class II | Torrent Pharma Inc |
| Hydrocodone Bitartrate and Homatropine Methylbromide Oral Solution 5 mg/1.5 mg per 5 mL | NDC: 59741-0262-16 | 18B013 Exp. 02/2020; 18E024 18E030, Exp. 05/2020 | Class II | Torrent Pharma Inc |



A Public Entity

Inland Empire Health Plan

| | | | | |
|---|--------------------|--|----------|------------------------|
| Hydrocodone Bitartrate and Homatropine Methylbromide Oral Solution 5 mg/1.5 mg per 5 mL | NDC: 13668-0577-10 | 18E034 Exp. 05/2020; 19A015 Exp. 01/2021 | Class II | Torrent Pharma Inc |
| Bisacodyl Suppositories | NDC Not Provided | 17J003 Exp. 09/2019; 18A026 Exp. 01/2020; 18E031 Exp. 05/2020 | Class II | Torrent Pharma Inc |
| Bacteriostatic Water for Injection | NDC Not Provided | 11292018:75 Exp. 05/28/2019; 01022019:70 Exp. 07/01/2019; 02042019:04 Exp. 08/03/2019; 03042019:94 Exp. 08/31/2019 | Class II | Pharm D Solutions, LLC |
| B-complex (Thiamine 100mg, Riboflavin 2mg, Niacinamide 100 mg, Pyridoxine 2mg, Depanthenol 5mg) | NDC: 69699-1611-30 | 04032019:23 Exp. 06/11/2019 | Class II | Pharm D Solutions, LLC |
| Human Chorionic Gonadotropin 10,000 IU | NDC Not Provided | 02052019:42 Exp. 08/03/2019 | Class II | Pharm D Solutions, LLC |
| Human Chorionic Gonadotropin 5,000 IU | NDC Not Provided | 01082019:88 Exp. 07/06/2019; 03182019:58 Exp. 09/14/2019 | Class II | Pharm D Solutions, LLC |
| Human Chorionic Gonadotropin 12,000 IU | NDC Not Provided | 01232019:86 Exp. 07/22/2019; 04042019:86 Exp. 10/01/2019 | Class II | Pharm D Solutions, LLC |
| Ipamorelin Acetate 9 mg/9mL | NDC Not Provided | 05022019:50 Exp. 10/29/2019; 05082019:91 Exp. 06/08/2019 | Class II | Pharm D Solutions, LLC |
| Lipo MIC-12 (Methylcobalamin, USP 1mg, Methionine USP 15mg, Inositol, FCC 50mg, Choline Chloride, FCC 100 mg) | NDC Not Provided | 02202019:53/A Exp. 08/18/2019; 04012019:67/A 04022019:47/A, Exp. 09/28/2019; 04042019:04/A Exp. 09/30/2019; 04082019:38/A Exp. 10/02/2019; 04302019:49/A Exp. 10/27/2019; 05062019:09 Exp. 11/02/2019 | Class II | Pharm D Solutions, LLC |
| Nandrolone Decanoate 200 mg/mL | NDC Not Provided | 01312019:34 Exp. 07/30/2019 | Class II | Pharm D Solutions, LLC |



A Public Entity

Inland Empire Health Plan

| | | | | |
|---|--------------------|---|----------|-------------------------------------|
| Sermorelin/Ipamorelin 18 mg/15 mg | NDC Not Provided | 04162019:48 Exp. 10/13/2019; 04302019:70 Exp. 10/27/2019; 05022019:34 Exp. 10/29/2019 | Class II | Pharm D Solutions, LLC |
| Sermorelin/GHRP 2 9 mg/9 mg | NDC Not Provided | 05082019:92 Exp. 06/04/2019 | Class II | Pharm D Solutions, LLC |
| Sermorelin/GHRP 2 9 mg/6 mg | NDC Not Provided | 03052019:43 Exp. 08/31/2019; 04042019:15 Exp. 10/01/2019; 04172019:08 Exp. 08/31/2019; 05022019:47 Exp. 10/30/2019; 05082019:78 Exp. 06/04/2019 | Class II | Pharm D Solutions, LLC |
| Sermorelin/GHRP 2 & 6 (3-3-3 MG) | NDC Not Provided | 12062018:17 Exp. 06/04/2019 | Class II | Pharm D Solutions, LLC |
| Sermorelin/GHRP 2 &6 (9-9-9-mg) | NDC Not Provided | 05032019:29 Exp. 11/02/2019 | Class II | Pharm D Solutions, LLC |
| Sermorelin/GHRP 2 &6 (9-9-9 mg) | NDC Not Provided | 02182019:79 Exp. 08/17/2019; 04162019:86 Exp. 10/13/2019 | Class II | Pharm D Solutions, LLC |
| Testosterone 200 mg/mL | NDC: 69699-1702-30 | 10242018:70/B Exp. 08/31/2019; 10302018:63/A Exp. 08/31/2019 | Class II | Pharm D Solutions, LLC |
| Testosterone Cyp/Pro 95/5% | NDC Not Provided | 01312019:02 Exp. 08/16/2019; 02072019:45/A Exp. 11/30/2019 | Class II | Pharm D Solutions, LLC |
| Testosterone Cypionate 200 mg/mL | NDC: 69699-1702-10 | 10242018:70/P Exp. 08/31/2019; 10242018:70/A Exp. 08/31/2019; 02262019:49/A Exp. 11/30/2019 | Class II | Pharm D Solutions, LLC |
| Trimix 30mg/1 mg/10mcg/mL (30 mg Papaverine, 1mg phentolamine mesylate, 30 mcg alprostadil) | NDC Not Provided | 05022019:90 Exp. 07/13/2019 | Class II | Pharm D Solutions, LLC |
| ZYFLO CR (zileuton) extended-release Tablets 600 mg | NDC: 10122-902-12 | 3171855 Exp. 12/2019 | Class II | Chiesi USA, Inc. |
| Zileuton Extended-Release Tablets 600 mg | NDC: 66993-485-32 | 3171856 Exp. 12/2019 | Class II | Chiesi USA, Inc. |
| Estradiol Vaginal Inserts 10 mcg | NDC Not Provided | 20180516 Exp 4/30/2020 | Class II | Glenmark Pharmaceutical s Inc., USA |
| Heparin Sodium 25,000 USP units per 250 mL (100 USP units per mL) in 5% Dextrose Injection | NDC: 0264-9587-20 | J7B259 Exp 8/31/2019 | Class II | B. Braun Medical Inc |



A Public Entity

Inland Empire Health Plan

| | | | | |
|--|---------------------|---|----------|-------------------------------------|
| Anastrozole 1 mg Tablets | NDC: 60687-0112-21 | 175289A, 175286B, 175290B Exp. 08/31/2019; 179906A Exp. 03/31/2020; 183252A Exp. 09/30/2020; 184611A Exp. 11/30/2020 | Class II | American Health Packaging |
| Allergy Relief D, Fexofenadine HCl 60 mg/ Pseudoephedrine HCl 120 mg, Extended Release Tablets | UPC: 0 50428 391310 | GKT0484B Exp. 04/2020 | Class II | Sun Pharmaceutical Industries, Inc. |
| Allergy Relief D, Fexofenadine HCl 60 mg/ Pseudoephedrine HCl 120 mg, Extended Release Tablets | UPC: 0 50428 430231 | GKT0791 Exp. 06/2020 | Class II | Sun Pharmaceutical Industries, Inc. |
| Wal-Fex D Fexofenadine HCl 60 mg/ Pseudoephedrine HCl 120 mg/ Extended-Release Tablets | UPC: 3 11917 194547 | GKS1014 Exp. 09/2019; GKT0484A Exp. 04/2020 | Class II | Sun Pharmaceutical Industries, Inc. |
| Wal-Fex D Fexofenadine HCl 60 mg/ Pseudoephedrine HCl 120 mg, Extended-Release Tablets, USP | UPC: 3 11917 194530 | GKT0406 EXP 3/2020 | Class II | Sun Pharmaceutical Industries, Inc. |
| Robafen DM, Dextromethorphan HBr, USP 10mg/Guaifenesin, USP 100mg | NDC: 68788-0841-01 | J0218L, Batch: 10021812 Exp. 02/2020; L2718D, Batch numbers from consecutively from L2718D001 to L2718D096 Exp. 07/2020; | Class II | Preferred Pharmaceuticals, Inc |



A Public Entity

Inland Empire Health Plan

| | | | | |
|---|--------------------|--|----------|-------------------------|
| Cetirizine HCL Oral Solution 1 mg/mL, Children's Allergy, Antihistamine, Dye Free, Grape Flavor, 5 mg/5mL | NDC: 55910-0878-04 | C00138, A48440 Exp. 5/2019; C02434, C04186 Exp. 6/2019; C07864 Exp. 7/2019; F13277; C08962; F13778 Exp. 10/2019; C11746; F05899; F13777 Exp. 12/2019; F09356; F10784; F13595 Exp. 2/2020; F22355; F23239 Exp. 8/2020 | Class II | P & L Developments, LLC |
| Cetirizine Oral Solution 1 mg/mL, Children's Allergy, Antihistamine, Dye Free, Grape Flavor | NDC: 63868-0430-04 | C04866, C09863 Exp. 10/2019; F01267 Exp. 12/2019; F12609 Exp. 2/2020; F25327 Exp. 8/2020 | Class II | P & L Developments, LLC |
| Cetirizine Oral Solution 1 mg/mL, Up & Up, Children's allergy relief, Antihistamine, Dye Free, Grape Flavor | NDC: 11673-0178-04 | A98495, C03882, A49664 Exp. 5/2019; C06541 Exp. 6/2019; C05532, F00527 Exp. 10/2019; F00528, F07279 Exp. 12/2019; F07842, F10237 Exp. 2/2020 | Class II | P & L Developments, LLC |

I = Class I Recall, II = Class II Recall, MW = Market Withdrawal

Additional information can be found at:

1. FDA Recalls, Market Withdrawals, & Safety Alerts:
<https://www.fda.gov/Safety/Recalls/default.htm>
2. FDA Enforcement Report:
<http://www.fda.gov/Safety/Recalls/EnforcementReports/default.htm>
3. IEHP Safety Resources:
<https://ww3.iehp.org/en/providers/pharmaceutical-services/clinical-information/safety-resources/>

If you have any questions or comments regarding this recall, please call IEHP Pharmaceutical Services Department at 909-890-2049, 8am – 5pm (PST), Monday through Friday.

Sincerely,

IEHP Pharmaceutical Services