**\*\*URGENT\*\***

 ***Drug Recall***

1825 NW Vivion Road March 25, 2022

## Riverside MO 64150

Dear Valued Customer:

**URGENT: All within-expiry Teligent company drug products**

***\*\*\*RETURN THIS LETTER, WHETHER OR NOT YOU HAVE ANY AFFECTED PRODUCT ON HAND\*\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **NDC** | **LOT NUMBER** | **YES, I have product on hand** | **NO, I do not have product on hand** |
| Lidocaine 5% Oin 35.4gm (Akorn) | 50383034135 | All within-expiry |  |  |
| Triamcinolone .5% Oin 15gm | 52565004815 | All within-expiry |  |  |
| Triamcinolone .1% Cre 454gm | 52565005626 | All within-expiry |  |  |
| Triamcinolone .1% Oin 454gm | 52565001426 | All within-expiry |  |  |

Teligent Pharma, Inc is initiating a voluntary market recall of all within-expiry company drug products. This action is a result of the manufacturer filing bankruptcy in October 2021, and the subsequent sale of the facility and products. The 4 NDCs listed above are the only products PBA Health received during the dates of distribution indicated on the notice. For a complete listing of all NDCs and relevant lots, visit <https://www.accessdata.fda.gov/scripts/ires/index.cfm?Event=89798> or contact PBA Customer Service for a 7-page list.

This recall is being conducted with the knowledge of the Food and Drug Administration and extends to the **Retail Level.** Please examine your inventory and quarantine any affected product.

If you purchased this product from the PBA Health Distribution Center, please fill in the quantity you have on hand and sign below. ***Please be sure to clearly indicate your Customer ID or NCPDP to avoid multiple notifications.*** The signed letter may be faxed to your PBA Health Customer Service Representative at 1-877-535-3803, or emailed to customerservice@pbahealth.com.

Pharmacy Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

*The Recall Team at PBA HEALTH*