

URGENT DRUG RECALL



<i>Product</i>	<i>NDC Number</i>	<i>Lot</i>	<i>Expiration Date</i>
Furosemide Injection, USP, 100 mg (10 mg/mL), 10 mL Ansyr™ Syringe	0409-1639-10	85-246-EV*	1JAN2012

* Note: the lot number may be followed by 01

September 7, 2011

Dear Valued Customer:

Hospira, Inc. is voluntarily recalling one lot of Furosemide Injection, USP identified above due to a confirmed out of specification result at the 18 month testing interval for pH.

This lot was distributed June 2010 through June 2011. No other lots are impacted by this recall and replacement product is available.

Hospira has initiated an investigation to determine the cause and preventive actions. We have not received reports of any adverse events associated with this issue. This recall is being conducted as a precautionary measure. Hospira has notified the U.S. Food and Drug Administration.

Please check your inventory and immediately quarantine any affected product. Complete the attached Reply Form and return it to the number on the form, even if you do not have the affected product. Inform healthcare professionals in your organization of this recall.

Return affected product to Stericycle using the label provided with this letter. Call Stericycle at 1-888-871-7118 if you have not received a return label or require additional labels for returning the affected product. To ensure proper and timely credit, follow the instructions on the reply form for returning the product. Include your Hospira customer number (if applicable) and information about your wholesaler/distributor from whom you purchased the affected product (if applicable), and include a copy of your PO, Debit Memo or Invoice showing the purchase price on the outside of the package being shipped (e.g. case, pallet).

This recall is being conducted to the medical facility level. Therefore, **if you have distributed the product further, notify your accounts that received the product identified above** of this recall and ask them to contact Stericycle at 1-888-871-7118 to receive a reply form, return labels and/or return product.

Replacement product is available in alternate packaging configurations. Please contact Hospira Customer Care at 1-877-946-7747 or your Hospira representative to order replacement product.

For medical inquiries, please call Hospira Medical Communications at 1-800-615-0187.

Hospira is committed to providing our customers with the highest level of service and product quality. We appreciate your cooperation and we regret any inconvenience this action may cause.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet Stevens", with a stylized flourish at the end.

Janet Stevens
Vice President, Parenteral Quality Operations

2483_01_01AS

Hospira, Inc.
275 North Field Drive
Lake Forest, IL 60045
(224) 212-2000
www.hospira.com

FA108-05 (4)

Urgent Drug Recall Reply Form – Response Required
Furosemide Injection, USP, 100 mg (10 mg/mL), 10 mL Ansyr™ Syringe
NDC 0409-1639-10 Lot 85-246-EV*

* Note: the lot number may be followed by 01



Check your inventory and complete the information below, even if you do not have the affected product.
Failure to complete all sections of this page may result in improper, delayed or denied credit.

Required Information	
Business Name	Phone Number
Address/City/State/Zip	DEA #
Hospira Customer Number (ship to #) if applicable	Your reference # (e.g. PO, Debit Memo or Invoice #)
Completed by: Printed Name/Signature/Date	

I have **NO** affected product (fill out and return the form to Stericycle at the fax/e-mail below).

I have affected product (fill out and return the form to Stericycle via the fax/e-mail below and return the product per instructions below).

Lot Number	Wholesaler/Distributor Name <small>If you purchased from Wholesalers/Distributors include name, address, city, state, zip, quantity from each, name, and invoice number. If you purchased directly from Hospira leave this section blank.</small>	QTY	PO, Debit memo or Invoice
1.			
2.			

If affected product is not being returned, please explain:

- ✓ Have you distributed the product further to the retail level? YES___ NO___
- ✓ If yes, have you notified your retail customers? YES___ NO___ (if no, explain below)

Fax the completed form to 1-866-809-6076 or e-mail the completed form to Hospira2483@stericycle.com.
To obtain return labels or if you have questions about this form call Stericycle at 1-888-871-7118.

IMPORTANT RETURN INSTUCTIONS:

<p>Direct Customer (purchased directly from Hospira) <i>Credit will be issued by Hospira</i></p> <p>Step 1 Package only the <i>affected product</i>.</p> <p>Step 2 Include a PO, Debit Memo or Invoice showing the purchase price on the outside of the package being shipped (e.g. case, pallet).</p> <p>Step 3 Ship to Stericycle using the prepaid return label.</p>	<p>Indirect Customer (purchased from a wholesaler/distributor) <i>Credit will be issued through the wholesaler/distributor</i></p> <p>Step 1 Supply information for each wholesaler/distributor.</p> <p>Step 2 Package only the <i>affected product</i>.</p> <p>Step 3 Include a PO, Debit Memo or Invoice showing the purchase price on the outside of the package being shipped (e.g. case, pallet).</p> <p>Step 4 Ship to Stericycle using the prepaid return label.</p>
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CID/SEQ

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