FRESENIUS KABI

URGENT DRUG RECALL

May 14, 2026

Product Name/Product Size	Unit of Use NDC Number	Unit of Sale NDC Number	Product Code	Batch Number	Expiration Date	First Ship Date	Last Ship Date
Epinephrine Injection, USP, 1 mg / mL (1 mg / mL), 1 mL fill in a 2 mL vial	**63323-696-02**	**63323-696-25**	**696125**	**6133313**	**06/2026**	**12/06/2024**	**11/17/2025**
				6133314	**06/2026**	**12/05/2024**	**07/10/2025**
				6133315	**07/2026**	**07/01/2025**	**12/12/2025**
				6133682	**09/2026**	**07/14/2025**	**12/29/2025**
				6134812	**04/2027**	**09/17/2025**	**04/14/2026**
				6134813	**04/2027**	**03/25/2026**	**05/11/2026**

Dear Customer/Healthcare Professional:

This letter is to notify you that Fresenius Kabi USA, LLC ("Fresenius Kabi") is voluntarily recalling the above-mentioned batches of Epinephrine Injection, USP, 1 mg / mL (1 mg / mL), 1 mL fill in a 2 mL vial.

This recall is being performed to the user level. Fresenius Kabi has decided to take this action due to physicochemical out-of-specification (OOS) results at the 18-month stability test station. Out of an abundance of caution, batches 6134812 and 6134813 are also included in this recall. Reference Attachment A for product labeling.

The Health Hazard Evaluation concluded an overall low risk to patients. No adverse event reports have been received for any of the above-listed batches to date.

You are required to return all product from the above-mentioned batch numbers that you have in your possession. To implement this recall, please do the following:

1. Examine your stock **immediately** to determine if you have any product from the affected batches. Quarantine any affected stock. If you are a distributor, immediately notify your customers that have been shipped or may have been shipped this product of this recall and direct them to quarantine and discontinue distributing or dispensing the affected batches. Please have them prepare to return the product to Fresenius Kabi (see enclosed information). Your notification to your customers may be enhanced by including a copy of this recall notification letter. Your customers may retrieve the recall letter and response form at https://www.fresenius-kabi.com/us/pharmaceutical-product-updates.

2. If you have the affected batches available, **immediately** quarantine and discontinue distributing, or dispensing any vials from the batches, and return all vials to Fresenius Kabi, USA, LLC located at 11900 122nd Street, Pleasant Prairie, WI 53158, via FedEx Ground, using the enclosed return goods label and packing slip. A FedEx Ground label can be obtained by checking the box and noting your mailing address on the enclosed Urgent Product Recall Response Form. It will be mailed to you upon receiving your request. A credit memo will be issued covering the quantity of your return to Fresenius Kabi.

3. **PLEASE COMPLETE THE ENCLOSED "URGENT DRUG RECALL RESPONSE FORM" AND SEND IT BACK IMMEDIATELY VIA EMAIL TO FK-NARECALLS@FRESENIUS-KABI.COM OR FAX AT 1-708-649-8630.**

   CONTACT NUMBERS: Use the following contact phone numbers. Hours of operation: Monday through Friday 8:00 am to 5:00 pm CST

Number	Department	Reason to Call
(866) 716-2459	Quality Assurance Department	Information on how to return product
(800) 551-7176	Vigilance or Medical Affairs	For clinical/technical information/Adverse Drug Event (ADE) reporting

This recall is being made with the knowledge of the United States Food and Drug Administration (FDA).

We apologize for any inconvenience this voluntary recall may cause you.

Sincerely,

Anthony Giessert, Ph.D.
Senior Vice President, Quality Assurance
Fresenius Kabi USA, LLC

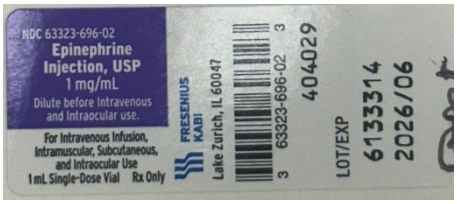
Fresenius Kabi USA, LLC
Three Corporate Drive
Lake Zurich, IL 60047

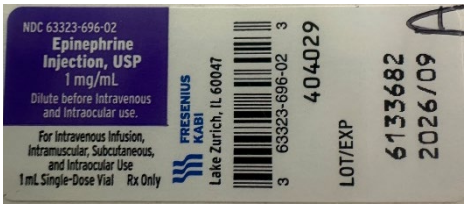
Main: 847-550-2300
Toll Free: 888-391-6300
www.fresenius-kabi.com/us

FRESENIUS KABI

URGENT DRUG RECALL

Attachment A
Product Labeling





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URGENT: DRUG RECALL – Sterile Injectable

URGENT DRUG RECALL RESPONSE FORM

MAY 14, 2026 **Please complete and fax to: 1-708-649-8630**

To: Fresenius Kabi USA, LLC **Attn:** Quality Assurance Department

Product Name/Product Size	Unit of Use NDC Number	Unit of Sale NDC Number	Product Code	Batch Number	Expiration Date	First Ship Date	Last Ship Date
Epinephrine Injection, USP, 1 mg / mL (1 mg / mL), 1 mL fill in a 2 mL vial	63323-696-02	63323-696-25	696125	6133313	06/2026	12/06/2024	11/17/2025
				6133314	06/2026	12/05/2024	07/10/2025
				6133315	07/2026	07/01/2025	12/12/2025
				6133682	09/2026	07/14/2025	12/29/2025
				6134812	04/2027	09/17/2025	04/14/2026
				6134813	04/2027	03/25/2026	05/11/2026

1. Examine your inventory **immediately** to determine if you have any product from the above-mentioned batches.

2. If so, **immediately** discontinue distribution or dispensing of the affected batches and return all units to Fresenius Kabi USA, LLC located at 11900 122nd Street, Pleasant Prairie, WI 53158 via FedEx Ground using the enclosed return goods label and packing slip. A credit memo will be issued covering the quantity of your return to Fresenius Kabi USA, LLC.

3. **PLEASE COMPLETE THIS FORM AND SEND IT BACK TO US IMMEDIATELY VIA EMAIL AT FK-NARECALLS@FRESENIUS-KABI.COM OR FAX AT 1-708-649-8630.**

☐ We currently do not have units of the batch number on hand.

☐ We are returning _____ Vials **OR** _____ Trays/Cartons

# of Labels needed _____

☐ I have identified contacted direct account customers that have been shipped or may have been shipped this product. Please send FedEx Ground Shipping Labels to the address below.

FROM: Hospital (other):_____

Street Address:_____

City, State, Zip code: _____

Phone Number: _____

Signature:_____

From:

FACILITY:
ADDRESS:
CITY, STATE, ZIP:

Signature: _____ **Date:** _____

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ATTN: URGENT DRUG RECALL

PACKING SLIP FOR VOLUNTARY RECALL

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Epinephrine Injection, USP, 1 mg / mL (1 mg / mL), 1 mL fill in a 2 mL vial	63323-696-02	63323-696-25	696125	6133313	06/2026	12/06/2024	11/17/2025
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				6134812	04/2027	09/17/2025	04/14/2026
				6134813	04/2027	03/25/2026	05/11/2026

Vials (1 each) OR

Trays/Cartons Returning (Circle One)

_____

Hospital (other) _____

Street Address _____

City, State, Zip code _____

Signature _____

PLEASE ENCLOSE THIS FORM WITH YOUR RETURN

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