FRESENIUS KABI

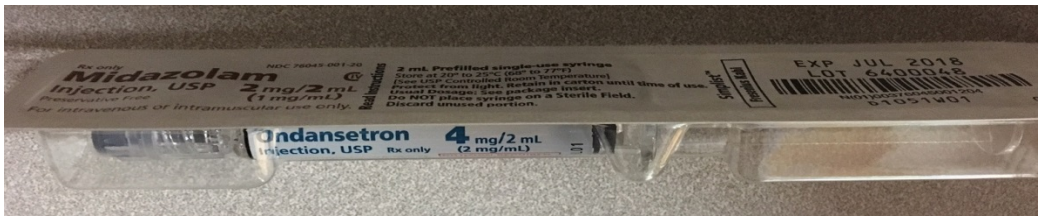
URGENT DRUG RECALL

October 30, 2017

Product Name/Product size	NDC Number	Product Code	Lot Number	Expiration Date	First Ship Date	Last Ship Date
Midazolam Injection, USP; 2 mg/2mL; 1 mL fill in a 2 mL single use glass syringe packaged in a blister package	**76045-001-20**	**766120**	**6400048**	**07/18**	**05/12/2017**	**10/18/2017**

Dear Customer/Health Professional:

This letter is to notify you that Fresenius Kabi USA, LLC ("Fresenius Kabi"), is voluntarily recalling the above-mentioned product lot as a precautionary measure. This recall is being performed to the user level. Fresenius Kabi has decided to take this action due to a report of two blister packages (secondary) labeled as Midazolam Injection, USP **2** mg/2mL, lot 6400048 containing syringes of Ondansetron Injection, USP **4** mg/2mL, lot 6400069.



A blister package labeled as Midazolam Injection, USP, but containing an Ondansetron Injection syringe may lead to an initial product selection error; however the syringe in the blister package is visible and clearly correctly labelled as containing Ondansetron Injection, USP. There have been no medication errors or adverse events reported for this lot of Midazolam Injection, USP; **2** mg/2mL.

You are required to return all product from the above-mentioned lot 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 lot. 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 discontinue distributing or dispensing the affected lot. Please have them prepare to return the product to Fresenius Kabi (see enclosed information). Your customers may retrieve the recall letter and response form at http://www.fresenius-kabi.us/products/pharmaceutical-products/product-updates.html

2. If you have the affected lot available, **immediately** discontinue distributing or dispensing any units from the lot, and return all units to Fresenius Kabi, USA, LLC located at 600 Supreme Drive, Bensenville, IL 60106, 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 USA, LLC.

3. **PLEASE COMPLETE THE ENCLOSED "URGENT PRODUCT 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 Event (ADE) reporting

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

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

Sincerely,

Melanie Power-Burns
Vice President Quality Assurance and Compliance

Fresenius Kabi USA, LLC
2045 N. Cornell
Melrose Park, IL 60160

Main: 708-343-6100
Toll Free: 888-391-6300
www.fresenius-kabi.us

FRESENIUS KABI

URGENT PRODUCT RECALL RESPONSE FORM

URGENT: DRUG RECALL – Sterile Injectable

October 30, 2017 **Please complete and fax to: 1-708-649-8630**

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

Product Name/Product size	NDC Number	Product Code	Lot Number	Expiration Date	First Ship Date	Last Ship Date
Midazolam Injection, USP; 2 mg/2mL; 1 mL fill in a 2 mL single use glass syringe packaged in a blister package	**76045-001-20**	**766120**	**6400048**	**07/18**	**05/12/2017**	**10/18/2017**

1. Examine your inventory **immediately** to determine if you have any product from the above-mentioned lot.
2. If so, **immediately** discontinue distribution or dispensing of the affected lot and return all units to Fresenius Kabi USA, LLC located at 600 Supreme Drive, Bensenville, IL 60106 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 lot number(s)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: _____

Signature:_____

From:

FACILITY:
ADDRESS:
CITY, STATE, ZIP:

Signature _____ **Date** _____

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