FRESENIUS KABI

URGENT DRUG RECALL

July 13, 2020

Product Name/Product size	NDC Number	Product Code	Batch Number	Expiration Date	First Ship Date	Last Ship Date
Fosaprepitant for Injection, 150 mg / vial in a 10 mL vial	**63323-972-10**	**972010**	**6122760**	**08/2021**	**09/30/2019**	**12/30/2019**
			6122761	**08/2021**	**12/30/2019**	**04/06/2020**
			6122762	**09/2021**	**12/02/2019**	**06/16/2020**
			6123883	**03/2022**	**05/20/2020**	**06/22/2020**

Dear Customer/Health Professional:

This letter is to notify you that Fresenius Kabi USA, LLC ("Fresenius Kabi") is voluntarily recalling the above-mentioned batches of Fosaprepitant for Injection, 150 mg / vial in a 10 mL vial.

This recall is being performed to the user level. Fresenius Kabi has decided to take this action due to the carton label and product insert incorrectly stating the quantity of the excipient edetate disodium (EDTA) as 5.4 mg / vial, rather than the actual amount of 18.8 mg / vial. The investigation reveals that this issue is limited to the product batches indicated above.

Fresenius Kabi USA has not received any reports of adverse events related to this recall. Inconsistency between the labeling in the package insert and carton may pose a risk of misrepresentation of the EDTA content to physicians when treating patients; however, the higher content of EDTA poses little risk, and is an FDA-approved formulation of the product. Therefore, the associated health risk is assessed as low.

You are required to **DESTROY** all product from the above-mentioned batches 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 vials 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 **DESTROY** the product. 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, dispensing, or using the batches, and **DESTROY** all vials using your current vendor / hauler of non-hazardous regulated medical waste. A credit memo will **NOT** be issued covering the quantity until a letter of destruction is received from you.

3. **PLEASE COMPLETE THE ENCLOSED "URGENT PRODUCT RECALL RESPONSE FORM" AND SEND IT BACK TO US 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 Events (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,

Melanie Power-Burns
Sr Vice President Quality Assurance

FRESENIUS KABI

URGENT PRODUCT RECALL RESPONSE FORM

URGENT: DRUG RECALL – Sterile Injectable

July 13, 2020 **Please complete and fax to: 1-708-649-8630**

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

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			6122761	08/2021	12/30/2019	04/06/2020
			6122762	09/2021	12/02/2019	06/16/2020
			6123883	03/2022	05/20/2020	06/22/2020

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 **DESTROY** all units using your current vendor / hauler of non-hazardous regulated medical waste. A credit memo will NOT be issued covering the quantity until a letter of destruction is received from you.
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 numbers on hand.

☐ We are **DESTROYING** _____ Vials ☐ We are **DESTROYING** _____ Trays/Cartons

☐ I have identified and contacted direct account customers indicated below that have been shipped or may have been shipped this product. They have prepared to **DESTROY** the product.

FROM: Hospital (other):_____

Street Address:_____

City, State, Zip code: _____

Signature:_____

From:

FACILITY:

ADDRESS:

CITY, STATE, ZIP:

Signature _____ **Date:** _____

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