

**URGENT  
VOLUNTARY PRODUCT RECALL NOTICE  
AURO-LOSARTAN 25mg, 50mg and 100mg Tablets  
ATTENTION RETAILERS/DISTRIBUTORS/WHOLESALERS**

Auro Pharma Inc is voluntarily recalling 5 LOTs of AURO-LOSARTAN (25mg, 50mg and 100mg) Tablets due to the presence of impurity 5-(4-(azidomethyl)-[1,1-biphenyl]-2-yl)-1H-tetrazole above the acceptable concentration limit in affected lots.

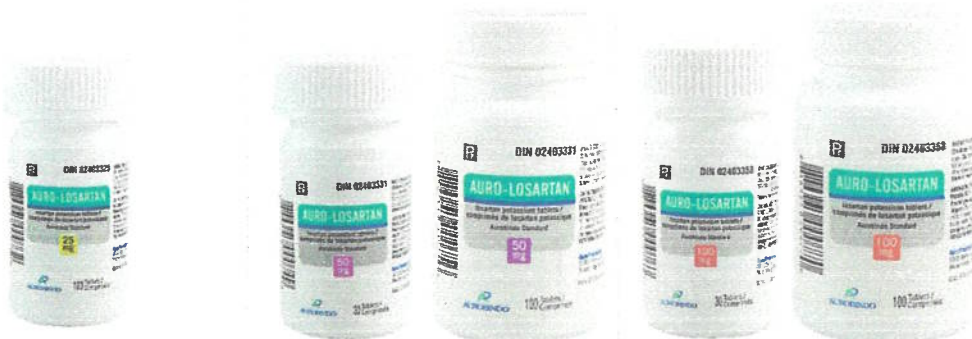
**STARTING DATE:** May 27, 2021  
**HAZARD CLASSIFICATION:** Type I  
**DEPTH OF RECALL:** Retailer/Distributor/Wholesaler  
**ISSUE:** Product Safety  
**RECALLED PRODUCT:** AURO-LOSARTAN 25mg  
 AURO-LOSARTAN 50mg  
 AURO-LOSARTAN 100mg

PRODUCT DESCRIPTION	AURO-LOSARTAN 25mg:	AURO-LOSARTAN 50mg:	AURO-LOSARTAN 100mg
	White to off-white, Oval shaped, biconvex film-coated tablets debossed with 'E' on one side and '45' on other side.	White to off-white, Oval shaped, biconvex film-coated tablets debossed with 'E' on one side and '4' and '6' separated by scoreline on other side.	White to off-white, Oval shaped, biconvex film-coated tablets debossed with 'E' on one side and '47' on other side.

**PILL IMAGE**



**BOTTLE IMAGE**



<b>DIN</b>	02403323	02403331		02403358	
<b>Dosage form</b>	Tablet	Tablet		Tablet	
<b>Strength</b>	25 mg	50 mg		100 mg	
<b>Lot Number</b>	<b>WB2519001-A</b>	<b>WB5019001-A</b>	<b>WB5019001-B</b>	<b>WB1019001-A</b>	<b>WB1019001-B</b>
<b>Expiry Date</b>	2022-08-14	2022-08-14	2022-08-14	2022-08-14	2022-08-14
<b>UPC code</b>	886965000732	886965000749	886965000756	886965000763	886965000770
<b>Pack Size</b>	100's	30's	100's	30's	100's

**Market Authorization:** AURO PHARMA INC  
3700 Steeles Avenue West, Suite# 402,  
Woodbridge, ON, L4L 8K8, Canada

**INSTRUCTIONS TO DISTRIBUTORS/WHOLESALEERS:**

As mentioned in the first paragraph, the depth of the recall is retail level. Thus, DISTRIBUTORS/WHOLESALEERS are instructed to notify their clients/retailers of the recall and provide instructions on the actions to be taken for the affected product as per the return procedure described below. If you are a **retailer**, please proceed immediately as per the return procedure described below.

All customers are required to respond within **3 business days** from the date of the recall. Please ensure to submit the return form no later than May 31, 2021.

**RETURN PROCEDURE:**

The present recall affects only specified lots of the product.

Request all further distribution and sale of the affected product and lots must be ceased. Please return the affected stock immediately marked as "PRODUCT RECALL MATERIAL – NOT FOR USE" Via courier collect. Please contact Purolator and **Quote # 3402920** and request package pick up. Please send your product return to the following address:

**Accuristix, 8875 Torbram Rd.  
Brampton, ON L6T 3V9**

**CREDIT POLICY:**

All product stock returned will receive 100% credit based as per Auro pharma list price. To facilitate the process please complete the recall return form and send it to Fax# (905) 856-8094.

Signature:



Rana Harb (PhD) , Vice President –QA, RA & PV



**URGENT : PRODUCT RECALL**  
**TYPE I**

**PLEASE COMPLETE THIS FORM AND SEND BY FAX AT 1 905 856 8094 OR  
EMAIL TO CS@AUROPHARMA.CA**

Please return this document **even if you do not have the affected product**. In case you do not have the affected product, please write "0" in the table.

Product	AURO-LOSARTAN25mg	AURO-LOSARTAN 50mg		AURO-LOSARTAN 100mg	
Drug Identification Number (DIN)	02403323	02403331		02403358	
Lot Number:	WB2519001-A	WB5019001-A	WB5019001-B	WB1019001-A	WB1019001-B
Expiry Date	2022-08-14	2022-08-14	2022-08-14	2022-08-14	2022-08-14
UPC code	886965000732	886965000749	886965000756	886965000763	886965000770
Total Quantity Received					
Quantity Consumed					
Quantity to Return					

At the request of Auro Pharma In., product affected by the return can be sent to **Accuristix at 8875 Torbram Rd. Brampton, ON L6T 3V9** via Purolator (use account number 3402920 for billing purposes).

**IMPORTANT:** Please make sure to **clearly identify** on the box that it is a product recall and which pharmacy is sending the product.

**ALL RETURNS MUST BE MADE WITHIN 3 DAYS OF RECEIPT OF  
PRODUCT RECALL NOTICE**

<b>Client name :</b>	
<b>Account number :</b>	
<b>Address :</b>	
<b>resource person :</b>	
<b>Phone number :</b>	
<b>Date :</b>	