



February 3, 2009

URGENT PRODUCT RECALL

Product:

ETHEX Corporation is voluntarily recalling all lots and package sizes of the products listed below because they may potentially have been manufactured under conditions that did not fully comply with cGMP's:

CII's:

Dextroamphetamine Tablets 5mg (58177-311-04)

Morphine Sulfate ER Tablets 15mg, 30mg, 60mg, 100mg & 200mg (58177-310-04, 320-04, 330-04, 340-04 & 380-04)

Morphine IR Tablets 15mg & 30mg (58177-313-04 & 314-04)

CII's (Previously Discontinued):

Dextroamphetamine Tablets 10mg (58177-312-04)

Non-Controlled:

Isosorbide Mononitrate Tablets 30mg, 60mg (58177-222-11 & 238-11)

Propafenone HCl Tablets 150mg, 225mg, 300mg (58177-331-04, 331-11, 331-12, 332-04, & 333-04)

Non-Controlled (Previously Discontinued):

Isosorbide Mononitrate Tablets 30mg, 60mg, 120mg (58177-222-04, 222-08, 238-04 & 238-08)

Level:

This recall is being carried out to the retail level.

This recall is being made with the knowledge of the Food and Drug Administration.

Action for Wholesaler/Distributor and Retailer:

Wholesaler/Distributor

- **All products listed above were recalled to the wholesale/distributor level in a recall letter dated January 28, 2009. No further inventory action at the wholesale/distributor level is required.**
- Notify retail customers by forwarding a copy of this recall letter and direct them to contact Capital Returns at (888) 851-3502 to receive a recall product return packet and instructions.

Retailer

- Stop dispensing and distributing the affected products. **Quarantine product immediately.**
- Please perform a physical count and record this data on the response letter which is included.
- Send back the response letter even if you do not have any product to:

ETHEX Corporation

Fax: (314) 646-3788 or email: customer-service@ethex.com

- **Recalled product must be returned to: (Please call to request a 222 form for controlled substances)**

Capital Returns

6101 North 64th Street

Milwaukee, WI 53219

Phone: (888) 851-3502

Please mark all returned containers “RECALL” and a numbered debit memo must be included.

A copy of the debit memo must be sent to the following address:

ETHEX Corporation

Attn: Christa Heflin

One Corporate Woods Drive

Bridgeton, MO 63044

Do not return product until you have contacted Capital Returns for a return packet and shipping instructions which will include a pre-paid return label.

You will be credited for the returned product, the appropriate processing fees associated with this recall.

Any inquiries related to this action should be addressed to Capital Returns Customer Service at **(888) 851-3502**, with representatives available Monday through Friday, 8 am to 6 pm EST.

Sincerely,



David Kaiser

Senior QA Manager, Compliance

Recall Coordinator

RETAIL CUSTOMERS ONLY

**URGENT PRODUCT RECALL
RESPONSE LETTER**

CII's:

Dextroamphetamine Tablets 5mg (58177-311-04)

Morphine Sulfate ER Tablets 15mg, 30mg, 60mg, 100mg & 200mg (58177-310-04, 320-04, 330-04, 340-04 & 380-04)

Morphine IR Tablets 15mg & 30mg (58177-313-04 & 314-04)

CII's (Previously Discontinued):

Dextroamphetamine Tablets 10mg (58177-312-04)

Non-Controlled:

Isosorbide Mononitrate Tablets 30mg, 60mg (58177-222-11 & 238-11)

Propafenone HCl Tablets 150mg, 225mg, 300mg (58177-331-04, 331-11, 331-12, 332-04, & 333-04)

Non-Controlled (Previously Discontinued):

Isosorbide Mononitrate Tablets 30mg, 60mg, 120mg (58177-222-04, 222-08, 238-04 & 238-08)

We have reviewed our inventory:
(check one):

- No units were detected in our inventory
- Yes, one or more units were detected in our inventory

Name: _____

Title: _____

Company: _____

DEA License: _____

Address: _____

City, State: _____

Phone #: _____

Date: _____

Dextroamphetamine Tablets 5mg & 10mg (311-04, 312-04):

Lot#	Units
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)

Morphine Sulfate ER Tablets 15mg, 30mg 60mg (310-04, 320-04, 330-04, 340-04, 380-04):

Lot#	Units
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)

Morphine IR Tablets 15mg, 30mg (313-04, 314-04):

Lot#	Units
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)

Isosorbide Mononitrate Tablets 30mg, 60mg 120mg (222-04, 222-08, 222-11, 238-04, 238-08, 238-11, 201-04):

Lot#	Units
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)

Propafenone HCl 150mg, 225mg, 300mg (331-04,331-11,331-12,332-04,333-04):

Lot#	Units
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)
_____	_____ (circle: tablets / bottles)