URGENT DRUG RECALL

July 23, 2015

Dear Valued Moore Medical Customer:

Qualitest has notified Moore Medical of an Urgent Drug Recall regarding one lot of their Promethazine DM Syrup, Promethazine Hydrochloride 6.25 mg, Dextromethorphan Hydrobromide 15 mg, Alcohol 7%, One Pint (473 mL). This recall has been issued to address a cGMP compliance issue related to the release of a quarantined finished good that potentially contains polypropylene particles. Affected product first shipped January 6, 2015.

This Urgent Drug Recall is being done with the knowledge of the Food and Drug Administration.

For clinical inquiries, please contact Qualitest at (256) 859-4011.

A review of our records indicates that you or your company may have purchased items included in this notification. Carefully review the information in this letter and follow the instructions provided below.

Refer to the table below for a list of affected item(s) and lot number(s) distributed by Moore Medical

<table>
<thead>
<tr>
<th>Moore Medical #</th>
<th>NDC #</th>
<th>Description</th>
<th>Affected Lot(s)</th>
<th>Exp. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10714</td>
<td>0603-1586-58</td>
<td>PROMETHAZINE DM, SYRP 15-6.25MG/5ML 16OZ</td>
<td>0000001099</td>
<td>3/16</td>
</tr>
</tbody>
</table>

Moore Medical Customer Instructions:

1.) Review the enclosed Urgent Drug Recall from Qualitest for details and a complete listing of the affected product(s).

2.) Quarantine and immediately discontinue use of any product matching the affected item(s) and lot number(s) listed above.

3.) If you have further distributed any of the item(s) referenced in this notification, provide your accounts with a copy of this notification and request that they return the affected product directly to you.

4.) If you have product affected by this recall, fill out the Moore Medical Reply Form and fax it back (do not mail) to our Regulatory Affairs Department at 866.550.1169. Detailed product return instructions are provided on the reply form. Please note that credit will only be issued for product(s) from the affected lots listed. Replacement items will not be sent.

We sincerely apologize for any inconvenience this product recall may have caused you and your staff. If you have any questions about information provided in this communication, please contact our Regulatory Affairs Department at 800.234.1464 ext. 5407.

Thank you for your prompt attention,

Regulatory Affairs Department
Telephone: 800-234-1464 X5407
Email: MMCregulatoryaffairs@mooremedical.com
URGENT DRUG RECALL-RETAIL LEVEL

PROMETHAZINE DM SYRUP, PROMETHAZINE HYDROCHLORIDE 6.25 mg,
DEXTROMETHORPHAN HYDROBROMIDE 15 mg, ALCOHOL 7%, NDC 0603-1586-58

February 20, 2015

Dear Sir / Madame:

Please be advised that the following product manufactured by Qualitest Pharmaceuticals is being recalled to the RETAIL LEVEL. Only the NDC number and lot listed below is affected.

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>NDC NUMBER</th>
<th>LOT #</th>
<th>EXP DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promethazine DM Syrup, Promethazine Hydrochloride 6.25 mg, Dextromethorphan Hydrobromide 15 mg, Alcohol 7%, One Pint (473 mL)</td>
<td>0603-1586-58</td>
<td>0000001099</td>
<td>3/16</td>
</tr>
</tbody>
</table>

REASON FOR RECALL-
To address a cGMP compliance issue related to the release of a quarantined finished good that potentially contains polypropylene particles

1. Please examine your stock immediately to determine if you have any product with the NDC number and lot as listed, on hand. If so, immediately discontinue distribution and/or dispensing.
2. Wholesale distributors, notify any customers or sub-accounts who may have received this product. Ask them to examine their stock and request they return any affected product directly to CLS MedTurn, an Inmar company.
3. You would have received the affected lot between January 06, 2015 and January 07, 2015.
4. We request that you immediately complete and return the included “Recall Response Form” to CLS MedTurn, an Inmar company. Upon receipt, a return kit will be sent to you including return authorization label(s) and return instructions.
5. Upon receipt of the returned merchandise by CLS MedTurn, a credit will be issued by Qualitest.

This recall is being conducted with the knowledge of the U.S. Food & Drug Administration.

We apologize for any inconvenience, and thank you in advance for your cooperation as well as your continued support of Qualitest Pharmaceuticals.

Sincerely,

Bacardo Jackson
Manager of Compliance and Supplier Quality
Fax this form to: 866.550.1169 (Do Not Mail)

Fill out this recall Reply Form and fax it to our Regulatory Affairs Department at 866.550.1169.

Account: <Account Number>
<Customer Name>
<Address1 Address2>
<City, State Zip>

_______ I acknowledge that I DO NOT HAVE affected product.

_______ I acknowledge that I DO HAVE affected product as indicated below and have followed the instructions for return.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Quantity</th>
<th>UOM (EA/CS/BX)</th>
<th>Description</th>
<th>Lot Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10714</td>
<td></td>
<td></td>
<td>Promethazine W/DM Syrup</td>
<td>0000001099</td>
</tr>
</tbody>
</table>

Please enter “0” if you do not have any affected product(s) on hand

**Instructions for Return**

1. Cut out and attach the shipping label below to products being returned.
2. Return affected product via the carrier of your choice, at your expense.
3. Please obtain a written receipt for merchandise from the carrier for tracking purposes.
4. Upon receipt of merchandise, your account shall be credited for the cost of returned product plus shipping (receipt for shipping expenses must be provided).

**Please Note:** Credit will only be issued for product(s) from the affected lots listed. Replacement items will not be sent.

**Authorized Drug Recall Return Label**

From: <Account Number>  
<Customer Name>  
<Address1 Address2>  
<City, State Zip>  

To: Moore Medical LLC  
370 John Downey Drive  
New Britain, CT 06050

If you have any questions about information provided in this communication, please contact our Regulatory Affairs Department at 800.234.1464 x 5407.