



FAX NUMBER: \_\_\_\_\_

ATTN: \_\_\_\_\_

**Product Alert Notification & Acknowledgement**

Customer #: \_\_\_\_\_ Order #: \_\_\_\_\_ Spectrum Representative: \_\_\_\_\_

BILLING

SHIPPING

Company Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Dear Customer: Per 21CFR 216.24 and CPG 460.200, the following drug products were withdrawn or removed from the market because such drug products or components of such drug products were found to be unsafe or not effective. The following drug products may not be compounded under the exemptions provided by section 503A(a) of the Federal Food, Drug, and Cosmetic Act.

**All Drug Products Containing The Following Were Withdrawn Or Removed:** Adenosine phosphate; Astemizole, Chlormadinone acetate; Chloroform; Cisapride, Cobalt, except cobalamin and its derivatives; Cobalt acetate; Cobalt carbonate; Cobalt basic carbonate; Cobalt chloride; Cobalt fluoride; Cobalt gluconate; Cobalt nitrate; Cobalt oxide; Cobalt perchlorate; Cobalt sulfate; Dipyrone; Fenfluramine HCl; Phenacetin; Phenformin HCl; Phenethylbiguanide HCl; Sparteine sulfate; Sulfadimethoxine; Terfenadine; Urethane, Zomepirac Sodium.

**Strength Limitations Apply To:** Diethylstilbestrol (Oral & Parenteral); Reserpine (Oral); Potassium chloride (Solid oral dose, except time-release or solution preparation forms); Tetracycline (pediatric liquid).

**Uses Are Restricted For The Following:** Nitrofurazone (For topical dermatologic application only); Sulfathiazole (For vaginal use only).

**Certain Dosage Forms (As Follows) Are Prohibited:** Butamben (No Parenteral); Butyl-p-aminobenzoate (No Parenteral); Carbetapentane, Chlorhexidine gluconate (No tincture for preoperative skin prep. use); Gelatin (No I.V.); Methamphetamine HCl (No Parenteral); Povidone (No I.V.); Trichloroethane (No aerosol drug products for inhalation); Zirconium chloride; Zirconium silicate; Zirconyl chloride; Zirconyl nitrate; Zirconium oxide (No aerosol drug products containing Zirconium).

**Use Notes:**

I am an authorized agent of the purchaser. I understand the above and agree on behalf of the purchaser to limit use of any product obtained from Spectrum to prescription compounding in accordance with 21CFR 216.24, research, further processing, or other lawful purpose.

Authorized Agent: \_\_\_\_\_

For (Purchasing Organization): \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO (310) 516-2014**