URGENT DRUG RECALL

Aminophylline Injection, USP

<table>
<thead>
<tr>
<th>Vial NDC</th>
<th>Carton NDC</th>
<th>Lot Number</th>
<th>Expiration Date</th>
<th>Description</th>
<th>Configuration/Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0409-5921-16</td>
<td>0409-5921-01</td>
<td>30-137-DK</td>
<td>1-DEC-2022</td>
<td>250 mg/10mL (25 mg/mL) Single-Dose Vial</td>
<td>2 X 25, 10 mL Fill in 20 mL Fliptop Vials</td>
</tr>
</tbody>
</table>

Dear Customer,

Hospira, Inc., a Pfizer company, is voluntarily recalling the above-referenced lot of Aminophylline Injection, USP, to the User level, due to a confirmed report of a visible particulate observed in a single vial. Pfizer completed a Health Hazard Assessment which concluded that the use of the impacted product has an unlikely probability of being associated with limited adverse events such as end-organ granuloma or tissue ischemia, tissue inflammation or phlebitis, decreased blood flow to the brain, heart attack, tissue necrosis, hypersensitivity reactions and infections. The overall potential risk to patients arising from this issue is considered to be low.

To date, Pfizer has not received reports of any adverse events associated with this issue for this lot.

FEDERAL REGULATION 21 CFR 7.49 (d) RESPONSIBILITY OF RECIPIENT STATES: “CONSIGNEES THAT RECEIVE A RECALL COMMUNICATION SHOULD IMMEDIATELY CARRY OUT THE INSTRUCTIONS SET FORTH BY THE RECALLING FIRM …” PFIZER RECOMMENDS THAT YOU RESPOND TO THIS RECALL EVEN IF YOU DO NOT HAVE THE RECALLED PRODUCT. TO RESPOND, COMPLETE THE REQUESTED INFORMATION ON THE ENCLOSED BUSINESS REPLY FORM (BRF) AND RETURN IT, AS DIRECTED, WITHIN FIVE (5) BUSINESS DAYS. If you have any questions about responding to this letter, please contact Sedgwick Inc. at 1-800-805-3093 (Mon.-Fri. 8 am-5 pm ET).

The recall of the above-referenced lot of Aminophylline Injection, USP is being conducted to the User Level.

Our records indicate that you may have received shipment of the affected lot which was distributed between October 25, 2021 through April 01, 2022. Please check your stock immediately to identify whether you have vials from the recalled lot. If you have any of the affected product in your inventory, please stop distribution and use of the product immediately and promptly return it to Sedgwick Inc.; 2670 Executive Drive, Suite A; Indianapolis, IN 46241; Attn: Event 8585 using the enclosed pre-paid UPS label. All returns are requested to be completed within six months of this notice date. If you received this notification without the prepaid UPS label and BRF, require additional shipping labels, or have questions regarding the return procedure, please contact Sedgwick Inc. at 1-800-805-3093.

If you have further distributed the recalled product, please notify any accounts or additional locations which may have received the recalled product from you. Further, please instruct entities that may have received the recalled product from you that if they have redistributed the product, they should notify their accounts, locations or facilities of the recall. If additional copies of the letter and/or response form are needed, please contact Sedgwick at 1-800-805-3093 (Mon.-Fri. 8 am-5 pm ET).
Reimbursement for the returned product will be made by credit memorandum. If you have any questions regarding the reimbursement, please contact your Pfizer Customer Service Representative at 1-844-646-4398 (Mon.-Fri. 8 am-7 pm ET).

This recall is being conducted with the knowledge of the U.S. Food and Drug Administration. We appreciate your immediate attention and cooperation, and sincerely regret any inconvenience this action may cause you.

If you have any questions regarding this recall, please call the appropriate contact center below.

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<th>Contact</th>
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<tr>
<td>Pfizer Medical Information</td>
<td>1-800-438-1985, option 3 (8am to 9pm ET Monday through Friday) <a href="http://www.pfizermedinfo.com">www.pfizermedinfo.com</a></td>
<td>For medical questions regarding the product</td>
</tr>
<tr>
<td>Pfizer Safety</td>
<td>1-800-438-1985, option 1 (24 hours a day 7 days per week)</td>
<td>To report adverse events and product complaints</td>
</tr>
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</table>

Sincerely,

Masum Hossain
U.S. Commercial Lead, Hospital
Aminophylline Injection, USP

10 mL Single-Dose Vial
PLEASE COMPLETE THIS FORM AND RETURN VIA FAX TO 866-808-1159 OR EMAIL TO PFIZER8585@SEDGWICK.COM EVEN IF YOU DO NOT HAVE THE RECALLED PRODUCT.

MAKE A COPY OF THIS FORM AND INCLUDE IT WITH YOUR PRODUCT RETURN.

BUSINESS REPLY FORM/PACKING SLIP

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Your timely response to this notification is requested. Please complete and fax this Business Reply Form/Packing Slip within five (5) business days even if you do not have the recalled product. Thank you.

☐ We have read and understand the urgent drug recall information.
☐ We have/will further notify our accounts who may have received the affected product lot, to the user Level.
☐ We do not have any of the affected product lot on hand.

To report any adverse events or product complaints, please contact Pfizer Drug Safety at 800-438-1985, option 1.

The below information will help us ensure you are correctly credited in compliance with all applicable regulations, including 340b reporting.

Company/Institution/Practice Name: ________________________________

Signature: ___________________________ Title: ________________________________

Print Name: ___________________________ Phone: ________________________________

Please provide as applicable:

Pfizer Direct Account #: ________________________________

Your DEA#: ________________________________

Your HIN #: ________________________________

Your 340b identifier #: ________________________________

Your Debit Memo/Reference #: ________________________________

(Pfizer will use your DM/Reference number on the credit documents for your convenience)

If purchased from a wholesaler, Wholesaler Name and DEA #: ________________________________