



URGENT: DRUG RECALL

DATE: January 8, 2012

TO: To Our Valued Customer

Novartis Consumer Health, Inc. (NCH) is voluntarily recalling **all lots** of over-the-counter products Excedrin[®], Bufferin[®], Gas-X[®] Prevention[®] and NoDoz[®] which are listed in the attached table. These recalls are being implemented following consumer complaints of chipped and broken pills and inconsistent bottle packaging line clearance practices at our Lincoln, Nebraska facility, which could result in the bottles containing foreign tablets, caplets, or capsules. This voluntary recall pertains to all lots with the following expiration dates:

- Excedrin[®] and No Doz[®] -- December 20, 2014 or earlier
- Bufferin[®] and GasX[®] Prevention[®]: December 20, 2013 or earlier

We are taking these actions on a precautionary basis and with the knowledge of the U.S. Food and Drug Administration.

All consumer inquiries should be forwarded to the Novartis Consumer Relationship Center at 888-477-2403, Monday – Friday 9 a.m. – 8 p.m. ET.

Recall Instructions

This voluntary recall is being extended to the consumer level. We are issuing a press release Sunday, January 8, 2012 that will make consumers aware of the recall. Consumers will be instructed to contact the Novartis Consumer Relationship Center at 888-477-2403, Monday – Friday 9 a.m. – 8 p.m. ET or visit www.novartisotc.com for information on how to return the affected product.

Please pull all recalled products from your store shelves and distribution centers and return it to Inmar using the Product Return information provided below. Again, this recall pertains to all UPCs and Lot numbers of Excedrin[®], Bufferin[®], No Doz[®] and GasX[®] Prevention[®].

Please notify your retail stores that the recall is being conducted at the consumer level and instruct them to check the inventory levels on store shelves and back rooms. Kindly return the affected product to Inmar using the Product Return information provided below.

Please be advised that you may receive consumer requests for returns. If your stores honor consumer product returns, Novartis Consumer Health, Inc. will reimburse you.

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Product Return:

All customers, including Rapid Recall subscribers, are requested to complete and return the attached Product Recall Response Form as soon as possible. **Receipt of the form will serve as confirmation that you have received this recall notification. The Product Recall Response Form should either be emailed to BRFResponse@inmar.com or faxed to 888-908-8603. For regulatory reporting purposes, it is important that you return this completed form, even if you do not have product to return.**

When you have collected your inventory, you and your retail stores should call Inmar at 1-800-821-5293 and a “Returns Kit” will be sent to you. You can also request a “Returns Kit” on your Product Recall Response Form. This kit will include:

- Pre-addressed shipping label(s) depending on quantities to be returned to an Inmar facility
- Pre-Paid FedEx shipping labels & shipping instructions for small quantities (or)
- For large quantities, a toll free number and shipping instructions for pre-paid Fed Ex Intl shipments consigned to Inmar.

In addition to the NCH published list price credit, you will be reimbursed an additional 10% for shipping and handling costs. Only products in the original manufacturer’s packaging are eligible for credit. **This recall applies only to the products indicated in the attached table. This voluntary recall does not affect any other NCH products. Any other products received in the return shipment that are not subject to this limited recall will be destroyed and no credit will be issued.**

NCH takes this issue seriously and is fully committed to ensuring all of our products meet the highest quality standards.

Again if you have any questions, please call your account manager directly. Thank you in advance for your assistance in this matter and for your continued support of NCH products.

Sincerely,



Roger Gravitte
Head of Sales, North America

Product Recall Response Form

Recall of Multiple Excedrin[®], Gas X[®] -Prevention[®], Bufferin[®] and No Doz[®] SKUs

Date: _____

From: *Customer Name:* _____

Mailing Address: _____ *Contact Name:* - _____

_____ *Tel Number:* _____

Please check all that apply:	
<input type="checkbox"/>	We have read and understand the recall instructions provided in the January____, 2012 Recall Notice for Excedrin [®] , GasX [®] Prevention [®] , Bufferin and No Doz [®] SKUs
<input type="checkbox"/>	We have none of the recalled product in-stock.
<input type="checkbox"/>	We have the recalled product in- stock, and have placed it on hold: Please see the attachment for all affected SKUs. Please indicate on the attachment the quantity of returned products.
For those customers that have further shipped any of the recalled products:	
<input type="checkbox"/>	We have notified our consignees to advise them about this recall and included a copy of the Recall Notice.
Product Return:	We would like a Returns Kit containing pre-paid shipping labels to return product directly to Inmar. We will need _____ shipping labels.

PLEASE EMAIL OR FAX COMPLETED PRODUCT RECALL RESPONSE FORM TO: INMAR
Fax - # 1-888-908-8603; Email – BRFResponse@inmar.com Questions: 1-800-821-5293