CESAR CASTILLO
LLC
Established 1942

URGENT RECALL: ADEQUAN I.M. (polysulfated glycosaminoglycan) INJECTION

See full document included for detailed information.

August 3, 2026

Dear Customer,

You are receiving this notification because our records indicate that you may have received an affected product/lot distributed by Cesar Castillo LLC. Please refer to the attached *AMERICAN REGENT, INC. ANIMAL HEALTH URGENT RECALL: ADEQUAN I.M. (polysulfated glycosaminoglycan) INJECTION* notification for complete recall details.

After reviewing our distribution records, we have determined that only the products listed below were distributed by Cesar Castillo LLC and may be present in your inventory.

Please review your inventory and verify whether any of the affected product/lot numbers are in stock. If any affected product is identified, please quarantine it immediately and follow manufacturer's instructions outlined in American Regent Recall Notice.

After submitting your response to American Regent, please send a brief email to recalls@cesarcastillo.com confirming completion of your submission and attach this completed form. Please return the form within 24 hours.

Mark all that apply:

_____ **I have read and understand the notification instructions.**

_____ **I have checked my stock and have quarantined the following inventory:**

Item Description	NDC #	Lot #	Exp. Date	Quantity (vials)
ADEQUAN I.M. (polysulfated glycosaminoglycan) 500MG/5 ML (100 MG/ML) 5ML Single Dose Vial	10797-995-70	24416	11/30/2027	
ADEQUAN I.M. (polysulfated glycosaminoglycan) 500MG/5 ML (100 MG/ML) 5ML Single Dose Vial	10797-995-70	25265P	03/31/2027	

_____ **I do not have on hand any of the affected lots.**

Your timely response to this notification is requested. Thank you.

Facility name: _____ **Phone number:** _____

Name & Signature: _____ **Date:** _____

Email address: _____

Please fill out and return immediately to:
Cesar Castillo, LLC
Attn: RECALLS LLC
Recalls@cesarcastillo.com (e-mail)
Fax No.: 787-999-1614
Contact: 787-999-1616 Ext. 1208, 5241

AMERICAN REGENT®
ANIMAL HEALTH

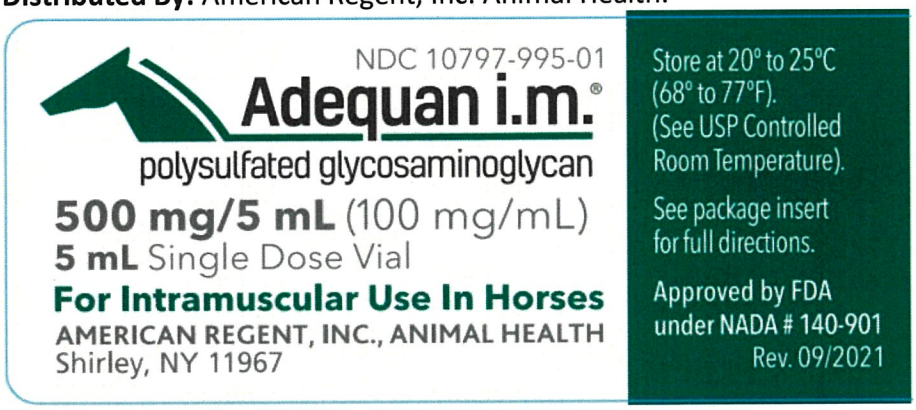
URGENT RECALL:

Adequan® i.m. (polysulfated glycosaminoglycan) Injection

FROM: American Regent, Inc. Animal Health

DATE: August 3, 2026

PRODUCT INFORMATION	**Product**: Adequan® i.m.(polysulfated glycosaminoglycan) Injection **NDC No.**: 10797-995-70 **Strength:** 100 mg/mL **Package Size: 7** (5mL) vials **Manufactured By:** American Regent, Inc. Animal Health. **Distributed By:** American Regent, Inc. Animal Health.



Lot	Expiry
24416	November 30, 2027
25265P	March 31, 2027

This is to inform you that the following Lot Numbers 24416 and 25265P of the above product manufactured and distributed by American Regent, Inc. Animal Health are the subject of a voluntary Recall. Recall of this product to Consumer Level was initiated due to glass fibers found in a reserve sample.

Adequan i.m. is recommended for the intramuscular treatment of non-infectious degenerative and/or traumatic joint dysfunction and associated lameness of the carpal and hock joints in horses.

Risk Statement:

The administration of an intramuscular injectable product containing particulate matter, such as glass fibers, may result in local irritation, swelling, inflammation, injection site pain, infection, or abscesses. To date, American Regent, Inc. has not received any reports of adverse events related to the recalled lots.

ACTION(S):

1. Further use or distribution of these lots (24416 and 25265P) of product should cease.

NOTE: This recall is specific to the listed lots, Lot Numbers 24416 and 25265P. No other Adequan i.m. lots are impacted by this action.

Immediately examine your inventory and quarantine product subject to recall. In addition, if you may have further distributed or used this product, please identify your customers and notify them at once of this product recall.

This recall requires a response letting American Regent know whether you have the product in question or not. Product should be returned directly to American Regent using a Return Authorization Code which will be provided to you once you submit the response form. American Regent, Inc. will be responsible for all shipping costs incurred. Please use the form provided in this mailing for instructions on how to respond to this request. You may also visit our recall website www.arirecalls.com/adequanim-001 for instructions on how to submit your response.

Credit will be issued through your distributor. If you have any questions or problems regarding this matter, please contact Customer Service at 1-800-645-1706 (8:00 am–6:00 pm Monday - Thursday and Friday 8:00 am–4:00 pm Eastern Time).

Your cooperation is appreciated.

Sincerely,
American Regent, Inc.

Signed by:
Nick Walp
Signer Name: Nick Walp
Signing Reason: I approve this document
Signing Time: 8/3/2026 | 5:39:19 PM EDT
A736DF74996C421E81D5F879170040BD

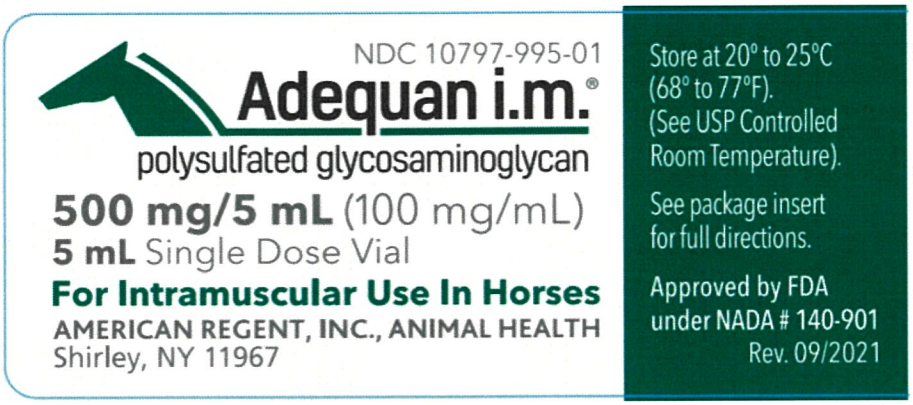
Nick Walp

Vice President, Quality Affairs

AMERICAN REGENT® ANIMAL HEALTH

Recall Notification Response Form – Indirect

PRODUCT INFORMATION	**Product**: Adequan® i.m.(polysulfated glycosaminoglycan) Injection **NDC No.**: 10797-995-70 **Strength:** 100 mg/mL **Package Size: 7** (5mL) vials **Manufactured By:** American Regent, Inc. Animal Health. **Distributed By:** American Regent, Inc. Animal Health.



Lot	Expiry
24416	November 30, 2027
25265P	March 31, 2027

Your Distributor has identified your facility as possibly receiving one of the affected lots. **Please note that you are required to complete the form and indicate a response under the Notification Status section even if you do not have inventory of the lot(s) listed above.**

Please go to https://www.arirecalls.com/adequanim-001 to submit your response. Instructions on how to record your response are included on the website.

Or

You can complete the form below and return via email at ARAHrecalls@americanregent.com.

AMERICAN REGENT® ANIMAL HEALTH

Recall Notification Response Form – Indirect

All of the following fields are necessary for the completion of this form. **Please make sure to check off the appropriate checkbox to indicate your notification status.**		
Facility Name:		
AHN Number:		
Address:		
City:	State:	Zip Code:
Contact Name:		
Title		
Phone:	Email:	
Distributor / Wholesaler Name:		
Distributor / Wholesaler City:	Distributor / Wholesaler Zip:	

Notification Status: PLEASE NOTE YOU ARE REQUIRED TO CHECK ONE BOX BELOW	
☐	We **DO NOT** have any inventory of the Affected Lot(s) to Return.
☐	We **HAVE** inventory of the Affected Lot(s) to Return. Please enter the number of **VIALS:** **NDC#:** 10797-995-70 ☐ **Lot # 24416** **# of vials**_____ ☐ **Lot # 25265P** **# of vials**_____
PLEASE NOTE YOU ARE REQUIRED TO CHECK ONE BOX BELOW	
☐	We **have not** received any complaints of adverse events associated with use of this product.
☐	We **have** received complaints of adverse events associated with use of this product. (American Regent, Inc. Pharmacovigilance team will contact you to obtain additional information).