



MARKET WITHDRAWAL RETURN RESPONSE FORM

ATOMOXETINE CAPSULES USP 10 MG

30 Capsules in Container Pack

(NDC 68462-265-30)

(Glenmark)

Retail Level

4/27/2026

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the withdrawal instructions and have taken the appropriate action.

Customer Name:	DEA#:
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DEA # is required, if it is not provided, the processing of your form will be delayed.

Address:		
City:	State:	Zip:

Contact Name (Please Print):

Telephone#:	Email:
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Contact Signature:	Date:
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DEBIT MEMO# (If unsure, leave blank):

Wholesaler Information if not directly purchased from Glenmark Pharmaceuticals Inc.:

Wholesaler Name:	DEA#:	
City:	State:	Zip:

I have checked my stock and communicated to my customers at the appropriate level:

I confirm that all locations that received the impacted products have been notified to the Retail level _____ (Initial and date)

I do not have any stock of the market withdrawn items. **OR**

I have quarantined and listed in the box below the quantity of market withdrawn units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels _____

Atomoxetine Capsules USP 10 mg

Sr. No.	NDC Code	Batch Number	Pack size	Expiry Date	Total Full/ Sealed and Partial/ Open Bottle Count
1	68462-265-30	19243299	30 Capsules in Container Pack	July 2026	
2	68462-265-30	19243300	30 Capsules in Container Pack	July 2026	
3	68462-265-30	19244394	30 Capsules in Container Pack	October 2026	
4	68462-265-30	19244395	30 Capsules in Container Pack	October 2026	

If you have any questions regarding this form or product return please contact Inmar at **877-456-4789** Office hours 9am to 5pm EST Mon thru Fri.

Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com

Market Withdrawal Event ID N1N131468 RCL101-2026