Glenmark Pharmaceuticals Inc.

RECALL RETURN RESPONSE FORM

Bisoprolol Fumarate and Hydrochlorothiazide Tablets, USP 2.5/6.25MG,
NDC# 68462-878-05 (500's Bottles pack Container)
NDC# 68462-878-01 (100's Bottles pack Container)
NDC# 68462-878-30 (30's Bottles pack Container)

Retail Level
November 20, 2025

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#:	
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:	
Contact Signature:	Date:	
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 Retailer level _____(Initial and date)

☐ I do not have any stock of the recalled items. **OR**

☐ I have quarantined and listed in the box below the quantity of recalled 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_____.

Item Description	NDC#	Lot#/ Pack Size	Exp. Date	Total Full/Sealed and Partial/Open Bottle Count
Bisoprolol Fumarate and Hydrochlorothiazide Tablets, USP 2.5/6.25MG	68462-878-30	17232401/30`s Bottle pack	11/2025	
	68462-878-30	17240974/30`s Bottle pack	05/2026	
	68462-878-01	17232401/100`s Bottle pack	11/2025	
	68462-878-01	17240974/100`s Bottle pack	05/2026	
	68462-878-05	17232401/500`s Bottle pack	11/2025	
	68462-878-05	17240974/500`s Bottle pack	05/2026	

If you have any questions regarding this form or product return, please contact Inmar at 877-405-6563. Office hours are 9am to 5pm EST, Monday through Friday.

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

Recall Event ID N131402 RCL293-25

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