azurity pharmaceuticals

BUSINESS REPLY FORM

RECALL of Zenzedi® (Dextroamphetamine Sulfate Tablets, USP) 30 mg

RETAIL LEVEL CII

January 4, 2024

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the recall 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 #_____

Contact Signature_____Date_____

I have checked my stock and:

_____Do not have any stock of the recalled **items**.**OR**

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

Tablets returning _____

Please indicate if you have notified all of your consignees to return the recalled product __Yes____No

Please indicate if you do not have any consignees for these lots _____

Product	NDC No.	Lot No.	Exp. Date	Ship Dates to Wholesalers
Zenzedi® (Dextroamphetamine Sulfate Tablets, USP)	**24338-856-03**	**F230169A**	**2025-06**	**08/23/2023 – 11/29/2023**

If you did not purchase the product directly from the Manufacturer, please complete the below section. Purchased From:

Wholesaler Name_____

DEA #_____ City_____

State_____

If you have any questions regarding this form or product return, please contact Inmar at 877-804-2069. Office hours 9am to 5pm EST Mon thru Fri.

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