

Currax Pharmaceuticals LLC ("Currax")
URGENT: DRUG RECALL – RESPONSE FORM
Silenor 3MG and Doxepin 3MG
Retail Level
3/09/2026



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#:	<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>	
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 Currax:

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

I have checked my stock and:

- 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 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 _____.

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

Event ID RCL048-26 / N131443

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Product Name	Package Description	NDC#	Lot#	Expiration Date	Total Quantity of Units (full and partial bottles/cartons)
Silenor 3MG	30 Count Bottle, 3 MG	42847-0103-30	71293	7/2026	
Silenor 3MG	30 Count Bottle, 3 MG	42847-0103-30	75048	8/2027	
Doxepin 3MG	30 Count Bottle, 3 MG	44183-0103-30	67823, 67942, 69651, 70374, 72530	7/2026	
Doxepin 3MG	30 Count Bottle, 3 MG	44183-0103-30	71306, 74666, 75042, 75049	8/2027	

If you have any questions regarding this form or product return please contact Inmar at **877-303-2847** (office hours 9am to 5pm EST Monday through Friday).

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