



RECALL RETURN RESPONSE FORM

**NORETHINDRONE AND ETHINYL ESTRADIOL TABLETS USP 0.5 MG/0.035 MG,
0.75 MG/0.035 MG AND 1.0 MG/0.035 MG (BRAND NAME - ALYACEN 7/7/7)
28 tablet blister pack
(NDC 68462-556-29)
Retail Level
5/27/2026**

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

**Norethindrone and Ethinyl Estradiol tablets USP 0.5mg/0.035mg, 0.75mg/0.035mg and 1.0mg/0.035 mg
(Brand Name - Alyacen 7/7/7)**

Sr. No.	NDC Code	Batch Number	Pack size	Expiry Date	Total Full/ Sealed and Partial/ Open Blister pack
1	68462-556-29	20240411	28 tablet blister pack	June 2026	
2	68462-556-29	20250252	28 tablet blister pack	March 2027	

If you have any questions regarding this form or product return please contact Inmar at **855-743-3253** Office hours 9am to 5pm EST Mon thru Fri.

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

Recall Event ID N131470 RCL108-26