

PAR PHARMACEUTICAL
URGENT: DRUG RECALL – RESPONSE FORM
TREPROSTINIL INJECTION 20mg/20mL (1mg/mL)
Consumer Level
4/18/2024



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#:
<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 Par Pharmaceutical:

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 consumer 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 _____.

Product Name	NDC#	Lot#	Expiration Date	Total Vial Count
Treprostini Injection 20mg/20mL (1 mg/mL)	42023-206-01	57014	04/2024	
Treprostini Injection 20mg/20mL (1 mg/mL)	42023-206-01	56911	04/2024	
Treprostini Injection 20mg/20mL (1 mg/mL)	42023-206-01	58528	05/2025	
Treprostini Injection 20mg/20mL (1 mg/mL)	42023-206-01	58529	05/2025	

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

PAR PHARMACEUTICAL
URGENT: DRUG RECALL – RESPONSE FORM
TREPROSTINIL INJECTION 20mg/20mL (1mg/mL)
Consumer Level
4/18/2024



Treprostini Injection 20mg/20mL (1 mg/mL)	42023-206-01	60064	07/2024	
Treprostini Injection 20mg/20mL (1 mg/mL)	42023-206-01	60075	07/2024	
Treprostini Injection 20mg/20mL (1 mg/mL)	42023-206-01	67939	03/2025	

If you have any questions regarding this form or product return please contact Inmar at 1-855-410-3565. Office hours 9am to 5pm EST Monday through Friday.

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

RCL045-24 / N131138