



Glenmark Pharmaceuticals Inc.

**RECALL RETURN RESPONSE FORM**

**DESOGESTREL AND ETHINYL ESTRADIOL TABLETS USP 0.15 MG/ 0.02 MG AND ETHINYL  
ESTRADIOL TABLETS USP 0.01 MG (VIORELE)**

**3 X 28 pack (Tablets)  
(NDC 68462-318-29)**

**Retail Level  
9/3/2025**

**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#:
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*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):
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**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 \_\_\_\_\_

Desogestrel and Ethinyl Estradiol Tablets USP 0.15 mg/ 0.02 mg and Ethinyl Estradiol Tablets USP 0.01 mg  
(Brand Name – Viorele)

<b>Sr. No.</b>	<b>NDC</b>	<b>Batch Number</b>	<b>Pack Size</b>	<b>Expiry Date</b>	<b>Total Full/ Sealed and Partial/ Open Bottle Count</b>
1	68462-318-29	20230733	3 X 28 tablet pack	October 2025	

If you have any questions regarding this form or product return please contact Inmar at (877) 839-9416 Office hours 9am to 5pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)  
Recall Event ID N131350 RCL206-25**