

BUSINESS REPLY FORM

September 23, 2026

Johnson & Johnson is voluntarily recalling the following product:

NDC	Product Description	Lot #	Exp Date
5789480001	IMAAVY® (nipocalimab-aahu) for injection) 300 mg / 1.62 mL vial	JNYJ1208	OCT 2027

We have requested that our impacted accounts return their entire inventories of Lot # JNYJ1208 of the product listed above. Please review and answer ALL questions below:

I have read and understood the recall instructions provided in the September 23, 2026 letter.

☐ Yes or ☐ No

I have affected product in my inventory.

☐ Yes or ☐ No

I purchased our product directly from a Wholesaler or Third Party.

☐ Yes or ☐ No

If yes, provide name of Wholesaler or Third Party: _____

I have shipped the recalled product to any distributors, warehouses, Infusion centers, and/or other third party.

☐ Yes or ☐ No

If yes,

- Please provide the name, email address, and phone number of each third-party recipient

- Parties were notified on the following date: _____
- Via (method of notification): _____

Note: Reimbursement for the product returned by direct customers of Johnson & Johnson/ JOM Pharmaceutical Services, LLC, is managed as credit on their account with JOM. All indirect (sub-distributed) customers must be reimbursed from the company from whom the product was purchased.

Ship to Account # _____

Contact Name: _____

Contact Telephone Number: _____

Contact Signature: _____ Date: _____

Please complete and return to rxrecalls@inmar.com or faxing to 1-817-868-5362 or contact them at 877-412-5889 between 9:00AM – 5:00PM EST Monday through Friday.

INMAR RX SOLUTIONS, LLC,
Attn: Recall Coordinator
One West Fourth Street, Suite 500
Winston Salem, NC 27101

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS PRIOR TO INCLUDING
ORIGINAL WITH YOUR SHIPMENT.**