

MSN Pharmaceuticals
URGENT: DRUG RECALL – RESPONSE FORM
Glycopyrrolate Oral Solution 1mg/5ml (0.2 mg/ml)
Retail Level
12/15/2025

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#: _____
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 MSN Pharmaceuticals:

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 _____.

Product Name	Package Description	NDC#	Lot#	Expiration Date	Total Quantity of Units (full and partial bottles/cartons)
Glycopyrrolate Oral Solution	1 mg/5mL (0.2 mg/ml)	72205-070-72	CB2505159A	APR 2027	
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If you have any questions regarding this form or product return please contact Inmar at 877-428-2916 (office hours 9am to 5pm EST Monday through Friday).

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

Event ID RCL318-25 / N131416