



**URGENT DRUG RECALL  
BUSINESS RESPONSE FORM**

**April 20, 2026**

**Recall # RCL082-26, N131461**

**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.

**Table 1: Product Lots Associated with the Recall**

Product Description	NDC #	Lot #	Exp. Date	Distribution Dates
Naproxen Oral Suspension, USP, 125 mg/5 mL	42192-619-16	23F02	05/2026	06/21/2023 – 03/17/2025
Naproxen Oral Suspension, USP, 125 mg/5 mL	42192-619-16	25A37	01/2028	03/18/2025 – 10/20/2025

<b>Customer Name</b>				<b>DEA Number</b>	
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Contact Name (Printed)</b>				<b>Email Address</b>	
<b>Telephone #</b>				<b>Fax #</b>	
<b>Contact Signature</b>				<b>Date</b>	

<b>Please check the box to indicate your agreement with the following statements:</b>	
<input type="checkbox"/>	I have read and understand the recall instructions provided in the letter.
<input type="checkbox"/>	I have identified and notified my customers that were shipped this product.



Please check your inventory stock and indicate whether you have any recalled units:	
<input type="checkbox"/>	I do not have any stock of the recalled items.
<input type="checkbox"/>	I have quarantined the quantity of recall units indicated in the table below to return to Inmar Rx Solutions. Upon receipt of this completed response form, Inmar will issue a return authorization, shipping label, and instruction sheet.

NDC	Lot Number	Bottle Quantity Returned	
		Sealed	Open
42192-619-16	23F02		
42192-619-16	25A37		

If you did not purchase the product directly from the Manufacturer, please complete the section below:		
Purchased From	Wholesaler Name	
	Wholesaler Address	
	Wholesaler DEA #	

Have you been informed of any adverse events associated with recalled product?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		

**Please fax this form to: 1-817-868-5362 or E-mail: [RXrecalls@inmar.com](mailto:RXrecalls@inmar.com)**

Once this form is received, a Return Authorization will be initiated and a Return Kit will be sent to you that will contain shipping instructions and a pre-paid shipping label.

If you have any questions regarding this form or product return, please contact Inmar Rx Solutions at 1-877-836-6221.

Office hours: 9:00 am – 5:00 pm ET Monday thru Friday (excluding holidays).