



**PRODUCT RECALL RESPONSE FORM**  
**URGENT DRUG RECALL – RETAIL LEVEL**

Please complete the required information and fax it to **1-817-868-5362**  
or email to [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)

**To the Attention of Drug Safety/ Recall Services-Viona Pharmaceuticals Inc.**

S. No	Product Name and Strength	NDC Number	Lot No.	Exp Date	No. of Bottles Purchased	No of the Bottles Consumed	No. of Bottles in Possession	No of Bottles to be Returned
1.	Tavaborole Topical Solution 5%	72578-102-04	T400819	04/2026				
2.	Tavaborole Topical Solution 5%	72578-102-04	T400820	04/2026				
3.	Tavaborole Topical Solution 5%	72578-102-04	T401969	09/2026				

No. of Returns kit required: \_\_\_\_\_

Please mark as applicable

We currently do not have any inventory of the above-listed Lot/bottles

We are notifying our customers

We have identified and notified my customers that were shipped or may have been shipped this product by \_\_\_\_\_;

Attached is the list of customers who received/ may have received this product. Please notify my customers.

Any adverse event associated with market withdrawn product?  Yes  No

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Viona Pharmaceuticals Inc.

20 Commerce Drive, Ste 340, Cranford, NJ 07016  
Phone: +1 908 956 0600 \*www.vionausa.com

Inmar Event ID: **RCL257-25**

Recall: Tavaborole Topical Solution 5%



If yes, please explain:

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Please check appropriate box to describe your business

Wholesaler/Distributor

Retailers

Repackager

Manufacturer

Pharmacy- Retail

Hospital/ Medical Facility

Hospital Pharmacies

Medical Laboratory

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

DEA# \_\_\_\_\_

Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

If you have not purchased, the concerned lot directly from Viona Pharmaceuticals Inc., then

please provide details of your wholesaler: \_\_\_\_\_ (Name, City)

DEA# \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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