



URGENT DRUG RECALL
BUSINESS RESPONSE FORM

07/18/2025

PRODUCT DESCRIPTION	NDC#	LOT#	EXP DATE
Budesonide Inhalation Suspension 0.5mg/2ml	69097-319-86 (Pouch), 69097-319-87 (Carton)	4IA0505	09/ 2026

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the withdrawal instructions and have taken the appropriate action.

Customer Name _____ DEA # _____

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Fax # _____

Contact Email _____

Contact Signature _____ Date _____

I have read and understand the recall instructions provided in the letter.

I have identified and notified my customers that were shipped this product.

I have checked my stock and:

Do not have any stock of the recalled items.

OR

I have quarantined and listed in the table below the quantity of recall units I will be returning to Inmar as soon as possible. Upon receipt of this Response Form Inmar will issue a Return Authorization to be included with the product.

Product Description	NDC	Lot Numbers	Sealed Container quantity to be returned	Open Container quantity to be returned
Budesonide Inhalation Suspension 0.5mg/2ml	69097-319-86 (Pouch), 69097-319-87 (Carton)	4IA0505		

If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased From: Wholesaler Name _____ Wholesaler DEA# _____

Any adverse events associated with recalled/failed product? No [] Yes [] If yes, please explain:

If you have any questions regarding this form or product return please contact Inmar Customer Service (1-855-707-7525) during the hours of 9am to 5pm EST, Monday through Friday.

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