



URGENT: DRUG RECALL – RESPONSE FORM

Please Complete This Form and Fax to: 817-868-5362

or Email to: rxrecalls@inmar.com

Product Name	Package Description	Lot Number	NDC Number	Expiration Date
Fyremadel (ganirelix acetate) Injection, 250 mcg / 0.5 mL	250 mcg Sterile Prefilled syringe 27 gauge by ½” needle in 1 carton	HAD1190A	55566-1010-1	02/2024

Please check ALL appropriate boxes.

- ☐ I have read and understand the recall instructions provided in the Apr 18, 2023 letter.
- ☐ I have checked our stock and have quarantined inventory consisting of _____ units (number of full cartons) or _____ prescription packs (partial cartons).
- ☐ Indicate disposition of recalled product:

- ☐ returned (**specify quantity, date and method**)/held for return;

Number of Labels Required for Return to Inmar: _____

- ☐ previously destroyed (**specify quantity, date and method**);
- ☐ I have notified my direct customers to conduct this recall to the consumer level.

Any adverse events associated with recalled product? ☐ Yes ☐ No

If yes, please explain: _____

For return of affected product, please email rxrecalls@inmar.com or call 1-877-619-7520.



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Product Name	Package Description	Lot Number	NDC Number	Expiration Date
Fyremadel (ganirelix acetate) Injection, 250 mcg / 0.5 mL	250 mcg Sterile Prefilled syringe 27 gauge by 1/2" needle in 1 carton	HAD1190A	55566-1010-1	02/2024

Please check the appropriate box(es) to describe your business

- | | |
|---|--|
| <input type="checkbox"/> wholesaler/distributor | <input type="checkbox"/> retailer |
| <input type="checkbox"/> grocery corporate headquarters | <input type="checkbox"/> hospital pharmacies |
| <input type="checkbox"/> repacker | <input type="checkbox"/> hospital/medical facility |
| <input type="checkbox"/> pharmacy | <input type="checkbox"/> Other: |

Customer Name: _____ Title: _____

Company: _____ DEA Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Customer Debit Memo Number: _____

Wholesaler: _____ City\State: _____

Wholesaler DEA Number: _____

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