

**RECALL RESPONSE FORM**

**Product RECALL Desipramine HCl Tablets USP– October 6, 2025**

**Product Details:**

Product Name	Dosage / Package	NDC	Lot (s)	Expiry
Desipramine HCl Tablets USP	10 mg, 100's	23155-578-01	18036908	Sep-26
Desipramine HCl Tablets USP	25 mg, 100's	23155-579-01	18035876	Dec-25
Desipramine HCl Tablets USP	25 mg, 100's	23155-579-01	18036909	Sep-26
Desipramine HCl Tablets USP	50 mg, 100's	23155-580-01	18036713	Aug-26
Desipramine HCl Tablets USP	75 mg, 100's	23155-581-01	18036662	Jul-26
Desipramine HCl Tablets USP	75 mg, 100's	23155-581-01	18037649	Mar-27
Desipramine HCl Tablets USP	100 mg, 100's	23155-582-01	18035574	Oct-25
Desipramine HCl Tablets USP	100 mg, 100's	23155-582-01	18036758	Aug-26
Desipramine HCl Tablets USP	150 mg, 50's	23155-583-25	18035739	Nov-25

**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.

Company Name \_\_\_\_\_ DEA # \_\_\_\_\_  
*DEA # is required, if not provided the processing of your form will be delayed.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_ Telephone # \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have checked my stock and:**

Do not have any stock of the recalled **items**.

**OR**

Have quarantined and listed in the box below the qty of recalled units I will be returning to Inmar, as soon as possible.

Lot #	Exp. Date	Strength	Pkg Size	NDC	Qty of btl's returning




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

Purchased From: Wholesaler Name \_\_\_\_\_ DEA # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have any questions regarding this form or product return please contact Inmar at 1-855-860-9315 Office hours 9am to 5pm EST, Mon thru Fri. Please return this form via fax to 817-868-5362 or email to [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com).

