



MARKET WITHDRAWAL RETURN RESPONSE FORM

CLOTRIMAZOLE CREAM USP 1%

15 g Tube Pack

(NDC 68462-181-17)

Retail Level

12/4/2025

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#: |
|----------------|-------|

DEA # is required, if it is not provided, the processing of your form will be delayed.

Address:

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

Contact Name (Please Print):

| | |
|-------------|--------|
| Telephone#: | Email: |
|-------------|--------|

| | |
|--------------------|-------|
| Contact Signature: | Date: |
|--------------------|-------|

DEBIT MEMO# (If unsure, leave blank):

Wholesaler Information if not directly purchased from Glenmark Pharmaceuticals Inc.:

| | |
|------------------|-------|
| Wholesaler Name: | DEA#: |
|------------------|-------|

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

I have checked my stock and communicated to my customers at the appropriate level:

I confirm that all locations that received the impacted products have been notified to the Retail level
_____ (Initial and date)

I do not have any stock of the market withdrawn items. **OR**

I have quarantined and listed in the box below the quantity of market withdrawn units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s)
Please indicate the # of needed box labels _____

Clotrimazole Cream USP 1%

| Sr. No. | Product name with Strength | NDC Code | Batch No. | Pack Size | Exp. date | Total Full/ Sealed and Partial/ Open Tube Count |
|----------------|-----------------------------------|-----------------|------------------|------------------|------------------|--|
| 1 | Clotrimazole Cream USP 1% | 68462-181-17 | 19250495 | 15 g tube pack | January 2027 | |
| 2 | Clotrimazole Cream USP 1% | 68462-181-17 | 19251113 | 15 g tube pack | February 2027 | |
| 3 | Clotrimazole Cream USP 1% | 68462-181-17 | 19251478 | 15 g tube pack | March 2027 | |

If you have any questions regarding this form or product return, please contact Inmar at **877-425-8853** Office hours 9am to 5pm EST Mon thru Fri.

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

Market Withdrawal Event ID N131412 RCL310-25