



Teva Pharmaceuticals USA, Inc.

**URGENT DRUG RECALL**  
**CLEAR EYES® ONCE DAILY EYE ALLERGY ITCH RELIEF**  
**Olopatadine Hydrochloride Ophthalmic Solution USP, 0.2%, Sterile**  
**February 23, 2023**

**BUSINESS RESPONSE FORM (BRF)**

Please write legibly

Date Form Completed \_\_\_\_\_

**Promptly return your completed BRF by any one of these means to Inmar, Attn: Recall Coordinator**  
**MAIL: Inmar, 1 W 4th St., Winston Salem, NC 27101 EMAIL: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com) FAX: 817-868-5362**

**Section 1 – Customer Information**

<b>Check One</b>  This Stock Response is for:	<input type="checkbox"/> Teva Direct Account <input type="checkbox"/> Non-Direct Customer
Customer or Store Name:	
DEA #, If applicable	Debit Memo #
Address:	City/State/Zip
Contact Name (please print):	Telephone #:

**Please mark your answer - I have checked my stock and):**

I do have stock of the recalled item(s) (complete section 2)      OR      I do not have stock of the recalled item(s).

**Teva Direct Accounts**

Does your response include **all** your DC locations?      ☐ YES      ☐ NO

**NON-DIRECT CUSTOMERS ONLY: Please complete the following:**

Purchased From (Wholesaler name):	Wholesaler Address, City, State, ZIP:
-----------------------------------	---------------------------------------

**Section 2 – Quantity of Product to Return**

**Enter the information of the recalled product(s) to be returned in the table below. If additional space is needed, please make copies of this form.**

Lot #	Exp. Date	Number of Units to Return
114349	05/2023	
117396	09/2023	
120128	11/2023	
114371	06/2023	
123781	02/2024	

**Please indicate the number of shipping labels that you need to return the recalled product(s):** \_\_\_\_\_

Inmar/MedTurn Use Only:				
Scan	Labels	Store	Kit	D.B