

PRODUCT WITHDRAWAL RESPONSE FORM
Diastat® (diazepam rectal gel)/Diastat® AcuDial™ (diazepam rectal gel)
Rectal Delivery System 10 mg and 20 mg - Market Withdrawal
Retail Pharmacy Level – 09/04/2025

RCL216-25 N131354

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the product 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 Bausch Health:

Wholesaler Name: _____ | DEA#: _____

City: _____ | State: _____ | Zip: _____

Please review and acknowledge (X) on one of the statements below that applies to your facility:

- I have checked my stock and do NOT have any inventory.
- I have checked my stock and have quarantined inventory. Please fill out the table below with the quantity of withdrawn units to be returned to Inmar.

Item Description	NDC #	Lot#	Product Exp Date	Jelly Pack Exp Date	Cases	Partial Cases	Total Number of Twin Packs
Diazepam Rectal Gel, 10mg	68682-652-20	SKCH	10/31/2026	11/30/2025			
		SKCG	9/30/2026	11/30/2025			
Diazepam Rectal Gel, 20mg	68682-655-20	SKCR	9/30/2026	11/30/2025			

Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels _____.

If you have any questions regarding this form or product return, please contact Inmar at 888-676-9712. Office hours are 9am to 5pm EST, Mon thru Fri.

Please complete, sign, and return this form to:**Fax:** 1-817-868-5362 **Email:** rxrecalls@inmar.com **Phone:** 1-888-676-9712**Mailing Address:** 3845 Grand Lakes Way, Grand Prairie, TX 75050

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