

RECALL STOCK RESPONSE FORM
Recall of Paroxetine Tablets, USP
(Retail / Pharmacy Level) (11/01/2023)

Please fill out this form completely. By doing so, this will acknowledge that you have read and understood the recall 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: _____

Wholesaler Information if not directly purchased from Apotex:

Name: _____ DEA #: _____

City: _____ State: _____ ZIP: _____

I/We, have checked our stock and confirm that:

- ☐ Do not have any stock of the recalled **lots**.
- ☐ I have quarantined and listed in the box(es) below the quantity of recall 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 required box labels _____.

- ☐ I confirm that all locations that have received the identified lot have been notified to the Retail / Pharmacy level
_____. (Initial and date)

Please see following table and indicate amount of product you have on hand in the appropriate column / row of the table.

Product	Strength	Pack Size (Bottle)	NDC	UPC Code	Lot Number	Expiry Date (mm/yyyy)	Qty. of Full Bottles to return	Qty. of Partial Bottles to return
Paroxetine Tablets, USP	10 mg	100's	60505-0097-2	360505009725	RV2376	08/2024		
					RV2377			
		1000's	60505-0097-4	360505009749	RV2379			
					RV2380			
	20 mg	30's	60505-0097-1	360505009718	RV2375			
		100's	60505-0083-2	360505008322	RV2384			
					RV2385			
		1000's	60505-0083-4	360505008346	RV2396			
	30 mg				RV2397			
		100's	60505-0084-2	360505008421	RV8686			
		1000's	60505-0084-4	360505008445	RX0119			
					RX0120			
	40 mg	30's	60505-0084-1	360505008414	RV2254			
		1000's	60505-0101-4	360505010141	RV0131			
					RV2387			
					RV2389			
					RW3296			
					RV2388			

If you have any questions regarding this form or product return, please contact Inmar at 1-855-319-8748. Office hours 9am to 5pm EST Mon through Fri.

Please return this form by fax to: 1-817-868-5362 or E-mail rxrecalls@inmar.com or by mail to Inmar, Attn: Recall Coordinator, Inmar, One West Fourth Street, Suite 500, Winston Salem, NC 27101