



MARKET WITHDRAWAL RETURN RESPONSE FORM
THEOPHYLLINE EXTENDED-RELEASE TABLETS USP 400mg
100s Container pack (Tablets)
(NDC 68462-380-01)
Retail Level
8/8/2025

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

Address: _____

City:	State:	Zip:
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Contact Name (Please Print): _____

Telephone#:	Email:
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Contact Signature:	Date:
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DEBIT MEMO# (If unsure, leave blank): _____

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

Wholesaler Name:	DEA#:
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City:	State:	Zip:
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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I do not have any stock of the market withdrawn items.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I have quarantined and listed in the box below the quantity of market withdrawn units and I will be returning to Inmar, as soon as possible.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 _____

Theophylline Extended-Release Tablets USP 400mg (100's Tablets)

Sr. No.	NDC Code	Batch No.	Pack Size	Exp. Date	Total Full/ Sealed and Partial/ Open Bottle Count
1	68462-380-01	19233993	100's Tablets	Sep-2025	
2	68462-380-01	19234027	100's Tablets	Sep-2025	
3	68462-380-01	19234047	100's Tablets	Sep-2025	
4	68462-380-01	19234070	100's Tablets	Sep-2025	
5	68462-380-01	19234079	100's Tablets	Sep-2025	
6	68462-380-01	19234093	100's Tablets	Sep-2025	
7	68462-380-01	19234114	100's Tablets	Sep-2025	
8	68462-380-01	19234385	100's Tablets	Oct-2025	
9	68462-380-01	19234427	100's Tablets	Oct-2025	
10	68462-380-01	19234459	100's Tablets	Oct-2025	
11	68462-380-01	19234462	100's Tablets	Oct-2025	
12	68462-380-01	19240385	100's Tablets	Dec-2025	
13	68462-380-01	19240437	100's Tablets	Jan-2026	
14	68462-380-01	19241185	100's Tablets	Feb-2026	
15	68462-380-01	19241197	100's Tablets	Feb-2026	
16	68462-380-01	19241220	100's Tablets	Feb-2026	
17	68462-380-01	19241238	100's Tablets	Feb-2026	
18	68462-380-01	19244538	100's Tablets	Oct-2026	
19	68462-380-01	19250174	100's Tablets	Dec-2026	

If you have any questions regarding this form or product return please contact Inmar at **(877) 560-6078** 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 N131342 | RCL191-25

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