

# Sun Pharmaceuticals Industries, Inc.

**URGENT: DRUG RECALL – RESPONSE FORM** Fluocinonide 0.05% Cream, 15g, 30g, 60g

**RETAIL LEVEL**

(This is a marketed product under the Taro Pharmaceutical label)

**3/23/2026**



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

DEBIT MEMO# (If unsure, leave blank):

**Wholesaler Information if not directly purchased from Sun Pharma:**

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 recalled items. **OR**
- I have quarantined and listed in the box below the quantity of recalled 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 \_\_\_\_\_.

Product Name	Package Description	NDC#	Lot#	Expiration Date	Input Product to return
Fluocinonide 0.05% Cream	15G	51672-1386-1	AD76252	6/30/2026	
Fluocinonide 0.05% Cream	30G	51672-1386-2	AD76251	6/30/2026	
Fluocinonide 0.05% Cream	60G	51672-1386-3	AD76250	6/30/2026	

If you have any questions regarding this form or product return please contact Inmar Inc. at [Rxrecalls@Inmar.com](mailto:Rxrecalls@Inmar.com) or call 877-449-1822 Monday to Friday from 8:30 am to 5:00 pm (EST).

**Please fax this form to: 1-817-868-5362 or E-mail: [Rxrecalls@Inmar.com](mailto:Rxrecalls@Inmar.com)**