



URGENT DRUG RECALL

**BUSINESS RESPONSE FORM**

February 18, 2026  
RCL004-26

PRODUCT DESCRIPTION	NDC#	LOT#	EXP. DATE
Nilotinib Capsules 150 mg	69097-031-74 - Outer carton, 69097-031-56 - Inner carton, 69097-031-17-Blister	5GJ0220	04/2027
Nilotinib Capsules 150 mg		5GJ0221	04/2027
Nilotinib Capsules 150 mg		5GJ0222	04/2027
Nilotinib Capsules 200 mg	69097-032-74 - Outer carton, 69097-032-56 - Inner carton, 69097-032-17-Blister	5GJ0223	04/2027

**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 # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_ Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the recall instructions provided in the letter.

I have identified and notified my customers that were shipped this product.

**I have checked my stock and:**

Do not have any stock of the recalled items.

**OR**

I have quarantined and listed in the table below the quantity of recall units I will be returning to Inmar as soon as possible. Upon receipt of this Response Form Inmar will issue a Return Authorization to be included with the product.

Product Description	NDC	Lot Numbers	Sealed Blister quantity to be returned	Open Blister quantity to be returned
Nilotinib Capsules 150 mg	69097-031-74 - Outer carton, 69097-031-56 - Inner carton, 69097-031-17-Blister	5GJ0220		
Nilotinib Capsules 150 mg		5GJ0221		
Nilotinib Capsules 150 mg		5GJ0222		
Nilotinib Capsules 200 mg	69097-032-74 - Outer carton, 69097-032-56 - Inner carton,	5GJ0223		

	69097-032-17-Blister			
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**If you did not purchase the product directly from the Manufacturer, please complete the below section.**

Purchased From: Wholesaler Name \_\_\_\_\_ Wholesaler DEA# \_\_\_\_\_

Any adverse events associated with recalled/failed product? No [ ] Yes [ ] If yes, please explain:

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If you have any questions regarding this form or product return please contact Inmar Customer Service (1-877-864-8203) during the hours of 9am to 5pm EST, Monday through Friday CST.

**Please fax both pages of this form to: 1-817-868-5362, or E-mail to: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**