



MARKET WITHDRAWAL RETURN RESPONSE FORM

NORGESTIMATE AND ETHINYL ESTRADIOL TABLETS USP, 0.18 MG / 0.035 MG, 0.215 MG / 0.035 MG, 0.25 MG / 0.035 MG
3 X 28 tablet blister pack
(NDC 68462-565-29)
Retail Level
12/30/2025

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:

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I do not have any stock of the market withdrawn items.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I have quarantined and listed in the box below the quantity of market withdrawn units and I will be returning to Inmar, as soon as possible.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

Norgestimate and Ethinyl Estradiol Tablets USP, 0.18 mg/ 0.035 mg, 0.215 mg/ 0.035 mg, 0.25 mg / 0.035 mg

Sr. No.	NDC Code	Batch Number	Pack size	Expiry Date	Total Full/ Sealed and Partial/ Open Blister Count
1	68462-565-29	20240383	3 X 28 tablet blister pack	December 2025	
2	68462-565-29	20240532	3 X 28 tablet blister pack	January 2026	
3	68462-565-29	20240566	3 X 28 tablet blister pack	January 2026	
4	68462-565-29	20240572	3 X 28 tablet blister pack	March 2026	
5	68462-565-29	20250080	3 X 28 tablet blister pack	June 2026	
6	68462-565-29	20250205	3 X 28 tablet blister pack	August 2026	
7	68462-565-29	20250321	3 X 28 tablet blister pack	October 2026	

If you have any questions regarding this form or product return please contact Inmar at **877-545-4694**. 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 N131420 | RCL323-25