



MARKET WITHDRAWAL RETURN RESPONSE FORM

ONDANSETRON ORALLY DISINTEGRATING TABLETS USP 4mg

3 X 10's blister Pack

(NDC 68462-157-13)

Retail Level

11/11/2025

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I do not have any stock of the market withdrawn items.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I have quarantined and listed in the box below the quantity of market withdrawn units and I will be returning to Inmar, as soon as possible.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

Ondansetron Orally Disintegrating Tablets USP 4 mg

Sr. No.	Product name with Strength	Batch No.	NDC Code	Pack Size	Exp. date	Total Full/ Sealed and Partial/ Open Bottle Count
1	Ondansetron Orally Disintegrating Tablets USP 4 mg	19251311	68462-157-13	3 X 10's blister	April 2027	

If you have any questions regarding this form or product return please contact Inmar at 877-409-4230 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 N131405 RCL297-25

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