URGENT: DRUG RECALL – RESPONSE FORM

Please Complete This Form and Fax to: 817-868-5362
or Email to: rxrecalls@inmar.com

Please check ALL appropriate boxes.

□ I have read and understand the recall instructions provided in the January 16, 2024 letter.

□ I have checked our stock and have quarantined inventory consisting of _____ units (number of full cartons) or _____ prescription packs (partial cartons).

□ Indicate disposition of recalled product:

□ returned (**specify quantity, date and method**)/held for return;

Number of Labels Required for Return to Inmar: _____

□ previously destroyed (**specify quantity, date and method**);

□ I have identified and notified my retail customers that were shipped or may have been shipped this product by (**specify date and method of notification**); or

□ Attached is a list of retail customers who received/may have received this product. Please notify my customers.

Any adverse events associated with recalled product? □ Yes □ No
If yes, please explain: _____

For return of affected product, please email rxrecalls@inmar.com or call 1-877-817-0153.

URGENT: DRUG RECALL – RESPONSE FORM

Product Name	Package Description	Lot Number	NDC Number	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Febuxostat Tablets 40 mg	30 count	DNE1045A	47335-721-83	08/2025	
Febuxostat Tablets 40 mg	30 count	DNE1046B	47335-721-83	08/2025	
Febuxostat Tablets 40 mg	30 count	DNE0866B	47335-721-83	06/2025	
Febuxostat Tablets 80 mg	30 count	DNE0867A	47335-722-83	06/2025	
Febuxostat Tablets 80 mg	30 count	DNE0894B	47335-722-83	07/2025	

Please check the appropriate box(es) to describe your business

- □ wholesaler/distributor
- □ grocery corporate headquarters
- □ repacker
- □ pharmacy
- □ retailer
- □ hospital pharmacies
- □ hospital/medical facility
- □ Other:

Customer Name: _____ Title: _____

Company: _____ DEA Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Customer Email Address: _____

Customer Debit Memo Number: _____

Wholesaler: _____ City\State: _____

Wholesaler DEA Number: _____

Event ID: RCL009-2024 / N131123