

**Sun Pharmaceuticals Industries, Inc.**  
**URGENT: DRUG RECALL – RESPONSE FORM** Fluocinolone 0.01% Solution, USP  
**Retail Level**  
**12/30/2025**



**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#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>	

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
Fluocinolone Acetonide Solution USP, 0.01%	60 ml bottle	51672-1365-4	AD81290	1/31/2027	
Fluocinolone Acetonide Solution USP, 0.01%	60 ml bottle	51672-1365-4	AD81291	1/31/2027	
Fluocinolone Acetonide Solution USP, 0.01%	60 ml bottle	51672-1365-4	AD81292	1/31/2027	
Fluocinolone Acetonide Solution USP, 0.01%	60 ml bottle	51672-1365-4	AD81293	1/31/2027	

If you have any questions regarding this form or product return please contact Inmar at [Rxrecalls@Inmar.com](mailto:Rxrecalls@Inmar.com) or call **877-550-1703** Office hours 9am to 5pm EST Monday through Friday.

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