

RECALL STOCK RESPONSE FORM

RECALL of Timolol Maleate Ophthalmic Solution, USP, 0.5%, 2.5 mL

**(Retail / Pharmacy Level)
(12/21/2022)**

Please fill out this form completely. By doing so, this will acknowledge that you have read and understood the recall instructions and have taken the appropriate action.

Customer Name _____ DEA # _____
**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 # _____

Contact Signature _____ Date _____

Wholesaler Information if not directly purchased from Apotex:

Wholesaler Name: _____ Wholesaler DEA#: _____

Wholesaler City: _____ Wholesaler State: _____ Wholesaler ZIP: _____

I have checked my stock and:

_____ Do not have any stock of the recalled **items** and I confirm that all locations that have received the impacted products have been notified to the Retail / Pharmacy Level _____ (Initial and date)

OR

I have quarantined and listed in the box(es) below the quantity of recall 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 required box labels _____.

I confirm that all locations that have received the impacted products have been notified to the Retail / Pharmacy Level
 _____(Initial and date)

Please see following table and indicate amount of product you have on hand in the appropriate column / row of the table.

Please return all pages together to avoid delays in return of product.

Product	Pack Size	Strength	NDC #	UPC Code	Lot #	Expiry Date (mm/yyyy)	Qty. of Full Bottles to return	Qty. of Partial Bottles to return
Timolol Maleate Ophthalmic Solution, USP	2.5 mL	0.5%	60505-1005-4	(01) 0 03 60505 10054 5	TA4844	03/2023		

If you have any questions regarding this form or product return, please contact Inmar at 1-877-452-2145. Office hours 9am to 5pm EST Mon thru Fri.

Please return this form by fax to: 1-817-868-5362 or E-mail rxrecalls@inmar.com or by mail to Inmar, Attn: Recall Coordinator, Inmar, One West Fourth Street, Suite 500, Winston Salem, NC 27101