



URGENT: DRUG MARKET WITHDRAWAL – RESPONSE FORM [REVISED]

**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 market withdrawal instructions provided in the December 5, 2023 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 market withdrawal 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 wholesale customers that were shipped or may have been shipped this product by (**specify date and method of notification**); or

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

Any adverse events associated with market withdrawal product? ☐ Yes ☐ No

If yes, please explain: _____

For return of affected product, please email rxrecalls@inmar.com or call 1-877-780-4395.

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Product Name	Package Description	Lot Number	NDC Number	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0044A	62756-589-88	12/2024	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0045A	62756-589-88	12/2024	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0139A	62756-589-88	01/2025	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0140A	62756-589-88	02/2025	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0141A	62756-589-88	02/2025	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0687A	62756-589-88	05/2025	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0688A	62756-589-88	05/2025	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0689A	62756-589-88	05/2025	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0690A	62756-589-88	05/2025	

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Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0043A	62756-589-88	12/2024	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0138A	62756-589-88	01/2025	
Liothyronine Sodium Tablets, USP 5 mcg	100 tablets in 1 bottle	DNE0686A	62756-589-88	05/2025	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND2171A	62756-590-88	11/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND2172A	62756-590-88	11/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DNC2205A	62756-590-88	11/2023	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0412A	62756-590-88	02/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0413A	62756-590-88	02/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0414A	62756-590-88	02/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0415A	62756-590-88	02/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0416A	62756-590-88	02/2024	

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Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0589A	62756-590-88	03/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0590A	62756-590-88	03/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0591A	62756-590-88	03/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0593A	62756-590-88	03/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND0594A	62756-590-88	03/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND1010A	62756-590-88	04/2024	
Liothyronine Sodium Tablets, USP 25 mcg	100 tablets in 1 bottle	DND1011A	62756-590-88	04/2024	



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

- | | |
|---|--|
| <input type="checkbox"/> wholesaler/distributor | <input type="checkbox"/> retailer |
| <input type="checkbox"/> grocery corporate headquarters | <input type="checkbox"/> hospital pharmacies |
| <input type="checkbox"/> repacker | <input type="checkbox"/> hospital/medical facility |
| <input type="checkbox"/> pharmacy | <input type="checkbox"/> 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 RCL249-23 / N131006

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