



**URGENT DRUG RECALL
BUSINESS RESPONSE FORM**

August 22, 2022

PRODUCT DESCRIPTION	NDC#	LOT#	EXP DATE
DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%	NDC-76282-708-50	DEG5BD2	07/2023

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 # _____

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Fax # _____

Contact Email _____

Contact Signature _____ Date _____

☐ I have read and understand the recall instructions provided in the letter.

☐ I have identified and notified my customers that were shipped this product.

I have checked my stock and:

☐ Do not have any stock of the recalled items.

OR

Exelan Pharmaceuticals
370 W. Camino Gardens Blvd.
Suite 204
Boca Raton, FL 33432

[] I have quarantined and listed in the table below the quantity of recall units I will be returning to Inmar as soon as possible. Upon receipt of this Response Form, Inmar will issue a Return Authorization to be included with the product.

Product Description	NDC	Lot Numbers	Sealed bottle quantity to be returned	Open bottle quantity to be returned
DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%	NDC-76282-708-50	DEG5BD2		

If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased From: Wholesaler Name _____ Wholesaler DEA# _____

Any adverse events associated with recalled/failed product? No [] Yes [] If yes, please explain:

If you have any questions regarding this form or product return please contact Inmar Customer Service (1-877-391-2073)during the hours of 9am to 5pm EST, Monday through Friday.

Please fax both pages of this form to: 1-817-868-5362, or E-mail to: rxrecalls@inmar.com

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