



RECALL STOCK RESPONSE FORM

**RECALL of Itraconazole Capsules 100 mg, 30-count Bottle
Lots IT119008B, IT120001A, & IT120002A
Retail Level – Initiated 04/01/2021**

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 # _____

****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 _____

I have checked my stock and:

_____ Do not have any stock of the recalled **items**.

OR

I have quarantined and listed in the box 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 needed box labels _____.

Lot	Item Description	NDC	Qty. returning
IT119008B	Itraconazole Capsules 100 mg	59746-282-30	
IT120001A	Itraconazole Capsules 100 mg	59746-282-30	
IT120002A	Itraconazole Capsules 100 mg	59746-282-30	

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

Purchased From: Wholesaler Name _____ DEA # _____

City _____ State _____

If you have any questions regarding this form or product return, please contact Inmar at 1-855-701-6949. Office hours 9am to 5pm EST Mon thru Fri.

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

A Jubilant Pharma Company

Our Values



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