



URGENT DRUG RECALL
Isotretinoin Capsules, USP 40 mg
March 28, 2024

Teva Pharmaceuticals USA, Inc.

Date Form Completed _____

RECALL BUSINESS REPLY FORM

Promptly return your completed Business Reply Form (BRF) by any one of these means to Inmar, Attn: Recall Coordinator
MAIL: Inmar, 1 W 4th St., Winston Salem, NC 27101 EMAIL: rxrecalls@inmar.com FAX: 817-868-5362

Section 1 – Customer Information

This Stock Response is for (Check One): ☐ Teva Direct Account ☐ Non-Direct Customer

Customer/Store Name: Address (Street/City/State/Zip)

*DEA #: *Debit Memo #

**DEA # is required; in order to process your form.*

Contact Name (please print): Telephone #:

Please mark your answer - I have checked my stock and):

☐ I do have stock of the recalled item(s) (complete section 2) OR ☐ I do not have stock of the recalled item(s).

Teva Direct Accounts

Does your response include all your DC locations? ☐ YES ☐ NO

Non-Direct Customer

The product(s) in this recall were purchased from: _____ / Location: _____

Section 2– Wholesalers/Distributors/Retailers – Quantity of Product to Return

Enter the information of the recalled product(s) to be returned in the table below. If additional space is needed, please make copies of this form.

Lot	Quantity of product to return. (count partial cartons as 1)
100044259	

Image Shown Has Not Been Reproduced to Scale of Actual Product Carton and Blister Card



Inmar/MedTurn Use Only:

Scan	Labels	Store	Kit	D.B
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