



## **URGENT: DRUG RECALL – RESPONSE FORM**

**Please Complete This Form and Fax to: 817-868-5362  
or Email to: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**

**Please check ALL appropriate boxes.**

I have read and understand the recall instructions provided in the January 16, 2024 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 recalled 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 retail customers that were shipped or may have been shipped this product by (**specify date and method of notification**); or

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

Any adverse events associated with recalled product?  Yes  No

If yes, please explain: \_\_\_\_\_

For return of affected product, please email [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com) or call 1-877-811-1320.



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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)
Lurasidone Hydrochloride Tablets 60 mg	30 count	DNE0620A	47335-639-83	05/2025	
Lurasidone Hydrochloride Tablets 120 mg	30 count	DNE0621A	47335-579-83	11/2024	
Lurasidone Hydrochloride Tablets 120 mg	30 count	DNE0815A	47335-579-83	12/2024	

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: RCL007-2024 / N131125