



Teva Pharmaceuticals USA, Inc.

URGENT DRUG RECALL
Testosterone Gel, 1.62% 2.5 grams, CIII
November 10, 2023

RECALL BUSINESS REPLY FORM

Date Form Completed _____

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

Did you communicate the recalls to your direct accounts

☐ YES

☐ NO

Non-Direct Customer

The product(s) in this recall were purchased from: _____
Name of Your Wholesaler/Distributor and Location

Section 2 – 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.

| Carton NDC | Packet NDC | Size | Lot # | # of Cartons to Return (Count Partial as 1) |
|--------------|--------------|-------------------|-----------|--|
| 0591-2926-30 | 0591-2926-25 | 30 packets/carton | 100029472 | |
| 0591-2926-30 | 0591-2926-25 | 30 packets/carton | 100032183 | |

Please indicate the number of shipping labels that you need to return the recalled product(s): _____

Inmar/MedTurn Use Only:

| | | | | |
|------|--------|-------|-----|-----|
| Scan | Labels | Store | Kit | D.B |
|------|--------|-------|-----|-----|