

**PRODUCT RECALL RESPONSE FORM**

**URGENT DRUG RECALL- RETAIL**

Please complete the required information and fax it to **1-817-868-5362**  
or email to [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)

**To the Attention of Drug Safety/ Recall Services-Zydus Pharmaceuticals USA Inc.**

Product Detail	NDC	Lot No.	Exp Date	No. of Bottle Purchased	No of the Bottles consumed	No. of bottles in Possession	No of Bottles to be returned
Benzonatate Capsules USP 100 mg	68382-247-01	M302838	March 2025				

No. of Returns kit required: \_\_\_\_\_

Please mark as applicable

We currently do not have any inventory of the above-listed Lot/bottles

We are notifying our customers

We have identified and notified my customers that were shipped or may have been shipped this product by \_\_\_\_\_;

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

Any adverse event associated with recalled product?  Yes  No

If yes, please explain:

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# Pharmaceuticals

USA

Please check appropriate box to describe your business.

Wholesaler/Distributor

Retailers

Repackager

Manufacturer

Pharmacy- Retail

Hospital/ Medical Facility

Hospital Pharmacies

Medical Laboratory

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

DEA# \_\_\_\_\_

Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc., then please provide details of your wholesaler: \_\_\_\_\_ (Name,

City) DEA# \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office of Regulatory Affairs

Zydus Pharmaceuticals (USA) Inc.

(A wholly owned subsidiary of Zydus Lifesciences Limited)

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