



**URGENT DRUG RECALL  
BUSINESS RESPONSE FORM**

**August 22, 2022**

PRODUCT DESCRIPTION	NDC#	LOT#	EXP DATE
DIFLUPREDNATE      OPHTHALMIC EMULSION 0.05%	NDC-69097-341-35	DEG1HC2	01/2023
		DEG2HC2	01/2023
		DEG3HC2	01/2023
		DEG4HC2	01/2023
		DEG5HC2	01/2023
		DEG6HC2	01/2023
		DEG1IC2	02/2023
		DEG2IC2	02/2023
		DEG3IC2	02/2023
		DEG4IC2	02/2023
		DEG1LC2	05/2023
		DEG2LC2	05/2023
		DEG1BD2	07/2023
		DEG2BD2	07/2023
		DEG3BD2	07/2023

**Please fill out this form completely.** By doing so, this will acknowledge that you have read and understand the withdrawal instructions and have taken the appropriate action.

Customer Name \_\_\_\_\_ DEA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_ Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I have read and understand the recall instructions provided in the letter.

☐ I have identified and notified my customers that were shipped this product.

**I have checked my stock and:**

☐ Do not have any stock of the recalled items.

**OR**

☐ I have quarantined and listed in the table below the quantity of recall units I will be returning to Inmar as soon as possible. Upon receipt of this Response Form, Inmar will issue a Return Authorization to be included with the product.

Product Description	NDC	Lot Numbers	Sealed bottle quantity to be returned	Open bottle quantity to be returned
DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%	NDC-69097- 341-35	DEG1HC2		
		DEG2HC2		
		DEG3HC2		
		DEG4HC2		
		DEG5HC2		
		DEG6HC2		
		DEG1IC2		
		DEG2IC2		
		DEG3IC2		
		DEG4IC2		
		DEG1LC2		
		DEG2LC2		
		DEG1BD2		
		DEG2BD2		
		DEG3BD2		

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

Purchased From: Wholesaler Name \_\_\_\_\_ Wholesaler DEA# \_\_\_\_\_

Any adverse events associated with recalled/failed product? No [ ] Yes [ ] If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If you have any questions regarding this form or product return please contact Inmar Customer Service (1-855-888-3121 )during the hours of 9am to 5pm EST, Monday through Friday.

**Please fax both pages of this form to: 1-817-868-5362, or E-mail to: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**