



**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