

Sun Pharmaceuticals Industries, Inc.
URGENT: DRUG RECALL – RESPONSE FORM
Febuxostat Tablets 40 mg and 80 mg, 30 count (Northstar)
Retail Level
2/29/2024



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

Customer Name:	DEA#:	
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>		

Address: _____

City:	State:	Zip:
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Contact Name (Please Print): _____

Telephone#:	Email:
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Contact Signature:	Date:
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DEBIT MEMO# (If unsure, leave blank): _____

Wholesaler Information if not directly purchased from Sun Pharma:

Wholesaler Name:	DEA#:	
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City:	State:	Zip:
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I have checked my stock and communicated to my customers at the appropriate level:

- I confirm that all locations that received the impacted products have been notified to the retail level _____ (Initial and date)
- I do not have any stock of the recalled items. **OR**
- I have quarantined and listed in the box below the quantity of recalled units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s). Please indicate the # of needed box labels _____.

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Product Name	Package Description	NDC#	Lot#	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Febuxostat Tablets 40 mg	30 count	16714-059-01	DNE0865A	06/2025	
Febuxostat Tablets 40 mg	30 count	16714-059-01	DNE0866A	06/2025	
Febuxostat Tablets 80 mg	30 count	16714-060-01	DNE0894A	07/2025	

If you have any questions regarding this form or product return, please contact Inmar at (1-877-821-9221) Office hours 9am to 5pm EST Monday through Friday.

Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com