

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: |
| Contact Name (Please Print): | | |
| Telephone#: | Email: | |
| Contact Signature: | | Date: |
| DEBIT MEMO# (If unsure, leave blank): | | |

Wholesaler Information if not directly purchased from Sun Pharma:

| | | |
|------------------|--------|-------|
| Wholesaler Name: | | DEA#: |
| City: | State: | Zip: |

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

RCL054-24/ E131144