URGENT DRUG RECALL
BUSINESS RESPONSE FORM

3/22/2021

Product name	NDC#	Batch #	Expiration Date	Distribution date
Fiasp® FlexTouch	0169-3204-90 (Pen) 0169-3204-97 (Kit)	KP51207	6/30/2022	1/20/2021
		KP52618	10/31/2022	1/11/2021
Fiasp® PenFill	0169-3205-91	KS6BF84	6/30/2022	1/27/2021
Fiasp® Vial	0169-3201-90	KS6BX63	10/31/2022	2/3/2021
		KS6AK76	5/31/2022	2/19/2021
		KS6BR92	9/30/2022	2/22/2021
Levemir® FlexTouch	0169-6438-90 (Pen) 0169-6438-98 (Kit)	KP51933	7/31/2022	2/22/2021
NovoLog® FlexPen	0169-6339-90 (Pen) 0169-6339-98 (Kit)	KS6BS11	11/30/2021	1/28/2021
NovoLog® Vial	0169-7501-90	JZFC826	6/30/2021	1/20/2021
		KZFM305	8/31/2022	1/27/2021
Ozempic®	0169-4132-90 (Pen) 0169-4132-97 (Kit)	KP50867	10/31/2022	2/8/2021
		KP53021	4/30/2023	2/22/2021
		KP52338	2/28/2023	2/25/2021
		JP54354	8/31/2022	2/11/2021
		KP50676	10/31/2022	12/8/2020
		KP51434	11/30/2022	1/4/2021
		KP51491	11/30/2022	1/6/2021
		KP51781	1/31/2023	1/26/2021
		KP52249	1/31/2023	1/22/2021
		KP52270	1/31/2023	2/9/2021
		KP52722	1/31/2023	1/11/2021
		KP52973	1/31/2023	2/8/2021
		KP53031	1/31/2023	1/28/2021
		KP53369	1/31/2023	2/15/2021
		KP53221	4/12/2023	3/2/2021
Saxenda®	0169-2800-90 (Pen) 0169-2800-97 (Kit)	K1620A1 (Kit) KZFH714 (Pen)	5/31/2022	2/22/2021
		B2020A (Kit) JZFF482 (Pen)	11/30/2021	2/22/2021
		I2320A (Kit) KZFH714 (Pen)	5/31/2022	2/1/2021
		H1020A (Kit) KZFH714 (Pen)	5/31/2022	2/22/2021
		J0520A (Kit) KZFH714 (Pen)	5/31/2022	2/23/2021

Tresiba® U100 FlexTouch	0169-2660-90 (Pen) 0169-2660-97 (Kit)	JP52771	9/30/2021	1/26/2021
		JP53136	6/30/2021	2/22/2021
		KP50575	1/31/2022	2/10/2021
		KP50976	1/31/2022	1/11/2021
		KP51813	4/30/2022	1/21/2021
		KP52035	4/30/2022	2/11/2021
		KP52117	4/30/2022	2/3/2021
		KP52440	6/30/2022	1/20/2021
		KP52461	4/30/2022	12/8/2020
		KP52616	6/30/2022	1/27/2021
		JP52361	8/1/2021	2/23/2021
Tresiba® U200 FlexTouch	0169-2550-90 (Pen) 0169-2550-97 (Kit)	KP52829	7/31/2022	12/8/2020
		JP54181	9/30/2021	1/20/2021
		KP51059	11/30/2021	2/22/2021
		KP51865	11/30/2021	1/11/2021
		KP54179	11/30/2022	1/27/2021
		JP52179	8/16/2021	2/23/2021
Tresiba® Vial	0169-2662-90	JZFE233	11/30/2021	2/9/2021
Victoza®	0169-4060-90 (Pen) 0169-4060-99 (Kit)	I2419A (Kit) JS68K86 (Pen)	5/31/2021	1/20/2021
		I1819A (Kit) JS68K86 (Pen)	5/31/2021	2/23/2021
Xultophy®	0169-2911-90 (Pen) 0169-2911-97 (Kit)	JP54291	6/20/2021	2/23/2021

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 #_____
License #_____

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 kit quantity to be returned	Open kit quantity to be returned

If you have any questions regarding this form or product return please contact Inmar Customer Service (888.686.5002) 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