

**CONSUMER RECALL RETURN RESPONSE FORM****December 23, 2024**

PRODUCT DESCRIPTION	NDC	LOT NO.	EXP. DATE
PROGRAF® (tacrolimus) 0.5 mg capsules	0469-0607-73	0E3353D	03/2026
ASTAGRAF XL® (tacrolimus extended-release capsules) 0.5 mg capsules	0469-0647-73	0R3092A	03/2026

Instructions to Consumers for returning recalled Product:

- 1) Complete the below form and return to Inmar for processing.
- 2) For reimbursement, please send a copy of your "Proof of Purchase" such as a pharmacy receipt or a claim from your medical/prescription benefit provider along with the completed response form to Inmar.
- 3) Return completed form and proof of purchase via **FAX:** 1-817-868-5362 -or- **E-MAIL:** rxrecalls@inmar.com -or- regular **MAIL:** Inmar Pharmaceutical Services, Attn: Recall Coordinator - One West Fourth Street, Suite 500, Winston Salem, NC 27101

Customer/Patient Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact Name (Please Print): _____

Telephone#: _____

Email: _____

Contact Signature: _____

Date: _____

Please fill out the table below indicating how much product you will be returning.
Please attach a picture or scan of the receipt(s) for **ALL** product(s) you will be returning.

IMPORTANT - Send all receipts with this form. A return kit will be sent to you to send back your product. DO NOT SEND RECEIPTS WITH YOUR RETURN KIT. They will not be processed and your refund will not be sent.

Product Name	NDC	LOT NO.	Expiration Date	Quantify Returned
PROGRAF 0.5 mg capsules	0469-0607-73	0E3353D	03/2026	
ASTAGRAF XL 0.5 mg capsules	0469-0647-73	0R3092A	03/2026	

Any adverse events associated with recalled product? Yes ☐ No ☐

If yes, please explain: _____

Purchased from: Retailer/Wholesaler Name: _____

City: _____ State: _____

If you have any questions regarding this form or product return, please contact Inmar at
877-705-5809 office hours 9am to 5pm (EST) Monday through Friday.

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