

Somerset Therapeutics LLC
URGENT: DRUG RECALL – RESPONSE FORM
Methocarbamol Injection USP 100mg/mL
Haloperidol Decanoate Injection 50mg/mL
Haloperidol Decanoate Injection 100mg/mL
Retail Level
03/26/2025



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#: |
|----------------|-------|

DEA # is required, if it is not provided, the processing of your form will be delayed.

| | | |
|---------------------------------------|--------|------|
| 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 Somerset Therapeutics LLC:

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

I have checked my stock and:

- ☐ 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_____.

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

RCL075-25 / N131289

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| Product Name | Package Description | NDC | Lot Number | Exp. Date | Total Quantity of Units (full and partial bottles/cartons) |
|--|----------------------|--------------|------------|-----------|--|
| Methocarbamol Injection USP 100mg/mL (10mL) | 25 vials in 1 carton | 70069-101-25 | A240304 | 05/2026 | |
| | | 70069-101-25 | A240305 | 05/2026 | |
| | | 70069-101-25 | A240320 | 05/2026 | |
| | | 70069-101-25 | A240322 | 05/2026 | |
| | | 70069-101-25 | A240334 | 05/2026 | |
| | | 70069-101-25 | A240335 | 05/2026 | |
| | | 70069-101-25 | A240340 | 05/2026 | |
| | | 70069-101-25 | A240342 | 06/2026 | |
| | | 70069-101-25 | A240347 | 06/2026 | |
| | | 70069-101-25 | A240385 | 06/2026 | |
| | | 70069-101-25 | A240391 | 06/2026 | |
| | 5 vials in 1 carton | 70069-101-05 | A240326 | 05/2026 | |
| Haloperidol Decanoate Injection 50mg/mL (1mL) | 1 vial in 1 carton | 70069-381-01 | A240467A | 07/2026 | |
| | 1 vial in 1 carton | 68001-580-41 | A240467B | 07/2026 | |
| | 10 vial in 1 carton | 70069-381-10 | A240467C | 07/2026 | |
| Haloperidol Decanoate Injection 100mg/mL (1mL) | 1 vial in 1 carton | 68001-581-41 | A240482A | 08/2026 | |
| | 5 vials in 1 carton | 68001-581-48 | A240482B | 08/2026 | |
| | 10 vial in 1 carton | 70069-383-10 | A240482D | 08/2026 | |

If you have any questions regarding this form or product return, please contact Inmar at 877-649-6115 (office hours 9am to 5pm EST Monday through Friday).

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