

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#:
<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 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	
		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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