

PRODUCT WITHDRAWAL RESPONSE FORM
Diastat® (diazepam rectal gel)/Diastat® AcuDial™ (diazepam rectal gel)
Rectal Delivery System 2.5 mg, 10 mg and 20 mg - Market Withdrawal
Retail Pharmacy Level – 12/23/2024

RCL308-2024 N131250

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the product withdrawal 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 Bausch Health:

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

Please review and acknowledge (X) on one of the statements below that applies to your facility:

- ☐ I have checked my stock and do NOT have any inventory.
- ☐ I have checked my stock and have quarantined inventory. Please fill out the table below with the quantity of withdrawn units to be returned to Inmar.

Item Description	NDC #	Lot#	Product Exp Date	Jelly Pack Exp Date	Cases	Partial Cases	Total Number of Twin Packs
Diazepam Rectal Gel, 2.5mg	68682-650-20	SCED	3/31/2025	10/31/2024			
Diazepam Rectal Gel, 10mg	68682-652-20	RADH-1	1/31/2025	6/30/2024			
		SGCW-1	7/31/2026	10/31/2024			
		SCED-1	3/31/2026	10/31/2024			
Diazepam Rectal Gel, 20mg	68682-655-20	SHCR	8/31/2026	10/31/2024			
		RDDD	5/31/2025	10/31/2024			
		RBBM-1	2/28/2025	10/31/2024			

Please complete, sign, and return this form to:

Fax: 1-817-868-5362 **Email:** rxrecalls@inmar.com **Phone:** 1-888-676-9712

Mailing Address: 3845 Grand Lakes Way, Grand Prairie, TX 75050

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Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels_____.

If you have any questions regarding this form or product return, please contact Inmar at 888-676-9712.
Office hours are 9am to 5pm EST, Mon thru Fri.

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