



**URGENT DRUG RECALL- Retail Level  
BUSINESS RESPONSE FORM**

**12/23/2020**

**VUMERITY® 231 mg bottles**

NDC#	LOT#	EXP DATE
101801 (106 ct)	64406-020-01	31-May-21
101799 (120 ct)	64406-020-03	31-May-21
102826 (106 ct)	64406-020-01	30-Jun-21
102362 (120 ct)	64406-020-03	30-Jun-21

**Please fill out this form completely.** By doing so, this will acknowledge that you have read and understand the withdrawal instructions and have taken the appropriate action.

Customer Name \_\_\_\_\_ DEA # \_\_\_\_\_

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	Lot Numbers	NDC	Sealed bottle quantity to be returned	Open bottle quantity to be returned
VUMERITY® 231 mg bottles	101801 (106 ct)	64406-020-01		
VUMERITY® 231 mg bottles	101799 (120 ct)	64406-020-03		
VUMERITY® 231 mg bottles	102826 (106 ct)	64406-020-01		
VUMERITY® 231 mg bottles	102362 (120 ct)	64406-020-03		

**If you did not purchase the product directly from the Manufacturer, please complete the below section.**

Purchased From: Wholesaler Name \_\_\_\_\_ Wholesaler DEA# \_\_\_\_\_

Any adverse events associated with recalled/failed product? No ☐ Yes ☐ If yes, please explain:

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Please notify your direct consignees to the **RETAIL** level

If you have any questions regarding this form or product return please contact Inmar Customer Service (1-800-967-5952 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](mailto:rxrecalls@inmar.com)**