URGENT: DRUG RECALL – RESPONSE FORM

Please Complete This Form and Fax to: 817-868-5362
or Email to: rxrecalls@inmar.com

Please check ALL appropriate boxes.

□ I have read and understand the recall instructions provided in the January 16, 2024 letter.

□ I have checked our stock and have quarantined inventory consisting of _____ units (number of full cartons) or _____ prescription packs (partial cartons).

□ Indicate disposition of recalled product:

□ returned (**specify quantity, date and method**)/held for return;

Number of Labels Required for Return to Inmar: _____

□ previously destroyed (**specify quantity, date and method**);

□ I have identified and notified my retail customers that were shipped or may have been shipped this product by (**specify date and method of notification**); or

□ Attached is a list of retail customers who received/may have received this product. Please notify my customers.

Any adverse events associated with recalled product? □ Yes □ No
If yes, please explain: _____

For return of affected product, please email rxrecalls@inmar.com or call 1-877-814-2521.

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Product Name	Package Description	Lot Number	NDC Number	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Fexofenadine HCl Tablets USP 180mg	150 count	DNE0789A	51660-998-55	06/2025	
Fexofenadine HCl Tablets USP 180mg	150 count	DNE0790A	51660-998-55	06/2025	
Fexofenadine HCl Tablets USP 180mg	150 count	DNE0791A	51660-998-55	06/2025	
Fexofenadine HCl Tablets USP 180mg	30 count	DNE0792A	51660-998-30	06/2025	
Fexofenadine HCl Tablets USP 180mg	45 count	DNE0793A	51316-800-45	06/2025	
Fexofenadine HCl Tablets USP 180mg	150 count	DNE1026A	51660-998-55	08/2025	
Fexofenadine HCl Tablets USP 180mg	30 count	DNE1027A	51660-998-30	08/2025	

Please check the appropriate box(es) to describe your business

- □ wholesaler/distributor
- □ grocery corporate headquarters
- □ repacker
- □ pharmacy
- □ retailer
- □ hospital pharmacies
- □ hospital/medical facility
- □ Other:

Customer Name: _____ Title: _____

Company: _____ DEA Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Phone Number: _____

Customer Email Address: _____

Customer Debit Memo Number: _____

Wholesaler: _____ City\State: _____

Wholesaler DEA Number: _____

Event ID: RCL008-2024 / N131124