Glenmark Pharmaceuticals Inc.

RECALL RETURN RESPONSE FORM

Chlorpromazine Hydrochloride Tablets, USP 10 mg & 25 mg
(100's Bottles pack Container)
NDC: 68462-861-01 (10 mg) & 68462-862-01 (25 mg)
Retail Level
12/11/2024

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#:	
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 Glenmark Pharmaceuticals Inc.:

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

I have checked my stock and communicated to my customers at the appropriate level:

☐ 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_____.

Item Description	NDC#	Lot#/ Pack Size	Exp. Date	Total Full/Sealed and Partial/Open Bottle Count
Chlorpromazine Hydrochloride Tablets, USP 10 mg	68462-861-01	17230132/100 Tablets	12/2024	

Item Description	NDC#	Lot#/ Pack Size	Exp. Date	Total Full/Sealed and Partial/Open Bottle Count
Chlorpromazine Hydrochloride Tablets, USP 10 mg	68462-861-01	17230449/100 Tablets	01/2025	
Chlorpromazine Hydrochloride Tablets, USP 25 mg	68462-862-01	17230133/100 Tablets	12/2024	

If you have any questions regarding this form or product return please contact Inmar at 888-792-2392 Office hours 9am to 5pm EST Mon thru Fri.

Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com
Recall Event ID RCL292-24 / N131241