

NIVAGEN Pharmaceuticals

RECALL

Atorvastatin Calcium Tablets, USP 40mg

Retail Level

9/23/2024

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#: _____
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 Nivagen:

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. (Circle One) **YES YES-Corporate Notified NO (Why?)** _____

☐ 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 _____.

Product Name	NDC#	Lot#	Expiration Date	Total Full Bottles	Partial Bottle (Qty Inside)
Atorvastatin Calcium Tablets, USP 40mg	75834-257-01	U24T0408A	3/31/2026		

If you have any questions regarding this form or product return please contact Inmar at 877-902-4134
Office hours 9am to 5pm EST Mon thru Fri.

Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com

OR Mail to: Inmar Rx Solutions, Inc., Attn: Recall Coordinator, One west fourth Street, Suite 500, Winston Salem, NC 27101