

RECALL RETURN RESPONSE FORM

(UPDATED: PREVIOUSLY WHOLESALE LEVEL RECALL)

RYALTRIS NASAL SPRAY

Olopatadine Hydrochloride and Mometasone Furoate Nasal spray (665/25 mcg)

240 METERED SPRAYS (NDC 59467-700-27)

Retail Level

10/1/2024

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

Customer Name:	DEA#:
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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 Recall items.

OR

☐ I have quarantined and listed in the box below the quantity of Recall 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_____.

Sr. No.	Item Description	NDC#	Lot#	Exp. Date	Total Full/Sealed and Partial/Open Bottle Count
1	RYALTRIS NASAL SPRAY	59467-700-27	14230425	Nov-25	
2	RYALTRIS NASAL SPRAY	59467-700-27	14240024	Dec-25	
3	RYALTRIS NASAL SPRAY	59467-700-27	14240029	Dec-25	
4	RYALTRIS NASAL SPRAY	59467-700-27	14240076	Jan-26	
5	RYALTRIS NASAL SPRAY	59467-700-27	14240082	Jan-26	
6	RYALTRIS NASAL SPRAY	59467-700-27	14240090	Jan-26	
7	RYALTRIS NASAL SPRAY	59467-700-27	14240100	Jan-26	

If you have any questions regarding this form or product return, please contact Inmar at 877-902-4125
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 RCL228-24/N131212