



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 1-877-810-6861.

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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)
Zolpidem Tartrate Extended-Release Tablets, USP C-IV 6.25 mg	100 count	DNE0892A	47335-307-88	07/2026	
Zolpidem Tartrate Extended-Release Tablets, USP C-IV 12.5 mg	100 count	DNE0893A	47335-308-88	07/2026	

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

- | | |
|---|--|
| <input type="checkbox"/> wholesaler/distributor | <input type="checkbox"/> retailer |
| <input type="checkbox"/> grocery corporate headquarters | <input type="checkbox"/> hospital pharmacies |
| <input type="checkbox"/> repacker | <input type="checkbox"/> hospital/medical facility |
| <input type="checkbox"/> pharmacy | <input type="checkbox"/> Other: |

Customer Name: _____ Title: _____

Company: _____ DEA Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Customer Email Address: _____

Customer Debit Memo Number: _____

Wholesaler: _____ City\State: _____

Wholesaler DEA Number: _____

Event ID: RCL004-2024 / N131128