

## MARKET WITHDRAWAL RETURN RESPONSE FORM

**EZETIMIBE AND SIMVASTATIN TABLETS 10mg/10mg (North Star)**

**30's Pack Container (NDC: 16714-778-01) & 90's Pack Container (NDC16714-778-02)**

**Retail Level  
01/07/2025**

**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#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>		
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 Withdrawal items.

**OR**

☐ I have quarantined and listed in the box below the quantity of Withdrawal 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
EZETIMIBE AND SIMVASTATIN TABLETS 10mg/10 mg	16714-778-01	17230311 / 30's Container	Jan-25	
EZETIMIBE AND SIMVASTATIN TABLETS 10mg/10 mg	16714-778-01	17231197 / 30's Container	May-25	
EZETIMIBE AND SIMVASTATIN TABLETS 10mg/10 mg	16714-778-01	17232255 / 30's Container	Oct-25	
EZETIMIBE AND SIMVASTATIN TABLETS 10mg/10 mg	16714-778-01	17240158 / 30's Container	Dec-25	
EZETIMIBE AND SIMVASTATIN TABLETS 10mg/10 mg	16714-778-01	17241130 / 30's Container	Jun-26	
EZETIMIBE AND SIMVASTATIN TABLETS 10mg/10 mg	16714-778-02	17232255 / 90's Container	Oct-25	

If you have any questions regarding this form or product return please contact Inmar at 877-560-3270  
 Office hours 9 am to 5 pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail [rxrecalls@Inmar.com](mailto:rxrecalls@Inmar.com).**  
**Market Withdrawal Event ID RCL004-25 / N131254**