

RECALL RETURN RESPONSE FORM

**DILTIAZEM HYDROCHLORIDE EXTENDED RELEASE CAPSULES 60 mg, 90 mg & 120 mg
(100's PACK CONTAINER)**

NDC: 16714-553-01 (60 mg), 16714-554-01 (90 mg) & 16714-555-01 (120 mg)

(NorthStar)

Retail Level

11/01/2024

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#:
<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 NorthStar 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
Diltiazem Hydrochloride Extended Release Caps, USP 90 mg	17222452	100 capsules	11/2024	

Item Description	NDC#	Lot#/ Pack Size	Exp. Date	Total Full/Sealed and Partial/Open Bottle Count
Diltiazem Hydrochloride Extended Release Caps, USP 60 mg	17222544	100 capsules	11/2024	
Diltiazem Hydrochloride Extended Release Caps, USP 120 mg	17222547	100 capsules	11/2024	
Diltiazem Hydrochloride Extended Release Caps, USP 120 mg	17230598	100 capsules	02/2025	
Diltiazem Hydrochloride Extended Release Caps, USP 90 mg	17230607	100 capsules	02/2025	

If you have any questions regarding this form or product return please contact Inmar at 844-940-5094
Office hours 9am to 5pm EST Mon thru Fri.

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