

Padagis
URGENT: DRUG RECALL – RESPONSE FORM
Triamcinolone Acetonide Cream, 0.025%
Retail Level
10/8/2024



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 ?:

Wholesaler Name: _____ DEA#: _____

City: _____ State: _____ Zip: _____

I have checked my stock and:

- ☐ 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	Package Description	NDC#	Lot#	Expiration Date	Total Quantity of Units (full and partial bottles/cartons)
Triamcinolone Acetonide Cream, 0.025%	0.25 mg / dose	45802-0063-05	4154238	3/31/2026	
Triamcinolone Acetonide Cream, 0.025%	0.25 mg / dose	45802-0063-05	4174344	3/31/2026	

If you have any questions regarding this form or product return please contact Inmar at (855) 557-0326 (office hours 9am to 5pm EST Monday through Friday).

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