LUPIN PHARMACEUTICALS, INC.

RECALL STOCK RESPONSE FORM

RECALL of Moxifloxacin Ophthalmic Solution USP, 0.5%
(Wholesale Level)
(02/26/2019)

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 #_____

Contact Signature _____ Date_____

I have checked my stock and:

_____ Do not have any stock of the recalled **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 _____.

NDC	Lot Number	Expiry Date	Number of Bottles Being Returned
68180-422-01	H701618	03/2019	
	H701619	03/2019	
	H701620	03/2019	
	H702220	04/2019	
	H702221	04/2019	
	H702222	04/2019	
	H702223	04/2019	
	H702224	04/2019	
	H702225	04/2019	
	H702351	04/2019	
	H702971	06/2019	
	H702972	06/2019	
	H702973	06/2019	
	H702974	06/2019	
	H703151	06/2019	
	H703152	06/2019	
	H703153	06/2019	
	H703155	07/2019	
	H703682	07/2019	
	H703683	07/2019	
	H704243	09/2019	
	H704245	09/2019	
	H704247	09/2019	

	H704707	10/2019	
	H704709	10/2019	
	H705038	10/2019	
	H705039	10/2019	
	H705561	11/2019	
	H800394	01/2020	
	H800395	01/2020	
	H800617	01/2020	
	H800618	01/2020	
	H801585	03/2020	
	H801586	03/2020	
	H801721	03/2020	
	H801722	03/2020	
	H702138	04/2020	
	H802139	04/2020	
	H802140	04/2020	
	H802421	05/2020	
	H802707	05/2020	
	H802718	05/2020	
	H803187	06/2020	
	H803188	06/2020	
NDC	**Lot Number**	**Expiry Date**	**Number of Bottles Being Returned**
68180-422-01	H803232	06/2020	
	H803749	07/2020	
	H803750	07/2020	
	H804326	09/2020	
	H804327	09/2020	
	H804328	09/2020	
	H804330	09/2020	
	H804549	09/2020	
	H804552	09/2020	
	H804630	09/2020	
	H804632	09/2020	
	H805163	11/2020	
	H805361	11/2020	
	H805362	11/2020	
	H805676	11/2020	
	H805690	12/2020	
	H805692	12/2020	
	H805694	12/2020	

If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased From: Wholesaler Name _____DEA #_____

City_____ State_____

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952. Office hours 9am to 5pm EST Mon thru Fri.

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