



Teva Pharmaceuticals USA, Inc.

URGENT DRUG RECALL
Sunitinib Malate Capsules 12.5 mg
JULY 05, 2023

RECALL BUSINESS REPLY FORM

Date Form Completed _____

Promptly return your completed Business Reply Form (BRF) by any one of these means to Inmar, Attn: Recall Coordinator
MAIL: Inmar, 1 W 4th St., Winston Salem, NC 27101 EMAIL: rxrecalls@inmar.com FAX: 817-868-5362

Section 1 - Customer Information

This Stock Response is for (Check One):

[] Teva Direct Account [] Non-Direct Customer

Customer/Store Name: Address (Street/City/State/Zip)

*DEA #: *Debit Memo #

*DEA # is required; in order to process your form.

Contact Name (please print): Telephone #:

Please mark your answer - I have checked my stock and):

[] I do have stock of the recalled item(s) (complete section 2) OR [] I do not have stock of the recalled item(s).

Teva Direct Accounts

Does your response include all your DC locations? [] YES [] NO

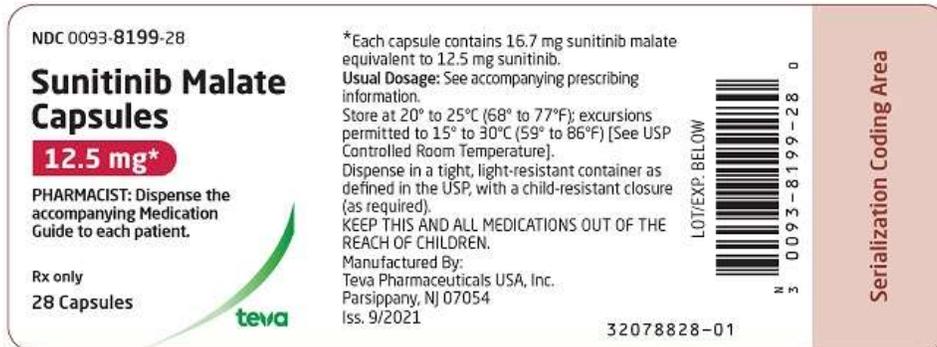
Non-Direct Customer

The product(s) in this recall were purchased from:
Name of the Wholesaler/Distributor and Location: _____

Section 2 - Quantity of Product to Return

Enter the information of the recalled product(s) to be returned in the table below. If additional space is needed, please make copies of this form.

Table with 4 columns: Lot #, Exp. Date, NDC, # Of Bottles to Return (Count partials as 1). Row 1: 100037220, 10/2024, 0093-8199-28



Please indicate the number of shipping labels that you need to return the recalled product(s): _____

Table with 5 columns: Inmar/MedTurn Use Only, Scan, Labels, Store, Kit, D.B.