



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.

Sunitinib Malate Capsules 12.5 mg 28 Count Bottles			
Lot #	Exp. Date	NDC	# Of Bottles to Return (Count partials as 1)
100037220	10/2024	0093-8199-28	

NDC 0093-8199-28

Sunitinib Malate Capsules

12.5 mg*

PHARMACIST: Dispense the accompanying Medication Guide to each patient.

Rx only
28 Capsules



*Each capsule contains 16.7 mg sunitinib malate equivalent to 12.5 mg sunitinib.
Usual Dosage: See accompanying prescribing information.
Store at 20° to 25°C (68° to 77°F); excursions permitted to 15° to 30°C (59° to 86°F) [See USP Controlled Room Temperature].
Dispense in a tight, light-resistant container as defined in the USP, with a child-resistant closure (as required).
KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN.
Manufactured By:
Teva Pharmaceuticals USA, Inc.
Parsippany, NJ 07054
Iss. 9/2021

LOT/EXP: BELOW



0093-8199-28 0

32078828-01

Serialization Coding Area

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

Inmar/MedTurn Use Only:

Scan	Labels	Store	Kit	D.B
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