

ALVOGEN
URGENT: DRUG RECALL
RESPONSE FORM for Consumer to Complete
Fentanyl Transdermal System, 25mcg/hr, 5 Pouches/Carton
Consumer Level - CII
02/05/2025*



INSTRUCTIONS to Consumers / Patients / Caregivers FOR RETURNING RECALLED PRODUCT:

- 1) Complete the form below and return to Inmar for processing
- 2) Inmar will provide a pre-paid shipping label within fourteen (14) business days to return the product
- 3) For reimbursement, please send a copy of your "Proof of Purchase" such as a pharmacy receipt or a claim from your medical/prescription benefit provider along with the completed response form to Inmar.
- 4) Return the completed form and proof of purchase via **FAX: 1-817-868-5362** -or- **E-MAIL: rxrecalls@inmar.com** -or- regular **MAIL: Inmar Pharmaceutical Services, Attn: Recall Coordinator - One West Fourth Street, Suite 500, Winston Salem, NC 27101**

Customer/Patient Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact Name (Please Print): _____

Telephone #: _____

Email: _____

Contact Signature: _____

Date: _____

Alvogen is accepting the below NDC/Lot for Fentanyl Transdermal System.

Please fill out the table below indicating how much product you will be returning, and its NDC & Lot Number. Please attach a picture or scan of the receipt(s) for **ALL** product(s) you will be returning.

IMPORTANT- Send all receipts with this form. A return kit will be sent to you to send back your product. DO NOT SEND RECEIPTS WITH YOUR RETURN KIT. They will not be processed and your refund will not be sent.

Product Name	Package Description	NDC#	Lot#	Expiration Date	Input Total Number of Cartons to Return	Input Total Number of Pouches to Return
Fentanyl Transdermal System, 25mcg/hr	Carton (5 pouches/ Carton) Pouch (1 patch/pouch)	47781-424-47 47781-424-11	108319	04/2027		

Any adverse events associated with the recalled product? ☐ Yes ☐ No

If yes, please explain: _____

If you have any questions regarding this form or product return please contact Inmar at 877-560-8457 (office hours 9am to 5pm EST Monday through Friday).

***Revised to correct issuance date.**

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

Event ID RCL023-25 / N131265