

Glenmark Pharmaceuticals Inc.**RECALL RETURN RESPONSE FORM****Product Name: Refer Table 01****Pack Size: Refer Table 01****NDC: Refer Table 01****Retail level****4/10/2025**

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the withdrawal instructions and have taken the appropriate action.

| | | |
|---|--------|-------|
| Customer Name: | | DEA#: |
| <i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i> | | |
| 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 Glenmark Pharmaceuticals Inc.:

| | | |
|------------------|--------|-------|
| Wholesaler Name: | | DEA#: |
| City: | State: | Zip: |

I have checked my stock and communicated to my customers at the appropriate level:

☐ I confirm that all locations that received the impacted products have been notified to the Retail level
Recall _____ (Initial and date)

☐ 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_____.

Table: 1

| Sr. No. | NDC Code | Product Name | Pack | Lot Numbers | Expiry | Total Full/Sealed and Partial/Open Bottle Count |
|---------|--------------|------------------------------|-------|-------------|--------|---|
| 1. | 68462-572-30 | VORICONAZOLE TAB 50MG 30 | 30's | 17231045 | Apr-25 | |
| 2. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231015 | Apr-25 | |
| 3. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231128 | Apr-25 | |
| 4. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231138 | Apr-25 | |
| 5. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231139 | Apr-25 | |
| 6. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231143 | Apr-25 | |
| 7. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231144 | Apr-25 | |
| 8. | 68462-681-60 | LACOSAMIDE TAB 200MG 60 | 60's | 17230982 | Apr-25 | |
| 9. | 68462-681-60 | LACOSAMIDE TAB 200MG 60 | 60's | 17230986 | Apr-25 | |
| 10. | 68462-681-60 | LACOSAMIDE TAB 200MG 60 | 60's | 17231001 | Apr-25 | |
| 11. | 68462-573-30 | VORICONAZOLE TAB 200MG 30 | 30's | 17231046 | Apr-25 | |
| 12. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231256 | May-25 | |
| 13. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231386 | May-25 | |
| 14. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231387 | May-25 | |
| 15. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231407 | May-25 | |
| 16. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231417 | May-25 | |
| 17. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231418 | May-25 | |

| Sr. No. | NDC Code | Product Name | Pack | Lot Numbers | Expiry | Total Full/Sealed and Partial/Open Bottle Count |
|---------|--------------|--|-------|-------------|--------|---|
| 18. | 68462-573-30 | VORICONAZOLE TAB 200MG 30 | 30's | 17231271 | May-25 | |
| 19. | 68462-573-30 | VORICONAZOLE TAB 200MG 30 | 30's | 17231300 | May-25 | |
| 20. | 68462-694-97 | FROVATRIPTAN SUCCINATE TAB 2.5MG 9 | 9's | 17231352 | Jun-25 | |
| 21. | 68462-694-97 | FROVATRIPTAN SUCCINATE TAB 2.5MG 9 | 9's | 17231649 | Jul-25 | |
| 22. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231754 | Jul-25 | |
| 23. | 68462-713-08 | RUFINAMIDE TAB 200MG 120 | 120's | 17231643 | Jul-25 | |
| 24. | 68462-713-08 | RUFINAMIDE TAB 200MG 120 | 120's | 17231644 | Jul-25 | |
| 25. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231848 | Aug-25 | |
| 26. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231898 | Aug-25 | |
| 27. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231977 | Aug-25 | |
| 28. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17231978 | Aug-25 | |
| 29. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232015 | Aug-25 | |
| 30. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232016 | Aug-25 | |
| 31. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232017 | Aug-25 | |
| 32. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232034 | Aug-25 | |
| 33. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232041 | Aug-25 | |
| 34. | 68462-639-45 | NITROGLYCERIN SUBLING TAB 0.4MG 4X25 | 100's | 17232024 | Aug-25 | |

| Sr. No. | NDC Code | Product Name | Pack | Lot Numbers | Expiry | Total Full/Sealed and Partial/Open Bottle Count |
|---------|--------------|--|-------|-------------|--------|---|
| 35. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17221771 | Aug-25 | |
| 36. | 68462-338-01 | FLUPHENAZINE HCL TAB 10MG 100 | 100's | 17232206 | Sep-25 | |
| 37. | 68462-336-01 | FLUPHENAZINE HCL TAB 2.5MG 100 | 100's | 17232214 | Sep-25 | |
| 38. | 68462-521-90 | METFORMIN HCL ER TAB (Z) 1000MG 90 | 90's | 17232088 | Sep-25 | |
| 39. | 68462-521-90 | METFORMIN HCL ER TAB (Z) 1000MG 90 | 90's | 17232093 | Sep-25 | |
| 40. | 68462-639-45 | NITROGLYCERIN SUBLING TAB 0.4MG 4X25 | 100's | 17232071 | Sep-25 | |
| 41. | 68462-639-45 | NITROGLYCERIN SUBLING TAB 0.4MG 4X25 | 100's | 17232072 | Sep-25 | |
| 42. | 68462-325-60 | INDOMETHACIN ER CAP 75MG 60 | 60's | 17232323 | Oct-25 | |
| 43. | 68462-325-60 | INDOMETHACIN ER CAP 75MG 60 | 60's | 17232335 | Oct-25 | |
| 44. | 68462-325-90 | INDOMETHACIN ER CAP 75MG 90 | 90's | 17232323 | Oct-25 | |
| 45. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232396 | Nov-25 | |
| 46. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232406 | Nov-25 | |
| 47. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232410 | Nov-25 | |
| 48. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17232490 | Nov-25 | |
| 49. | 68462-679-60 | LACOSAMIDE TAB 100MG 60 | 60's | 17232533 | Nov-25 | |
| 50. | 68462-679-60 | LACOSAMIDE TAB 100MG 60 | 60's | 17232534 | Nov-25 | |
| 51. | 68462-638-01 | NITROGLYCERIN SUBLING TAB 0.3MG 100 | 100's | 17232361 | Nov-25 | |

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|---------|--------------|---|-------|-------------|--------|---|
| 52. | 68462-638-01 | NITROGLYCERIN SUBLING TAB 0.3MG 100 | 100's | 17232367 | Nov-25 | |
| 53. | 68462-727-30 | SAXAGLIPTIN TAB 5MG 30 | 30's | 17232460 | Nov-25 | |
| 54. | 68462-727-90 | SAXAGLIPTIN TAB 5MG 90 | 90's | 17232460 | Nov-25 | |
| 55. | 68462-386-30 | SOLIFENACIN SUCCINATE TAB 5MG 30 | 30's | 17232395 | Nov-25 | |
| 56. | 68462-386-30 | SOLIFENACIN SUCCINATE TAB 5MG 30 | 30's | 17232400 | Nov-25 | |
| 57. | 68462-386-90 | SOLIFENACIN SUCCINATE TAB 5MG 90 | 90's | 17232395 | Nov-25 | |
| 58. | 68462-424-30 | TERIFLUNOMIDE TAB 14MG 30 | 30's | 17232462 | Nov-25 | |
| 59. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17240085 | Dec-25 | |
| 60. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17240117 | Dec-25 | |
| 61. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17240131 | Dec-25 | |
| 62. | 68462-638-01 | NITROGLYCERIN SUBLING TAB 0.3MG 100 | 100's | 17240037 | Dec-25 | |
| 63. | 68462-638-01 | NITROGLYCERIN SUBLING TAB 0.3MG 100 | 100's | 17240038 | Dec-25 | |
| 64. | 68462-320-60 | RANOLAZINE ER TAB 1000MG 60 | 60's | 17240040 | Dec-25 | |
| 65. | 68462-164-05 | Cavedilol tab USP 12.5 mg 500's | 500's | 17240238 | Jan-26 | |
| 66. | 68462-164-05 | Cavedilol tab USP 12.5 mg 500's | 500's | 17240243 | Jan-26 | |
| 67. | 68462-164-05 | Cavedilol tab USP 12.5 mg 500's | 500's | 17240245 | Jan-26 | |
| 68. | 68462-164-05 | Cavedilol tab USP 12.5 mg 500's | 500's | 17240248 | Jan-26 | |

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|---------|--------------|--------------------------------------|-------|-------------|--------|---|
| 69. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17240326 | Jan-26 | |
| 70. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17240327 | Jan-26 | |
| 71. | 68462-681-60 | LACOSAMIDE TAB 200MG 60 | 60's | 17240197 | Jan-26 | |
| 72. | 68462-681-60 | LACOSAMIDE TAB 200MG 60 | 60's | 17240198 | Jan-26 | |
| 73. | 68462-681-60 | LACOSAMIDE TAB 200MG 60 | 60's | 17240215 | Jan-26 | |
| 74. | 68462-678-60 | LACOSAMIDE TAB 50MG 60 | 60's | 17240221 | Jan-26 | |
| 75. | 68462-678-60 | LACOSAMIDE TAB 50MG 60 | 60's | 17240222 | Jan-26 | |
| 76. | 68462-890-01 | PROCHLORPERAZINE MAL TAB 10MG 100 | 100's | 17240254 | Jan-26 | |
| 77. | 68462-890-01 | PROCHLORPERAZINE MAL TAB 10MG 100 | 100's | 17240257 | Jan-26 | |
| 78. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17240383 | Feb-26 | |
| 79. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17240395 | Feb-26 | |
| 80. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17240389 | Feb-26 | |
| 81. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17240390 | Feb-26 | |
| 82. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17240426 | Feb-26 | |
| 83. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17240427 | Feb-26 | |
| 84. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17240428 | Feb-26 | |
| 85. | 68462-433-18 | COLESEVELAM HCL TAB 625MG 180 | 180's | 17240669 | Mar-26 | |
| 86. | 68462-679-60 | LACOSAMIDE TAB 100MG 60 | 60's | 17240606 | Mar-26 | |

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|---------|--------------|--|-------|-------------|--------|---|
| 87. | 68462-679-60 | LACOSAMIDE TAB 100MG 60 | 60's | 17240619 | Mar-26 | |
| 88. | 68462-196-05 | PRAVASTATIN SOD TAB 20MG 500 | 500's | 17230810 | Mar-26 | |
| 89. | 68462-196-05 | PRAVASTATIN SOD TAB 20MG 500 | 500's | 17230811 | Mar-26 | |
| 90. | 68462-196-90 | PRAVASTATIN SOD TAB 20MG 90 | 90's | 17230810 | Mar-26 | |
| 91. | 68462-433-18 | COLESEVELAM HCL TAB 625MG 180 | 180's | 17240876 | Apr-26 | |
| 92. | 68462-681-60 | LACOSAMIDE TAB 200MG 60 | 60's | 17240846 | Apr-26 | |
| 93. | 68462-681-60 | LACOSAMIDE TAB 200MG 60 | 60's | 17240847 | Apr-26 | |
| 94. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17230930 | Apr-26 | |
| 95. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17230931 | Apr-26 | |
| 96. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17240778 | Apr-26 | |
| 97. | 68462-562-01 | DILTIAZEM HCL ER CAP 12HR 120MG 100 | 100's | 17241067 | May-26 | |
| 98. | 68462-433-18 | COLESEVELAM HCL TAB 625MG 180 | 180's | 17240883 | May-26 | |
| 99. | 68462-433-18 | COLESEVELAM HCL TAB 625MG 180 | 180's | 17240909 | May-26 | |
| 100. | 68462-433-18 | COLESEVELAM HCL TAB 625MG 180 | 180's | 17240914 | May-26 | |
| 101. | 68462-433-18 | COLESEVELAM HCL TAB 625MG 180 | 180's | 17240927 | May-26 | |
| 102. | 68462-679-60 | LACOSAMIDE TAB 100MG 60 | 60's | 17240911 | May-26 | |
| 103. | 68462-679-60 | LACOSAMIDE TAB 100MG 60 | 60's | 17240912 | May-26 | |
| 104. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17231252 | May-26 | |

| Sr. No. | NDC Code | Product Name | Pack | Lot Numbers | Expiry | Total Full/Sealed and Partial/Open Bottle Count |
|---------|--------------|----------------------------------|-------|-------------|--------|---|
| 105. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17231274 | May-26 | |
| 106. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17241055 | May-26 | |
| 107. | 68462-679-60 | LACOSAMIDE TAB 100MG 60 | 60's | 17241121 | Jun-26 | |
| 108. | 68462-679-60 | LACOSAMIDE TAB 100MG 60 | 60's | 17241124 | Jun-26 | |
| 109. | 68462-680-60 | LACOSAMIDE TAB 150MG 60 | 60's | 17241125 | Jun-26 | |
| 110. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17241074 | Jun-26 | |
| 111. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17241075 | Jun-26 | |
| 112. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17241091 | Jun-26 | |
| 113. | 68462-264-30 | ROSUVASTATIN TAB 40MG 30 | 30's | 17241100 | Jun-26 | |
| 114. | 68462-727-30 | SAXAGLIPTIN TAB 5MG 30 | 30's | 17241194 | Jun-26 | |
| 115. | 68462-727-90 | SAXAGLIPTIN TAB 5MG 90 | 90's | 17241194 | Jun-26 | |
| 116. | 68462-573-30 | VORICONAZOLE TAB 200MG 30 | 30's | 17241156 | Jun-26 | |
| 117. | 68462-144-01 | CLINDAMYCIN HCL CAP 300MG 100 | 100's | 17241278 | Jul-26 | |
| 118. | 68462-144-01 | CLINDAMYCIN HCL CAP 300MG 100 | 100's | 17241297 | Jul-26 | |
| 119. | 68462-144-01 | CLINDAMYCIN HCL CAP 300MG 100 | 100's | 17241304 | Jul-26 | |
| 120. | 68462-144-01 | CLINDAMYCIN HCL CAP 300MG 100 | 100's | 17241315 | Jul-26 | |
| 121. | 68462-144-01 | CLINDAMYCIN HCL CAP 300MG 100 | 100's | 17241327 | Jul-26 | |
| 122. | 68462-573-30 | VORICONAZOLE TAB 200MG 30 | 30's | 17241388 | Jul-26 | |

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|---------|--------------|-------------------------------------|-------|-------------|--------|---|
| 123. | 68462-562-01 | DILTIAZEM HCL ER CAP 12HR 120MG 100 | 100's | 17241628 | Aug-26 | |
| 124. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17231855 | Aug-26 | |
| 125. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17231916 | Aug-26 | |
| 126. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17231917 | Aug-26 | |
| 127. | 68462-198-90 | PRAVASTATIN SOD TAB 80MG 90 | 90's | 17231945 | Aug-26 | |
| 128. | 68462-726-30 | SAXAGLIPTIN TAB 2.5MG 30 | 30's | 17241788 | Sep-26 | |
| 129. | 68462-726-30 | SAXAGLIPTIN TAB 2.5MG 30 | 30's | 17241821 | Sep-26 | |
| 130. | 68462-726-30 | SAXAGLIPTIN TAB 2.5MG 30 | 30's | 17241822 | Sep-26 | |
| 131. | 68462-726-90 | SAXAGLIPTIN TAB 2.5MG 90 | 90's | 17241822 | Sep-26 | |
| 132. | 68462-573-30 | VORICONAZOLE TAB 200MG 30 | 30's | 17241800 | Sep-26 | |
| 133. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17241863 | Oct-26 | |
| 134. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17241869 | Oct-26 | |
| 135. | 68462-126-05 | GABAPENTIN TAB 600MG 500 | 500's | 17241870 | Oct-26 | |
| 136. | 68462-573-30 | VORICONAZOLE TAB 200MG 30 | 30's | 17242050 | Oct-26 | |
| 137. | 68462-680-60 | LACOSAMIDE TAB 150MG 60 | 60's | 17242202 | Nov-26 | |
| 138. | 68462-196-05 | PRAVASTATIN SOD TAB 20MG 500 | 500's | 17232501 | Nov-26 | |
| 139. | 68462-196-05 | PRAVASTATIN SOD TAB 20MG 500 | 500's | 17232502 | Nov-26 | |
| 140. | 68462-680-60 | LACOSAMIDE TAB 150MG 60 | 60's | 17242204 | Dec-26 | |

| Sr. No. | NDC Code | Product Name | Pack | Lot Numbers | Expiry | Total Full/Sealed and Partial/Open Bottle Count |
|---------|--------------|---------------------------|-------|-------------|--------|---|
| 141. | 68462-179-01 | NAPROXEN SOD TAB 550MG | 100's | 17231956 | Aug-25 | |

If you have any questions regarding this form or product return please contact Inmar at 877-645-1410 Office hours 9am to 5pm EST Mon thru Fri.

Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com
Recall Event ID N131280 | RCL055-25