

Glenmark Pharmaceuticals Inc.
RECALL RETURN RESPONSE FORM
ATOMOXETINE CAPSULES USP 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg,
30s Container pack (Capsule)
NDC 68462-265-30, 68462-266-30, 68462-267-30, 68462-268-30, 68462-269-30,
68462-270-30, 68462-271-30
Retail Level
January 29, 2025

Please fill out this form completely. By doing so, this will acknowledge that you have read and understood the recall 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 _____ (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_____.

Sr. No.	Product Name with Strength	NDC	Batch Number	Expiry date	Total Full/Sealed and Partial/Open Bottle Count
1	Atomoxetine Capsules 10mg	68462-265-30	19232368	May-25	
2	Atomoxetine Capsules 10mg	68462-265-30	19235088	Nov-25	
3	Atomoxetine Capsules 10mg	68462-265-30	19241447	Mar-26	
4	Atomoxetine Capsules 10mg	68462-265-30	19243146	Jul-26	

Sr. No.	Product Name with Strength	NDC	Batch Number	Expiry date	Total Full/Sealed and Partial/Open Bottle Count
5	Atomoxetine Capsules 18mg	68462-266-30	19233756	Aug-25	
6	Atomoxetine Capsules 18mg	68462-266-30	19235111	Nov-25	
7	Atomoxetine Capsules 18mg	68462-266-30	19242167	May-26	
8	Atomoxetine Capsules 18mg	68462-266-30	19242180	May-26	
9	Atomoxetine Capsules 25mg	68462-267-30	19233792	Aug-25	
10	Atomoxetine Capsules 25mg	68462-267-30	19233795	Aug-25	
11	Atomoxetine Capsules 25mg	68462-267-30	19234258	Sep-25	
12	Atomoxetine Capsules 25mg	68462-267-30	19240912	Feb-26	
13	Atomoxetine Capsules 25mg	68462-267-30	19241476	Mar-26	
14	Atomoxetine Capsules 25mg	68462-267-30	19241477	Mar-26	
15	Atomoxetine Capsules 25mg	68462-267-30	19242599	Jun-26	
16	Atomoxetine Capsules 25mg	68462-267-30	19243163	Jul-26	
17	Atomoxetine Capsules 25mg	68462-267-30	19243162	Jul-26	
18	Atomoxetine Capsules 25mg	68462-267-30	19243884	Sep-26	
19	Atomoxetine Capsules 25mg	68462-267-30	19243887	Sep-26	
20	Atomoxetine Capsules 40mg	68462-268-30	19234109	Sep-25	
21	Atomoxetine Capsules 40mg	68462-268-30	19234897	Nov-25	
22	Atomoxetine Capsules 40mg	68462-268-30	19240501	Jan-26	
23	Atomoxetine Capsules 40mg	68462-268-30	19241489	Mar-26	
24	Atomoxetine Capsules 40mg	68462-268-30	19241806	Apr-26	
25	Atomoxetine Capsules 60mg	68462-269-30	19234630	Oct-25	
26	Atomoxetine Capsules 60mg	68462-269-30	19240528	Jan-26	
27	Atomoxetine Capsules 60mg	68462-269-30	19240529	Jan-26	
28	Atomoxetine Capsules 80mg	68462-270-30	19234153	Sep-25	
29	Atomoxetine Capsules 80mg	68462-270-30	19234900	Nov-25	
30	Atomoxetine Capsules 80mg	68462-270-30	19234929	Nov-25	
31	Atomoxetine Capsules 80mg	68462-270-30	19240936	Feb-26	
32	Atomoxetine Capsules 80mg	68462-270-30	19240942	Feb-26	
33	Atomoxetine Capsules 80mg	68462-270-30	19243199	Jul-26	
34	Atomoxetine Capsules 80mg	68462-270-30	19243190	Jul-26	
35	Atomoxetine Capsules 80mg	68462-270-30	19244013	Sep-26	
36	Atomoxetine Capsules 80mg	68462-270-30	19244014	Sep-26	
37	Atomoxetine Capsules 100mg	68462-271-30	19234955	Nov-25	
38	Atomoxetine Capsules 100mg	68462-271-30	19234956	Nov-25	
39	Atomoxetine Capsules 100mg	68462-271-30	19240971	Feb-26	
40	Atomoxetine Capsules 100mg	68462-271-30	19241864	Apr-26	

If you have any questions regarding this form or product return please contact Inmar at 855-607-9076
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 N131262 / RCL019-25

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