Sun Pharmaceuticals Industries, Inc.

URGENT: DRUG RECALL – RESPONSE FORM

Mesalamine Extended-Release Capsules, USP 500 mg, 120 count

Retail Level

1/31/2024

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

Customer Name:	DEA#:	
DEA # is required, if it is not provided, the processing of your form will be delayed.		
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 Sun Pharma:

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 wholesale 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_____.

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Product Name	Package Description	NDC#	Lot#	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Mesalamine Extended-Release Capsules, USP 500 mg	120 count	63304-089-13	MHD0606A	4/30/2024	
			MHD0612A	4/30/2024	
			MHD0613A	5/31/2024	
			MHD0652A	5/31/2024	
			MHD0657A	5/31/2024	
			MHD0672A	5/31/2024	
			MHD0673A	5/31/2024	
			MHD0767A	6/30/2024	
			MHD0768A	6/30/2024	
			MHD0769A	6/30/2024	
			MHD0785A	6/30/2024	
			MHD0799A	6/30/2024	
			MHD0800A	6/30/2024	
			MHD0801A	6/30/2024	
			MHD0827A	7/31/2024	
			MHD0828A	7/31/2024	
			MHD0875A	7/31/2024	
			MHD0876A	7/31/2024	
			MHD0898A	7/31/2024	
			MHD0901A	7/31/2024	
			MHD1081A	9/30/2024	
			MHD1082A	9/30/2024	
			MHD1087A	9/30/2024	

If you have any questions regarding this form or product return, please contact Inmar at (1-877-813-6926) Office hours 9am to 5pm EST Monday through Friday.

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

RCL019-24/ N131130