



**BUSINESS REPLY FORM**

**RECALL of CATAPRES TABS 0.1 MG (Clonidine HCl)  
CATAPRES TABS 0.2 MG (Clonidine HCl)  
CATAPRES TABS 0.3 MG (Clonidine HCl)  
(Wholesale and Retail Levels)  
(10/26/2020)**

**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 # \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have checked my stock and:**

\_\_\_\_\_ Do not have any stock of the recalled **items**.

**OR**

I have quarantined and listed in the box below the quantity of recall 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 \_\_\_\_\_.

Please indicate if you have notified all of your consignees to return the recalled product \_\_Yes \_\_No

Please indicate if you do not have any consignees for these lots \_\_\_\_

Item Description	NDC	Lot #	EXP DATE	Qty returning
Catapres Tabs 0.1 mg (Clonidine HCl)	0597-0006-01	761544	01/31/2021	
Catapres Tabs 0.1 mg (Clonidine HCl)	0597-0006-01	861346	01/31/2022	
Catapres Tabs 0.1 mg (Clonidine HCl)	0597-0006-01	859015	01/31/2021	
Catapres Tabs 0.1 mg (Clonidine HCl)	0597-0006-01	956626	01/31/2022	
Catapres Tabs 0.2 mg (Clonidine HCl)	0597-0007-01	861135	11/30/2021	
Catapres Tabs 0.2 mg (Clonidine HCl)	0597-0007-01	C34139	11/30/2021	
Catapres Tabs 0.3 mg (Clonidine HCl)	0597-0011-01	954953	01/31/2022	

**If you did not purchase the product directly from the Manufacturer, please complete the below section.**

Purchased From: Wholesaler Name \_\_\_\_\_ DEA # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have any questions regarding this form or product return, please contact Inmar at 1-855-600-6069. Office hours 9am to 5pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**