

**PRODUCT WITHDRAWAL RESPONSE FORM Diastat®  
(diazepam rectal gel)/Diastat® AcuDial™ (diazepam rectal gel) Rectal  
Delivery System 2.5 mg, 10 mg and 20 mg - CIV Market Withdrawal  
Retail Pharmacy Level – 12/23/2024**

RCL308-2024 N131250

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

Customer Name:		DEA#:
<b>DEA # is required, if it is not provided, the processing of your form will be delayed.</b>		
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 Bausch Health:**

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

**Please review and acknowledge (X) on one of the statements below that applies to your facility:**

- ☐ I have checked my stock and do NOT have any inventory.
- ☐ I have checked my stock and have quarantined inventory. Please fill out the table below with the quantity of withdrawn units to be returned to Inmar.

Item Description	NDC #	Lot#	Product Exp Date	Jelly Pack Exp Date	Cases	Partial Cases	Total Number of Twin Packs
Diazepam Rectal Gel, 2.5mg	68682-650-20	SCED	3/31/2025	10/31/2024			
Diazepam Rectal Gel, 10mg	68682-652-20	RADH-1	1/31/2025	6/30/2024			
		SGCW-1	7/31/2026	10/31/2024			
		SCED-1	3/31/2026	10/31/2024			
Diazepam Rectal Gel, 20mg	68682-655-20	SHCR	8/31/2026	10/31/2024			
		RDDD	5/31/2025	10/31/2024			
		RBBM-1	2/28/2025	10/31/2024			

**Please complete, sign, and return this form to:**

**Fax:** 1-817-868-5362    **Email:** [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)    **Phone:** 1-888-676-9712

**Mailing Address:** 3845 Grand Lakes Way, Grand Prairie, TX 75050

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**PRODUCT WITHDRAWAL RESPONSE FORM**  
**Diastat® (diazepam rectal gel)/Diastat® AcuDial™ (diazepam rectal gel)**  
**Rectal Delivery System 2.5 mg, 10 mg and 20 mg - Market Withdrawal**  
**Retail Pharmacy Level – 12/23/2024**

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Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels\_\_\_\_\_.

If you have any questions regarding this form or product return, please contact Inmar at 888-676-9712.  
Office hours are 9am to 5pm EST, Mon thru Fri.

**Please complete, sign, and return this form to:**

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