

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

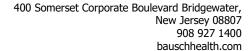
<u>Please fill out this form completely.</u> By doing so, this will acknowledge that you have read and understand the product withdrawal instructions and have taken the appropriate action.

Customer Name:							DEA#:		
	DEA # is I	equired, if	it is no	ot prov	vided, the pro	cessing	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 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 Please fill out the table below with the quantity of withdrawn units to be returned to Inmar.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#	Produ Exp D		Jelly Pack Exp Date	Cases	Partial Cases	Total Number of Twin Packs	
Diazepam Rectal Gel, 2.5mg	68682-650- 20	SCED	3/31/2	2025	10/31/2024				
Diazepam Rectal Gel, 10mg	68682-652- 20	RADH-1	1/31/2	2025	6/30/2024				
		SGCW-1	7/31/2	2026	10/31/2024				
		SCED-1	3/31/2	2026	10/31/2024				
Diazepam Rectal Gel, 20mg	68682-655- 20	SHCR	8/31/2	2026	10/31/2024				
		RDDD	5/31/2	2025	10/31/2024				
		RBBM-1	2/28/2	2025	10/31/2024				

Please complete, sign, and return this form to:

Fax: 1-817-868-5362 **Email:** <u>rxrecalls@inmar.com</u> **Phone:** 1-888-676-9712

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





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
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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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