



Product Name	Pack Size	Lot #	Manufacturing Dates (MM/DD/YY)	Expiration Dates (MM-YY)
Nimodipine Capsules, 30 mg NDC 57664-135-64 - Unit Dose Blisters of 30 (5x6) 57664-135-65 - Unit Dose Blisters of 100 (25x4)	100(25x4)	3305.036A	07/25/11	Jun-13
	30(5x6)	3305.036B	07/25/11	Jun-13
	100(25x4)	3305.037A	07/26/11	Jun-13
	30(5x6)	3305.037B	07/26/11	Jun-13
	100(25x4)	3305.038A	08/08/11	Jul-13
	100(25x4)	3305.040A	10/18/11	Sep-13
	100(25x4)	3305.041A	10/19/11	Sep-13
	30(5x6)	3305.041B	10/19/11	Sep-13
	100(25x4)	3305.042A	12/13/11	Nov-13
	100(25x4)	3305.043A	12/12/11	Nov-13
	30(5x6)	3305.043B	12/12/11	Nov-13
	100(25x4)	3305.044A	01/16/12	Dec-13
	30(5x6)	3305.044B	01/16/12	Dec-13
	30(5x6)	3305.045B	04/10/12	Mar-14

The lot numbers affected by this recall were shipped between October 19, 2011 and September 27, 2012. Please find enclosed copies of the drug label.

This recall has been indicated as a retail level recall. Immediately examine your inventory and quarantine product subject to this recall. Please stop distributing the referred lots of this product immediately. In addition, if you have further distributed this product, please identify your customers and notify them at once of this product recall. Your notification to your customers may be enhanced by including a copy of this recall notification letter.

This recall is being made with the knowledge of the Food and Drug Administration.

For return of affected product, please call Inmar at 800-967-5952. Representatives are available Monday through Friday, 8 AM to 5 PM EST. Please complete and return the enclosed response form as soon as possible.

If there are any further questions, please feel free to contact me at 800-818-4555 x 4105.

Sincerely,

Robert Kurkiewicz
Sr. Vice President, Regulatory



URGENT: DRUG RECALL – RESPONSE FORM

Please Complete Form and Fax to: 817-868-5362 or Email to: recallnotice@inmar.com

We do not have any stock ☐ or Please enter the quantity you shall be returning

Product Name	Pack Size	Lot #	Expiration Dates (MM-YY)	Return quantity
Nimodipine Capsules, 30 mg NDC 57664-135-64 - Unit Dose Blisters of 30 (5x6) 57664-135-65 - Unit Dose Blisters of 100 (25x4)	100(25x4)	3305.036A	Jun-13	
	30(5x6)	3305.036B	Jun-13	
	100(25x4)	3305.037A	Jun-13	
	30(5x6)	3305.037B	Jun-13	
	100(25x4)	3305.038A	Jul-13	
	100(25x4)	3305.040A	Sep-13	
	100(25x4)	3305.041A	Sep-13	
	30(5x6)	3305.041B	Sep-13	
	100(25x4)	3305.042A	Nov-13	
	100(25x4)	3305.043A	Nov-13	
	30(5x6)	3305.043B	Nov-13	
	100(25x4)	3305.044A	Dec-13	
	30(5x6)	3305.044B	Dec-13	
	30(5x6)	3305.045B	Mar-14	

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

For return of affected product, please call Inmar at 800-967-5952. Representatives are available Monday through Friday, 8 AM to 5 PM EST.

Affected Product must be returned to:

Inmar Inc.
South Dock
4332 Empire Road
Fort Worth, TX 76155