

Merck REVERSE DISTRIBUTOR Expired Product Return Form



This form must be completed and submitted for each expired Merck product return by Customer account — one form per Customer. An accurate **Facility DEA Number** or other identifier for the Customer seeking reimbursement for returned expired Merck product must be included. Failure to supply this information may lead to a delay and/or refusal of credit being issued.

This form is intended for Customers who are returning Merck products on behalf of Merck Approved Distributors and their Customers, pursuant to the **Merck Standard Terms and Conditions of Sale**.

Please fill out the following form. Unless otherwise indicated, **all information is required**.

Section 1 - Information on Reverse Distributor

Please enter information of the Reverse Distributor handling the expired Merck product return.

Reverse Distributor Name: _____ Phone: _____

Street Address: _____
Include suite or room if applicable.

City: _____ State: _____ Zip: _____

Debit Memo/PO: _____

Section 2 - Information on Wholesaler/Distributor

Please enter the company name and address of the Wholesaler or Distributor who directly purchased the Merck product(s). The Wholesaler/Distributor must be a Merck Authorized Distributor that purchases directly through Merck.

Name of Wholesaler/Distributor: _____

Street Address: _____
Include suite or room if applicable.

City: _____ State: _____ Zip: _____

Wholesaler/Distributor DEA: _____ HIN/Other Identifier # (optional): _____

Section 3 - Information on Customer Returning Product

Please enter information of the Customer of the Wholesaler/Distributor returning the expired Merck product(s).

Customer Name: _____ Phone: _____

Street Address: _____
Include suite or room if applicable.

City: _____ State: _____ Zip: _____

Customer's Facility DEA: _____ HIN/Other Identifier # (optional): _____

Please return all expired products to:

Merck c/o PharmaReturns, Inc. Processing Center
100 Corporate Drive, Suite 2
Montgomeryville, PA 18936-9644

The first page of this form **MUST** be included with the Merck product.

You do not need to return the Form Instructions page.

The Returning Party will pay for all transportation charges. Merck will not pay or give reimbursement for transportation, service, handling, or processing fees.

THIS PRODUCT IS NOT FOR RESALE.

By submitting this form to Merck, c/o PharmaReturns, Inc., Customer authorizes PharmaReturns, Inc. and Merck to release the DEA registration number provided above as necessary to process product returns.

Merck REVERSE DISTRIBUTOR

Expired Product Return Form

FORM INSTRUCTIONS

You do not need to return this page.



General Instructions for Reverse Distributors

To better serve our Customers, Merck is providing the following guidelines to the Reverse Distributors handling expired Merck product returns:

- a. **All returns must be accompanied by a completed Merck Reverse Distributor Expired Product Return Form. Failure to provide a completed form may result in no reimbursement for returned Product.**
- b. A separate Merck Reverse Distributor Expired Product Return Form must accompany the returned Merck product(s) for each Customer. A Customer can be a Merck Authorized Distributor or a Customer of a Merck Authorized Distributor.
- c. All returns must be physically segregated by Customer (ie, placed into a unique bag or box). Returned Merck product from multiple Customers may be consolidated or batched into one shipment; however, these products must be physically segregated by Customer within the shipment.
- d. Shipments spanning multiple containers must have each carton clearly labeled as: 1 of 10, 2 of 10, etc.
- e. The returning party will pay all transportation charges. Merck will not pay or give reimbursement for transportation, service, handling, or processing fees.
- f. By filling out and submitting the Merck Reverse Distributor Expired Product Return Form to Merck, c/o PharmaReturns, Inc., the Customer authorizes PharmaReturns, Inc. and Merck to release the DEA registration number(s) provided on the form as necessary to process product returns and agrees that this use of the DEA registration number(s) provided is compliant with applicable state law. Failure to supply this information could result in no credit being issued.

Guidelines for Completing the Merck Expired Product Return Form

Section 1: Reverse Distributor

Definition of **Reverse Distributor**: An entity that processes returned product from a Wholesaler/Distributor or a Customer of a Wholesaler/Distributor.

Complete Section 1 as follows:

1. Enter the Reverse Distributor's name, street address, city, state, and zip code.
2. Enter the Reverse Distributor's complete debit memo number (or PO number) associated with each Customer's return.

Section 2: Wholesaler/Distributor

Definition of **Wholesaler/Distributor**: A licensed entity that purchases pharmaceutical or vaccine product directly from Merck for further distribution to its customers.

If the Customer returning the expired product is a Wholesaler/Distributor, or a Customer of a Wholesaler/Distributor, complete Section 2 as follows:

1. Enter the name, street address, city, state, and zip code of the Wholesaler/Distributor.
2. Enter the DEA number of the Wholesaler/Distributor. If the Wholesaler/Distributor has a HIN and/or Other Identifier, include.

Section 3: Customer

Definition of **Customer**: An entity that purchased Merck product from a Wholesaler/Distributor.

Definition of **Facility DEA**: A DEA number tied to the location of a Customer, and not to an individual Health Care Provider (HCP).

Complete Section 3 as follows:

1. If the Customer returning the expired product is a Wholesaler/Distributor, you may leave this Section blank.
2. If the Customer returning the expired product is not a Wholesaler/Distributor, then:
 - a. Enter the Customer name, street address, city, state, and zip code, and
 - b. Enter the DEA number of the Customer. If the Customer has a HIN and/or Other Identifier, include.
The DEA number, HIN, and/or Other Identifier number must be for the Customer who purchased Merck product either directly from Merck or indirectly through a Wholesaler/Distributor. The DEA number must be tied to the Customer's location and not a DEA number for a specific Health Care Provider (HCP).

Note: Any credit for returned products will be ultimately determined based on the shipments received by the PharmaReturns, Inc. Processing Center.

Please provide a packing slip for the expired Merck product(s) to be returned. Mail expired Merck product(s) to the address indicated on the form.

Contact Information:

For more information or additional questions, please contact the Merck Order Management Center at 800.MERCK.RX (800.637.2579). The Order Management Center is open Monday through Friday, 8 AM - 6 PM Eastern Time, excluding holidays.

THIS PRODUCT IS NOT FOR RESALE.

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