



Reverse Distributors

Refer to Instructions Sheet for directions for completing this form

This form must be completed and submitted for each return by customer account, i.e one form/ customer. An accurate DEA#, HIN or other identifier for the customer seeking reimbursement for returned product must be included*

Failure to supply this information could lead to no credit being issued.

All Returns are subject to the Merck Sharp & Dohme Corp. Terms and Conditions of Sale

All fields must be completed except where otherwise noted

Section 1 Reverse Distributor	
Name	_____
Address	_____
City	_____
State	_____ Zip _____
Phone	_____
Debit Memo #	_____
PO#	_____

Section 2 Wholesaler / Distributor *	
Name	_____
Address	_____
City	_____
State	_____ Zip _____
HIN#	_____
*DEA#	_____
Other Identifier #	_____

Section 3 Customer Returning Product	
Name	_____
Address	_____
City	_____
State	_____ Zip _____
Phone	_____
Customer HIN#	_____
*Customer DEA#	_____
Other Identifier #	_____

Section 4 Mail Returned Product to:	
<p>Merck c/o PharmaReturns, Inc. Processing Center PO Box 1077 100 Corporate Dr., Suite 2 Montgomeryville, PA 18936-9644</p>	
<p>This form must be included with the product The Returning Party will pay transportation charges. Merck Sharp & Dohme Corp. shall not pay or give reimbursement for transportation, service, handling or processing fees.</p>	

THIS PRODUCT IS NOT FOR RESALE

*By filling out and 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.

You may contact the Order Management Center with your questions, Monday through Friday, 8AM – 6PM ET, excluding holidays.

Phone: 1800-637-2579 (800-MERCKRX)

OMC Form: REV. 05-2012

Instructions for Completing the Merck Sharp & Dohme Corp. Product Return Form for Reverse Distributors

General Instructions for Reverse Distributors

To better serve our customers, Merck Sharp & Dohme Corp. ("Merck") is providing the following guidelines to the Reverse Distributors handling returns:

- a. **All returns must be accompanied by a completed Merck Product Return Form for Reverse Distributors. Failure to provide a completed Form may result in no reimbursement for returned Product.**
- b. A separate Merck Product Return Form for Reverse Distributors must accompany the returned product(s) for each customer. A customer can be a Wholesaler/Distributor or a client of a Wholesaler/Distributor.
- c. All returns must be physically segregated by customer (e.g., placed into a unique bag or box.). Returned product from multiple customers may be consolidated or batched into one shipment, however, these products and customers must be physically segregated within the shipment.
- d. Shipments spanning multiple containers must have each carton clearly numbered as: 1 of 10, 2 of 10, etc...
- e. The Reverse Distributor 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 Product Return Form for Reverse Distributors to Merck, c/o PharmaReturns, Inc., Reverse Distributor authorizes PharmaReturns, Inc. and Merck to release the DEA registration number(s) provided on the Form as necessary to process product returns. Failure to supply this information could result in no credit being issued.

Guidelines for Completing the Merck Product Return Form

Section 1: Reverse Distributor

Definition of Reverse Distributor: A company that processes returned product from a Wholesaler/Distributor or a client of a Wholesaler/ Distributor.

Complete Section 1 as follows:

1. Enter the Reverse Distributor's name, street address, state, city 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 wholesaler or physician distributor that purchases pharmaceutical or vaccine product directly from Merck.

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

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

Section 3: Customer

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

Complete Section 3 as follows:

1. If the Customer returning product is a Wholesaler/Distributor, please leave this box blank.
2. If the Customer returning the product is not a Wholesaler/Distributor then:
 - a. Enter the Customer name, street address, state, city and zip code; and
 - b. Enter the DEA number, HIN, or Other Identifier number of the Customer.
The DEA number, HIN or Other Identifier number must be for the Customer who purchased Merck product either directly from Merck or indirectly through a Wholesaler/Distributor.

Section 4: Mail Returned Product to address indicated on the Form.