

MERCK DIRECT CUSTOMER Expired Product Return Form



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

This form is intended for Customers who purchase Vaccine products directly from **Merck Sharp & Dohme LLC**, a subsidiary of Merck & Co., Inc., pursuant to the **Merck Standard Terms and Conditions of Sale**, excluding returns from Customers of wholesalers and distributors. For these Customers, please use the **Customer of Wholesaler/Distributor Merck Expired Product Return Form**.

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

Merck Account Number: _____ Account Name: _____

Please provide the address of the location returning expired Merck product.

Street Address: _____
Include suite or room if applicable.

City: _____ State: _____ Zip: _____

Please provide the following identifiers for the location returning expired Merck product, NOT physician identifiers. The identifier must match the information for the Customer location that purchased Merck product directly through Merck.

Facility DEA # (optional): _____ Facility DEA Name (optional): _____

Other Identifier # (optional): _____
Example: Health Industry Network (HIN) number

Debit Memo/PO (optional): _____
You may attach any corresponding invoices, or include Debit Memo/PO information for these returns, in order to expedite processing.

On the next page, please indicate the products to be returned.

Please return all expired products to:
Merck c/o PharmaReturns, Inc. Processing Center
100 Corporate Drive
Suite 2
Montgomeryville, PA 18936-9644

The first two pages of this form **MUST** be included with the expired product. You do not need to return the Form Instructions page.
The Returning Party will pay for all transportation charges and must adhere to the proper postage charges.
Merck will not pay or give reimbursement for transportation, service, handling, or processing fees.

All Merck products must be returned using a delivery service with an ability to track the package (eg, UPS or Federal Express). All returned Merck products **MUST NOT** be packed in an AeroSafe Reusable Shipping Container provided as part of a product delivery. All packaged products should be packed in order to ensure all expired product and product caps remain intact in transit. Credit is given only for expired product that is returned intact and received by Merck, c/o PharmaReturns, Inc. Any credit will be determined based on the shipment received by the PharmaReturns, Inc. Processing Center.

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.

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FORM INSTRUCTIONS

You do not need to return this page.

General Instructions for Customers

To better serve our Customers, Merck is providing the following guidelines. These guidelines are to be used by Customers returning expired Merck Vaccine products purchased directly from Merck.

- a. **All returns must be accompanied by a completed Merck Direct Customer Expired Product Return Form. Failure to provide a completed form may result in no reimbursement for returned expired Product.**
- b. All returns must be returned using a delivery service with an ability to track packages and must be packaged to protect contents during transit.
- c. All Merck products returned to Merck, c/o PharmaReturns Inc. Processing Center, **MUST NOT** be packed in an AeroSafe Reusable Shipping Container provided as part of a product delivery.
- 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 Expired Direct Customer 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: Customer Information

Definition of **Customer**: An entity that purchased Merck product directly from Merck.

Definition of **Merck Account Number**: The number of the Merck Direct Vaccine Purchasing Account the Customer uses to purchase Merck Vaccine products directly from Merck.

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 1 as follows:

1. Enter the Customer's Merck Account Number, Account Name, street address, city, state, and zip code.
2. For faster processing, 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 Vaccine product directly from Merck. The DEA number must be tied to the Customer's location and not a DEA number for a specific Health Care Provider (HCP).
3. Enter the complete debit memo number (or PO number) associated with the return.

Section 2: Expired Products to be Returned

Complete Section 2 as follows:

1. Enter the Product Name, NDC, and Lot for each expired product to be returned.
2. Indicate the number of the specific Product Name/NDC/Lot to be returned **in total doses** (ie, if the expired Vaccine Product to be returned is two boxes of ten doses each, the number of doses to be indicated is twenty).
3. A separate packing slip may be provided in lieu of filling out this information. The separate packing slip must include the above information.

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

Mail expired Merck products 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.

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