

REVERSE DISTRIBUTOR Product Return Form



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

This form is intended for Customers who are returning Merck & Co, Inc. products on behalf of Merck Approved Wholesalers or 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 Merck product return.

Reverse Dist. Name: _____ Phone: _____

Street Address: _____

Include suite or room if applicable.

City: _____ State: _____ Zip: _____

Debit Memo/PO: _____

Section 2 – Information on Wholesaler/Distributor Returning Product

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

Name of Wholesaler/Distributor: _____

Street Address: _____

Include suite or room if applicable.

City: _____ State: _____ Zip: _____

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

Section 3 – Information on Customer Returning Product

Please enter information of the Customer of the Wholesaler/Distributor returning the Product(s).

Customer Name: _____ Phone: _____

Street Address: _____

Include suite or room if applicable.

City: _____ State: _____ Zip: _____

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

Mail all products to:

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

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

You do not need to include the Form Instructions page.

The Returning Party will pay transportation charges. Merck & Co. 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 & Co., 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 Reverse Distributors

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

- a. **All returns must be accompanied by a completed Merck Expired Product Return Form for Reverse Distributor. Failure to provide a completed form may result in no reimbursement for returned Product.**
- b. A separate Merck Expired Product Return Form for Reverse Distributor must accompany the returned product(s) for each Customer. A Customer can be a Wholesaler/Distributor or a Customer of a Wholesaler/Distributor.
- c. All returns must be physically segregated by Customer (i.e., 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 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 Product Return Form for Reverse Distributor to Merck, c/o PharmaReturns, Inc., the Reverse Distributor 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 above is compliant with applicable state law. 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 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 wholesaler or physician distributor that purchases pharmaceutical or vaccine product directly from Merck.

If the Customer returning 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 or 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 3 as follows:

1. If the Customer returning the product is a Wholesaler/Distributor, you may leave this Section blank.
2. If the Customer returning the 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 by the shipments received by the PharmaReturns, Inc. Processing Center.

Please provide a packing slip for the Product to be returned. Mail Returned Product to the address indicated on the form.

Contact Information:

For more information or any 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 ET, excluding holidays.

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