

# 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., and Merck/Schering-Plough Pharmaceuticals Terms and Conditions of Sale**

Section 1 Reverse Distributor
Name _____
Address _____ _____
City _____
State _____ Zip _____
Phone _____
<b>Debit Memo #</b> _____
PO# _____

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

Section 3 Customer Returning Product
<input type="checkbox"/> Check if Same as Section 2
Name _____
Address _____ _____
City _____
State _____ Zip _____
Phone _____
Customer HIN# _____
*Customer DEA# _____
Other Identifier # _____

Section 4 Remit Reimbursement to:
<input type="checkbox"/> Check if Same as Section 3
<input type="checkbox"/> Check if Same as Section 2
Name of Wholesaler/Distributor (refer to instructions): _____
Address _____ _____
City _____
State _____ Zip _____

Section 5 Mail Returned Product to:
<b>Merck</b>
<b>c/o PharmaReturns, Inc. Processing Center</b>
<b>POBox 1077</b>
<b>100 Corporate Dr., Suite 2</b>
<b>Montgomeryville, PA 18936-9644</b>
<b>This form must be included with the product</b>
The Returning Party will pay transportation charges. Neither Merck Sharp & Dohme Corp. nor MSP shall not pay or give reimbursement for transportation, service, handling or processing fees.

**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: ORG 03-2010

# **Instructions for Completing the Merck Sharp & Dohme Corp. and Merck/Schering-Plough Product Return Form for Reverse Distributors**

## **Instructions for Reverse Distributors**

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

- a. A Merck Sharp & Dohme Corp., and Merck/Schering-Plough 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.
- b. All returns must be physically segregated by customer (e.g., placed into a unique bag or box.)
- c. The following data must be included on the Merck Sharp & Dohme Corp., and Merck/Schering-Plough Product Return Form for Reverse Distributors for each customer returning product:
  - Name of customer returning product
  - Complete demographics of customer's location
  - DEA number, HIN or Other Identifier number for the customer returning the product
- d. 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 (refer to point "b" above).
- e. Shipments spanning multiple containers must have each carton clearly numbered as: (1 of 10, 2 of 10, etc...).

By filling out and submitting the Merck Sharp & Dohme Corp., and Merck/Schering-Plough Product Return Form for Reverse Distributors to Merck, c/o PharmaReturns, Inc., Customer authorizes PharmaReturns, Inc. and Merck Sharp & Dohme Corp. to release the DEA registration number provided above as necessary to process product returns. Failure to supply this information could result in no credit being issued.

## **Section 1: Reverse Distributor**

**Definition:** a company that processes returned product from the Wholesaler / Distributor inventory or the client of the Wholesaler/ Distributor.

Complete Section 1 as follows:

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

## **Section 2: Wholesaler/ Distributor**

**Definition:** A company that purchases pharmaceutical or vaccine product directly from Merck Sharp & Dohme Corp. with the intent to resell to their clients.

Complete Section 2 as follows:

1. Enter the company name, street address, state, city and zip code.
2. Enter the DEA number, HIN, or Other Identifier number of the wholesaler/distributor

# **Instructions for Completing the Merck Sharp & Dohme Corp. and Merck/Schering-Plough Product Return Form for Reverse Distributors**

## **Section 3: Customer**

Definition of "Customer":

An entity that purchased Merck product from a Wholesaler/Distributor or directly from Merck Sharp & Dohme Corp.

Complete Section 3 as follows:

1. If the Customer returning product IS the Wholesaler/Distributor, please check the box in section 3. Leave the remainder of this box blank.
2. If the Customer returning the product IS NOT the Wholesaler/Distributor then:
  - a. Enter the company name, street address, state, city and zip code.
  - 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 Sharp & Dohme Corp. or indirectly through a wholesaler or distributor.

## **Section 4: Remit Payment to**

Use this section to indicate the location where reimbursement is to be mailed.

1. If the customer returning product is to be reimbursed, then check the box that states: "check if same as section 3".
2. If the customer returning product has requested that the Wholesaler/Distributor be reimbursed, then check the box that states: "check if same as section 2".
3. If the Wholesaler/Distributor has requested that reimbursement be sent to a different address than indicated in section 2, then complete section 4.
4. Reimbursement will not be given to Reverse Distributors.

## **Section 5: Mail Returned Product to address indicated.**

- The Returning Party will pay transportation charges.
- Merck Sharp & Dohme Corp. and Merck/Schering-Plough will not pay or give reimbursement for transportation, service, handling or processing fees.