



SIMPLE 3-STEP Return Procedure

Pharmaceutical
Returns Service

Need Supplies? Call Customer Service!
800-215-5878

#2: CII RETURNS

- ❶ Fill out 222 Request Form
- ❷ Fax to: 630-892-8780
wait a week, or so...
- ❸ Form & labels arrive by mail
- ❹ Follow instructions provided with Form 222
Go to Step #3 ...

#1: PULLING & SORTING

- ❶ Pull your outdates 3 months ahead
- ❷ Separate into three categories: Class II, Class III-V, or Legend/OTC/HazMat
Go to appropriate Step #2 ...

#2: CIII-V RETURNS

- ❶ Fill out Control Drug Report
- ❷ Make/keep a copy
Go to Step #3, or ...

#3: BOXING & SHIPPING

- ❶ Pack safely in a box (see "Shipping Details" box)
- ❷ Put any/all forms in Packing List Envelope
- ❸ Fill in FedEx label
- ❹ Put ALL the labels (3) on outside of box(s)
- ❺ Call 888-777-6040 for "PRP" Pickup
Relax, you're done!

#2: LEGEND RETURNS

- ❶ Put CIII-Vs in supplied tamper-evident bag
- ❷ Put in box with all the Legends/OTC/HazMat
Go to Step #3 ...

YOUR PRS PENDAFLEX FILE INCLUDES: Customer Information Form
 • Control III-V Drug Report * • Schedule II Return Request Form * •
 (10) Return Address Labels • (10) ORM-D Labels • (10) "Arrows-Up" Labels
 • (2) Packing List Envelopes • (2) Tamper-Evident Plastic Bags
** Make copies of these forms for your continued use.*

— SHIPPING DETAILS —

- We suggest lining each box being prepared for shipment with a plastic bag and sufficient packing material to prevent breakage. Packing material can include newspaper, packing peanuts (contained in a bag), bubble wrap, etc.
- **Make certain that ALL bottles and jars are CAPPED TIGHTLY to prevent spillage and leaking!**
- Package your outdated Legend drugs into the boxes which have been prepared for shipping. It isn't necessary to inventory or sort the outdated Legends.
- When returning Control III-V drugs, you may ship them in the same box as your Legend drugs — a box within a box, or bag within a box — they cannot be intermingled, however. (Use the provided tamper-evident bag to separate Controls from OTC/Legend.)
- Place any necessary forms, and the Control Drug Report into the packing list envelope and seal. (See "Your First Return" box.)
- Attach the packing list envelope to the outside of one of the boxes. If you are returning Controlled substances, attach the packing list envelope to the box containing the Controlled substances.
- We ask that you please number the quantity of boxes being returned on the return address label, i.e., 1 of 3, 2 of 3, 3 of 3.

— YOUR FIRST RETURN —

- Complete the Customer Information Form with ALL the requested information. As the "contact name," use the name of the person who will be handling the returns for your facility. INCLUDE A PHOTOCOPY OF YOUR FEDERAL DEA LICENSE FOR OUR RECORDS.
- Under "Wholesaler Information," fill in ALL the requested information, and be sure to include your Wholesaler Account Number. If you purchase through more than one Wholesaler, fill in the information of the Wholesaler you want your credit(s) to be issued through. COST CODES ARE REQUIRED TO INSURE THE ACCURACY OF YOUR RETURN.
- The Service Agreement must be signed by a member of your facility and returned.

Pharmaceutical Returns Service

110 Oak Street
 North Aurora, IL 60542-1109
 800-215-5878 ■ Fax: 630-892-8780