

Inventorying your Returns Online

Log In



Log In

narmacv zip code	Your password needs to be	reset. Please enter	your 5-digit zip code fir	Reset Password
Submit			New Password: Re-type new password:	
				Change Username (Optional)
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	in you may be		New username:	otherwise leave it blank.)
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	your password.			Change Email Address
	Please verify all			Your email on file is used as a contact email, for example,
	information is correct			Tor sending you your new username and password.
	and click "Submit."		Email address:	(re change your chair on hic, enter a new one below.)
			Re-type email address:	

Create a Return



Once you have successfully logged in, click on the "Create Returns" icon to create a new return.

Creating a Return

Please create a single return for all items you have, not one for each box. We only allow one return to be submitted every two weeks, and once a return is submitted you are not able to add additional items.



Click on the "Create Return" button to begin inventorying your items

Clicking on "Instructions and Terms & Conditions" will provide you with more detailed information about our process

Creating a Return

NOTICE: You will only be able to create a return every two weeks. Should you need to create another return prior to this, please call our office and we will be glad to unlock your account.

A return can have multiple boxes and <u>contain both controls</u> (including CII's) and non-controls.

You do not need to create a new return for each box. The correct number of UPS shipping labels will be printed for you when you submit your return for processing. There is a limit of 5 shipping labels. If you require more, please contact us at 800-579-4804.

OK

You will see two pop up boxes. Please read all instructions before proceeding.

mav

Do you wish to inventory your product or simply print shipping labels?
Please note that controlled items CII-CV <u>must</u> be inventoried, and your state regulations require you to inventory <u>all</u> products prior to shipping.
Inventory products (required for controls)
○ Print shipping labels without inventorying products
Continue

You are only required to list controlled substances prior to shipping your return. If you have controlled substances, please choose "Inventory products." If you do not have any controlled substances to return, you may select "Print shipping labels without inventorying products." Your state regulations may require that you list all items, regardless of whether your return contains controlled substances.

Confirm Information and E-Sign

Confirm that the information we have on file is correct, make any changes necessary, and enter your name in the Electronic Signature field to indicate you agree to our Pedigree Policy.

Pharmacy Name*:	ZZ Local Pharmacy 123	Contact 1*:	Stephen Turner	Mailing Address is same as Physical Address
Physical Address*:	10635 Kingston Pike	Contact 2:	John Smith	Mailing Address:
Physical City*:	Knoxville	Wholesaler*:	Cardinal Dist., Knoxville 🗸	Mailing City:
Physical State*:	TN	Wholesaler Acct # *:	45678	Mailing State:
Physical Zip*:	37919	GPO / Buying Group:	None 🗸	Mailing Zip:
Phone*:	123-333-4444	DEA*:	AA7775555]
Fax:	865-675-2474	DEA Expires*:	4/30/2017]
Email*:	rowen@drugreturns.com]	Your electronic signature is required button, you are verifying that you ag Policy. Click HERE to read RSI Pedi	d. By typing your name and clicking the submit gree to the terms and conditions of the RSI Pedigree gree Policy.
	SUBMIT CANCEL	1	Electronic Signature*:	

Inventorying Items

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PL	EASE SHIP AL	L CONTROLS AND NO	N-CONTROLS UNDER	THE SAME RETURN.	YOU MAY ONLY (CREATE A R	ETURN EVERY TWO	NEEKS.	
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NE		# FULL PARTIAL EXP I	DATE LOT NUMBER	PRODUCT N	AME	STRENGTH	DESCRIPTION / FORM	SIZE OF PACKAGE	DEA CLASS
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ADD Entry	Clea	r Fields	Drugs entered are	listed below: To EDIT o	r DELETE an entry, c	lick on it, and	d it will appear in the ed	itor above.	
lick column heade	rs to sort								
NDC	Full	Partials ExpDate	LotNumber		PRODUCT NA	ME		SIZE	DEA

Enter the NDC of the product you would like to inventory into the NDC field and hit enter or tab to the next field.

If the NDC is recognized, the drug information will populate. Simply fill in the quantity, expiration date, and lot number and click the "ADD Entry" Button.

Submit Return & Print Shipping Labels

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NDC Full Partials ExpDate LotNumber PRODUCT NAME SIZE DEA 23490936006 0 39 06/15 LO0159 MORPHINE 10 MG TABLETS 60 2	NDC Full Partials ExpDate LotNumber PRODUCT NAME SIZE DEA 2349033606 0 39 06/15 LO0159 MORPHINE 10 MG TABLETS 60 2 66479058350 1 0 05/15 A6TG09 ROXICODONE 5 MG/5 ML SOLUTION 500 2												
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	66479058350 1 0 05/15 A6TG09 ROXICODONE 5 MG/5 ML SOLUTION 500 2	23490936006	0	39	06/15	LO0159	MORPHINE 10 MG	TABLETS				60	2
66479058350 1 0 05/15 A6TG09 ROXICODONE 5 MG/5 ML SOLUTION 500 2		66479058350	1	0	05/15	A6TG09	ROXICODONE 5 M	G/5 ML SOLUTION				500	2

Once you have entered all your items, you are ready to submit your return and print UPS shipping labels. Click "Submit Return & Print Shipping Labels" button.

Submit Return & Print Shipping Labels

You are about to complete this return. A re Once submitted for processing you will no create another return prior to this, please of Press "Continue" to select your service typ CONTINUE CANCEL	turn can have multiple boxes and contain t be able to add any more products to this call our office and we will be glad to unlock be, rate, and number of shipping labels yo (and continue adding products)	both controls (including CII's) and non-controls. return or create another for two weeks. Should you need to your account. u need.
To finish this return type complete the sec windows. Print and sign the packing list an no charge for this. You can reprint the pac contact us at 800-579-4804. How quickly do you want your check? 30 days - your rate will be 40% 60 days - your rate will be 30% 90 days - your rate will be 20% Submit Cancel IMPORTANT!! This return contains CII ite receive the 222 forms. It should take less t	tion below and and click "Submit". Your p Id be sure to include a copy of it in each b king list by clicking on the orange button. What would you like us to do with your non-returnable product? Destroy free-of-charge Return them to me free-of-charge Return them to me free-of-charge ms. DEA 222 form(s) will automatically be han a week to receive these forms.	acking list and UPS shipping labels will appear in separate ox. Affix label(s) to box(es) and give to any UPS driver. There is There is a limit of 5 shipping labels. If you require more, please How many boxes do you have for this return? A shipping label will be printed for each box.

Pop-up windows will explain our process to you and then prompt you to select your timeframe for reimbursement, what you'd like us to do with your nonreturnable items, and enter the number of boxes you have. You must print separate shipping labels for each box, you may not make copies of shipping labels you have already printed.

Once you click "Submit," your return will be submitted to Return Solutions. If C-II items are included in your return, we will mail a DEA 222 form to you.

Packing List

Keturn Solutions		RETU	RN AUTHOR EF62411	IZATION #					
ACCOUNT INFORMATION						3	(700		
Z Local Pharmacy 123 (19999) 0635 Kingston Pike noxville, TN 37919		Phone: 123-333- Fax: 865-675-247 DEA #: AA77755	4444 74 55	Wholes	aler: Cardinal Dis Knoxville, TI	it., Knoxville N 37931			- II.
Contact: Stephen Turner		DEA expires: 4/3	3/2017	Accour	t#: 45678				- II -
Buying Group:	Pricing/Cost code:	1 2	3	4 5	6 7	8	9	0	
SHIPMENT INFORMATION									
Shipment contains: # boxes 1 OR # pallets	Non-returnable items: (D Destroy OR R	estroy is default) eturn to pharmacy _		Preferred reimburs 30 Days (40%)	ement time-frame 60 Days (30%)	/rate: √90 Days (20%)		
READ AND FOLLOW THE INSTRUCTIO! ecords Please verify that all of your accou tems they will be destroyed, and the defau	VS/TERMS AND CONDIT ant information on this form alt reimbursement time-fra	ONS PAGE ON OUF I is correct. MAKE Af me is 90-days.	WEBSITE. Con	nplete this form and p CHANGES ON THIS	lace a copy in EA FORM. Note that	CH box you are re if nothing is selec	eturning - kee sted above fo	ep a copy for you r non-returnable	ur i
RSI Pedigree Policy RSI shall not be liable for the value of, and can by our Customer from a particular manufacture States, counterfeit items, and any product pur	not guarantipe credit for produ r or directly by our Customer shased by Customer on a nor if product has been shipped b or such ronduct. Manufacture	cts that were purchase from an approved whole wretumable basis, inclu y RSI or its Customer b r reserve the right to d	d outside of "norm isaler/distributor of ding short-dated p o a manufacturer o	I pharmaceutical distrib said manufacturer. This <u>coluct purchased at a di</u> r their agent, RSI canno t without issuing credit	ution channels". This also includes produ- scounted price. At a guarantee the return in the event product	s includes products icts that were purch ny time RSI or prod n of product to Cust is available for mitur	s that were not based outside luct manufactu tomer, and in r to Custome	purchased direct of the United rer may require to instance shall t it shall be at	×
proof-of-purchase (pedigree) for such product. I RSI be resconsible for reimbursing Customer fi	have people to provide the interval	hin 14 days, product is ucts involved in dispute	subject to be dest in no instance sh dit. Should Custor	royed without any paym all RSI's liability for any ner choose to return pro	ent or credit issued product exceed the duct for credit, RSI's	to Customer. In any actual cost paid for rate will apply to th	r dispute, failur product by Qu rese returns, a	re by Customer to stomer. For certai nd is non-	in
prod-of-purchase (pedignee) for such product. I RSI be responsible for reimbursing Oustomer fr Customer's expense. If Oustomer is unable to product with an unconfirmed pedigree RSI may refundable. Credit for such returns is not guar	om any and all liability of prod give Customer the option of inteed. Signing below indicated	es you understand and	agree to these ter	ms.					
proof-of-punchase (padignee) for such product. I RSI be responsible for reiniburging Quartomer & Costomer's expense. If Oustomer is unable to provide a product-pedignee shall release RSI fo product with an unconfirmed pedignee RSI may refundable. Credit for such returns is not guare Electronic Signature: <u>Stephen Turner</u>	in any and all liability of prod give Customer the option of inteed. Signing below indicat	etuming product for cre es you understand and	agree to these ter	Date:6	24/2015	-			
prod-Spurchase (pedgree) for such product. Est los responsitos for minituraing Quatame fo Customer's expense. If Customer is unable to product with an unconfirmed pedgree RSII response with an unconfirmed pedgree RSII response without and the such returns in red guara Electronic Signature: <u>Stephen Turne</u> . NDC/UPC Label Name / Str 2409063006 MCRPFWEE 10M RCV00CDONE 5	index product relations of in with a second	etuming product for cre les you understand and	Full Q	Date:6 y Part Qty 39 0	24/2015 Pkg Size 60 500		10 Date 1015 1015	Lot # LO0159 A6TG09	

The Packing List will open in a new tab at the same time as the shipping labels open. You do not have to fill out the pricing/cost code section, but please complete everything beneath it, then sign and date the form. Please print enough copies of the packing list to include one in each box you ship to us.

If you have inventoried controls, please bag them separately from non-controls. Everything can go in the same box if it will fit, and we do not have any regulations on box size. The shipping label says 8 pounds, but there is no weight restriction. Please ship all controls, non-controls, and OTC items together in the same return. Simply attach the shipping labels to the boxes and give to your UPS driver.

Reprint Packing List



If you need to reprint your packing list, select the top return from the drop down box on the right hand side of the page, then click the orange "Print Packing List" button.

Shipping Labels



A new tab will open with a shipping label for each box you have to ship. Print the label and attach it to the box with clear tape covering the entire label.

Simply tell the next UPS driver that is in your store that you have packages to be shipped and he will take them. If you do not have a regular UPS shipment, we can mail you FedEx labels so you can schedule a pickup.