INMAR RETURNS.ORG USER GUIDE

CONTENT

HOW TO LOGIN

Check your system for the minimum and preferred requirements:

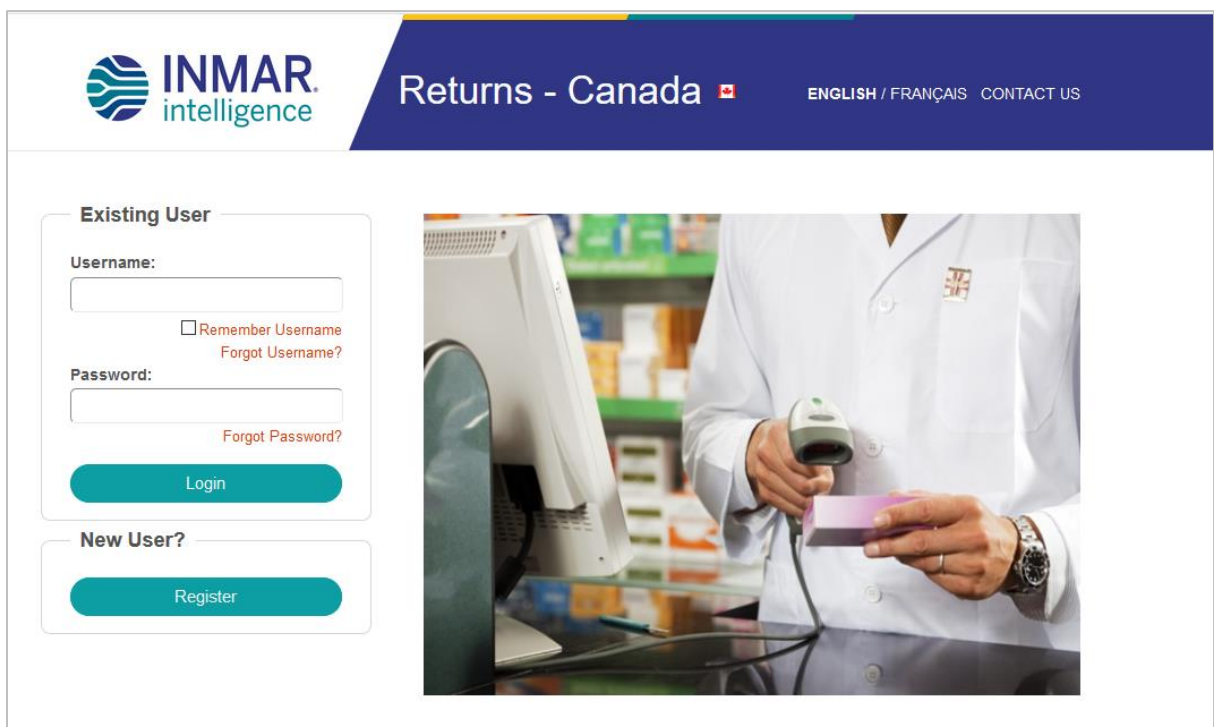- Internet Browser: Google Chrome (preferred) or Microsoft Edge
- Microsoft Excel
- Adobe Reader
- Resolution: 1024 x 768 minimum
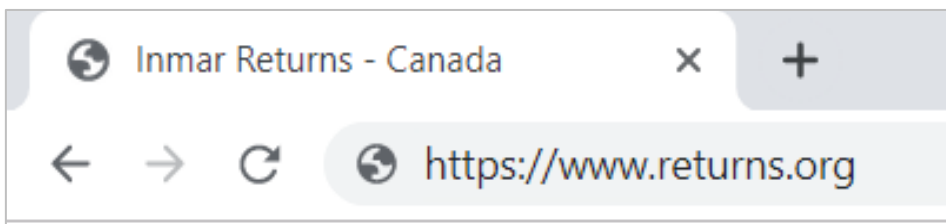
Login Instructions:

- Go to www.returns.org
- Enter your username and password

Registration Instructions:

- New users will need to register
- Select the **"Register"** button
- Fill in the required information
- You will receive two emails:
    - Immediate Registration Acknowledgement that your request has been received
    - Within 48 hours, confirmation of Username & Password.

Note: You cannot login until you receive the 2nd email.

HOW TO CREATE YOUR RETURNS INVENTORY
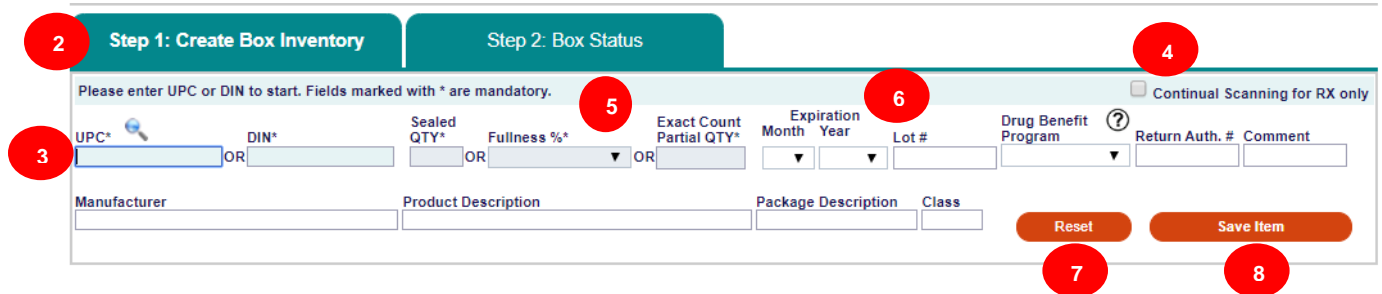
To inventory your pharmaceutical returns, complete the following steps:

1. Select **"Returns Inventory"**
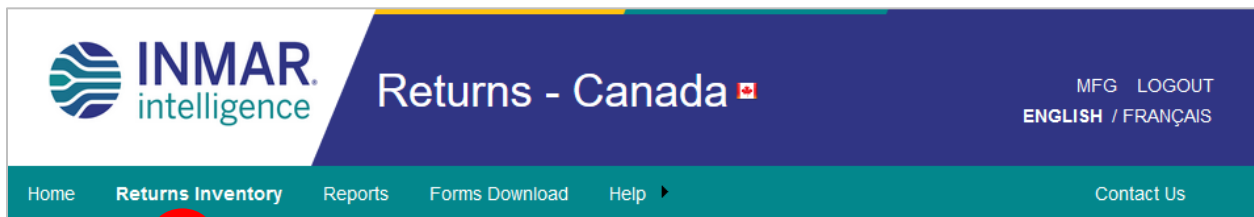
2. You will be directed to the "Step 1 Create Box Inventory" tab

3. Scan the UPC barcode or manually enter the DIN number of your product. Hit Tab or select a Quantity field. The system will search for the product and populate all applicable information.

If the DIN or UPC is not available, you may search for a product by selecting the 🔍 icon. Search options are as follows:

If the product cannot be
found, the adjacent message
will appear.

⚠ UNKNOWN PRODUCT!

Do you want to send the product for destruction only or contact Customer
Service for product inquiry?

Send / Contact   Cancel

If you would like to send the product for destruction only or contact Customer Service
for a product inquiry, please click **"Send / Contact"**. Otherwise, press **"Cancel"** to
continue adding your other products.

Once you select **"Send / Contact"**, complete the form below. If you would like to return
the product for destruction only, select **"Add to send for destruction only"**. If you
would like to inquire about this product with our Customer Service Team, select
"Contact Customer Service". An email response will be sent to you upon verification.
The inquired product would not be added to the form.

Unknown Product   ✖

Please enter the product information.

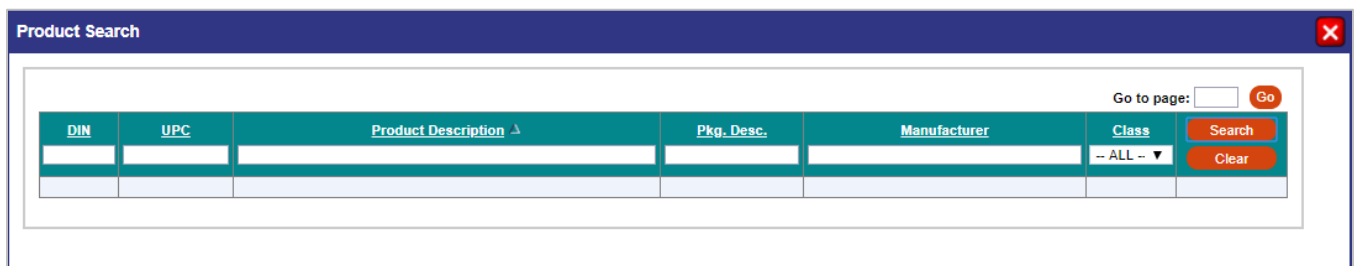| UPC	DIN	Sealed QTY*	Fullness %*	Exact Count Partial QTY*	Expiry month year	Lot #	Drug Benefit Program ?	Return Auth. #	Comment
1234567890	12345678	1	OR	OR	▼ ▼		▼		

Manufacturer*	Product Description*	Pkg. Description*	Class*
Manufacturer X	Product X	100 TABS	RX ▼

Add to send for destruction only   Contact Customer Service

Disclaimer: Inmar will not be held liable or responsible for non-participating manufacturers'
products or for destruction only products. No notification will be provided for such products
upon receipt or prior to processing. Applicable charges will be invoiced to you for the
handling and destruction of these products. Products will not be returned to you.

Disclaimer: For any product inquiry, select the "Contact Customer Service" button and an
email will be sent to our Customer Service team. The product will not be added to the form.
A response will be sent to your email address provided at registration.

4. If you have **Rx only** items that default to a full quantity of one (1) and you have
   barcode scanning capabilities, check **"Continual Scanning"**. Continual Scanning will
   assume your items are within the manufacturer's return policy. Please ensure your
   scanner is configured to send scanned data to the screen with CR (Carriage Return) /
   LF (Line Feed) / RETURN or Enter Key.

5. **Quantity Entry:** After the DIN/UPC is identified, enter the quantity being returned.
   Enter a **"Sealed Qty"** **or** a **"Fullness percentage"** **or** an **"Exact Count"** (this is required
   only for partial quantities or for Narcotic & Controlled drugs (NCD)). Only one field can
   be populated.

Note: For any narcotic and/or controlled substance or Rx products that the manufacturer requires an exact count, only "Sealed Qty" or "Exact Count Partial Qty" fields will be available.

6. If available, enter the **Expiry Date and Lot #** of the product to obtain more accurate credit estimations. For any recall products, if the system validates the lot # that you have entered with an active recall in our system, the reason and estimated credit will be updated.

7. If you discover that data has been incorrectly entered, yet not saved, you can click the **"Reset"** button to clear or refresh your fields.

8. Click the **"Save Item"** button. The system will determine the type of box the product will be saved in based on the drug classification.

9. A message will populate instructing which box to place the item in. If you do not want to see this message after each saved item, select the **"Don't show this message again"** box.
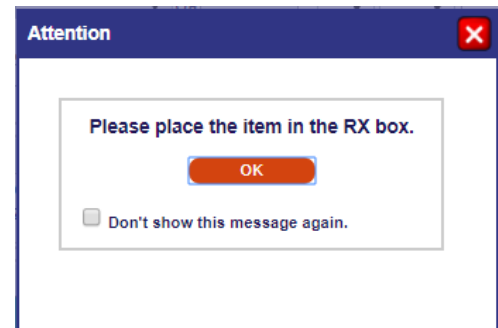
Note: This message will re-appear for any new box opened.

10. For Narcotic and Controlled Drugs (NCD), the products will automatically be saved in a separate box from the regular Rx products. You can also refer to the **"Box Type"** column in the Returns Details.

11. All saved products will be listed in the **"Return Details"** summary as follows:

Box ID	Box Type	DIN	Manufacturer	Product Description	Package Description	Expiry Date	Lot #	Drug Program	Fullness %	Exact Count	Unit Qty	Reason Code	Unit Price	Estimated Credit

Note:

For a full "Reason Code" description, place your cursor over the reason code to display.

Reason Code	Unit Price	Estimated Credit	
UNA	$220.72	$0.00	❌

UNAUTHORIZED RETURN / POST-EXPIRED

If the product entered is deemed "Unauthorized" under "reason code", then it is non-creditable. However, the product can still be returned to Inmar for destruction purposes. There will be no associated charges for Inmar manufacturer client returns.

Estimated Credits are based on the information that was entered. If limited information is provided, credit estimation is based on the assumption that the product is within the manufacturer's policy. You will not be reimbursed for a product which does not conform to the return goods policy of the participating manufacturers or any claimed products not physically received. Inmar MedTurn will not be held liable or responsible for non-participating manufacturers products received. No notification will be provided for such products upon receipt or prior to processing. These products will not be returned to you. Applicable charges will be invoiced to you for the handling and destruction of these products. All monetary values are subject to change without prior notification. The manufacturer reserves the right to refuse credit. Any comments entered will be reviewed at the time of processing the item on-site and if eligible for credit, it will only be adjusted at that time.
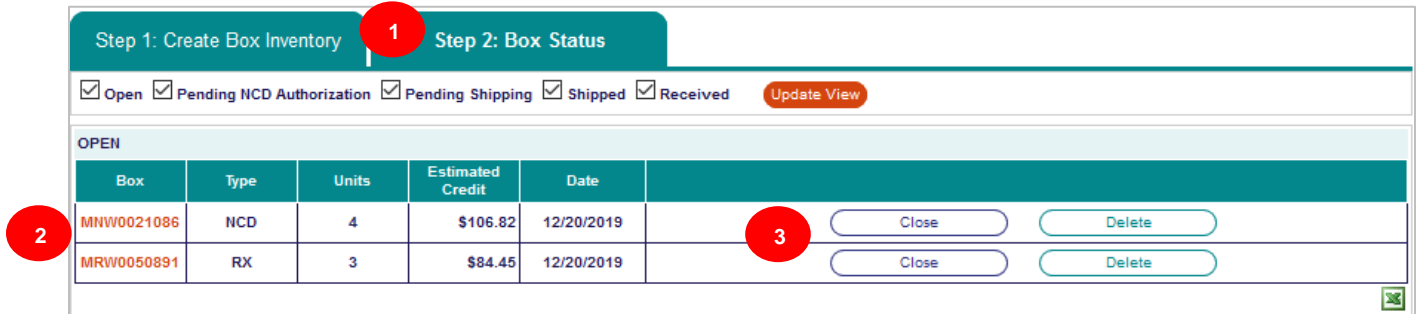
12. To delete an item, select the ❌ button from the **Returns Detail** section.

HOW TO PREPARE AN RX RETURNS SHIPMENT

Step 1: Close Boxes for Shipment

1. After all items have been entered for return, select **"Step 2: Box Status"** under **"Returns Inventory"**.

2. To verify items in the box prior to closing, select the box number. **"Print Box Inventory"** is not a packing slip and is not to be placed in the box at this point.

3. Select **"Close"**.

4. **"Claims, Wholesaler & Direct Account Information"** interface will appear. Claim* is mandatory and if no claims are applicable, select **"No Claim to All"** or **"No Claim"**. Verify and/or provide Wholesaler & Direct Accounts information, if applicable. Select **"Save & Close Box"**.

   *Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc. If you do not have one or know of one, select "No Claim".

IMPORTANT: "No Claim" selection has no bearing on your credit eligibility for the return. Credit eligibility is based on the manufacturers' return policy.

Claims, Wholesaler & Direct Account Information - MRW0050891

Claim(s)

Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc.
IMPORTANT:This claim entry is the only data source used to report your claim to the manufacturer(s). Maximum 10 characters. Please use the [+ Add] button for manufacturers with more than one claim.

Manufacturer	Claim	☐ No Claim to All	Action
ASTRAZENECA CANADA INC.	NO_CLAIM	☑ No Claim	
PFIZER CANADA ULC (TRADE)	NO_CLAIM	☑ No Claim	
SANDOZ CANADA INC.	NO_CLAIM	☑ No Claim	

▼ | | ➕ Add

Wholesaler
Name: MCKESSON BRAMPTON (310-) ▼ Account: 310-0011223

Direct Accounts

Manufacturer	Direct Account	Action
ASTRAZENECA CANADA INC.		
PFIZER CANADA ULC (TRADE)		
SANDOZ CANADA INC.		

CREDIT INFORMATION

Please note: only one wholesaler can be used per return (BoxID). The method of credit issuance will be determined by the manufacturer. Please verify / provide the wholesaler and account above and provide any direct account numbers with the manufacturer(s), if applicable.

For any Wholesaler and Direct Accounts changes, Customer Service will be notified of your change request when the box is physically received in the Inmar system and will reflect on Returns.org for future boxes once the update is completed. For Direct Accounts, if yours and the manufacturer's differ, your change request will be forwarded to the manufacturer for validation.

Cancel | Save & Close Box

5. Select either **"Close and Ship"** if you will not be adding anymore items to the box and are ready to send the shipment to Inmar or, select **"Close and Ship Later"** if you would like to re-open the box at a later time to add additional items.

Close and Ship

Please choose one of the following options:

Close and Ship — Print packing slip and shipping labels.

Close and Ship Later — Close the box and re-open at a later time to add additional items.

6. If "**Close and Ship**" is selected, complete the shipping information and print out the Shipping Documents. The box will be moved to the "**Shipped**" section automatically. If "Close and Ship Later" is selected, the box will be moved to the "**Pending Shipping**" section. See Step II for shipping instructions.

7. For Rx shipments, you can "**Reopen**" the box anytime as long as the box has not been "Shipped". If the box is physically on-site but is in "**Shipped**" status and you forgot to add an item, contact Customer Service and they can assist you to "Reopen" the box and add the item for you.

PENDING SHIPPING

Box	Type	Units	Estimated Credit	Closing Date	Claims Entered			
MRW0014644	RX	2	$49.75	02/12/2019	N	(Reopen)	(Shipping)	(Show Claims & Accounts)

SHIPPED

Box	Type	Units	Estimated Credit	Closing Date	Shipping Date	Carrier / Waybill	Claims Entered		
MRW0049340	RX	1	$103.10	12/20/2019	12/20/2019	Purolator / 40162305648	N	(Print Shipping Documents)	(Show Claims & Accounts)

Step 2: Shipping Boxes

8. If your box is under the **"Pending Shipping"** section, select the **"Shipping"** tab next to the box to be shipped.

9. Complete the applicable shipping information. If the Carrier you are using is not part of the drop-down list, you can enter your own carrier.

10. Select **"Save and Print Shipping Documents"**.

Shipping Information ✖

Please enter the shipping information

Date: 01/06/2020

Carrier: [_____] ▾

WayBill #: [_____]

No. of cartons: [1]

(Save and Print Shipping Documents)   (Cancel)

11. You will be instructed to print the Shipping documentation. This will consist of an outer **"Box Label"** to be affixed to the exterior of the carton and a **"Packing Slip"** to be placed inside the box. If you have multiple cartons, multiple copies of the **"Box Label"** and **"Packing Slip"** would print and are required to be affixed and placed inside each of the boxes, respectively.

*Note: The "Box Label" does not substitute the carrier waybill. A carrier waybill is also
        required to be affixed to the exterior of the carton.*
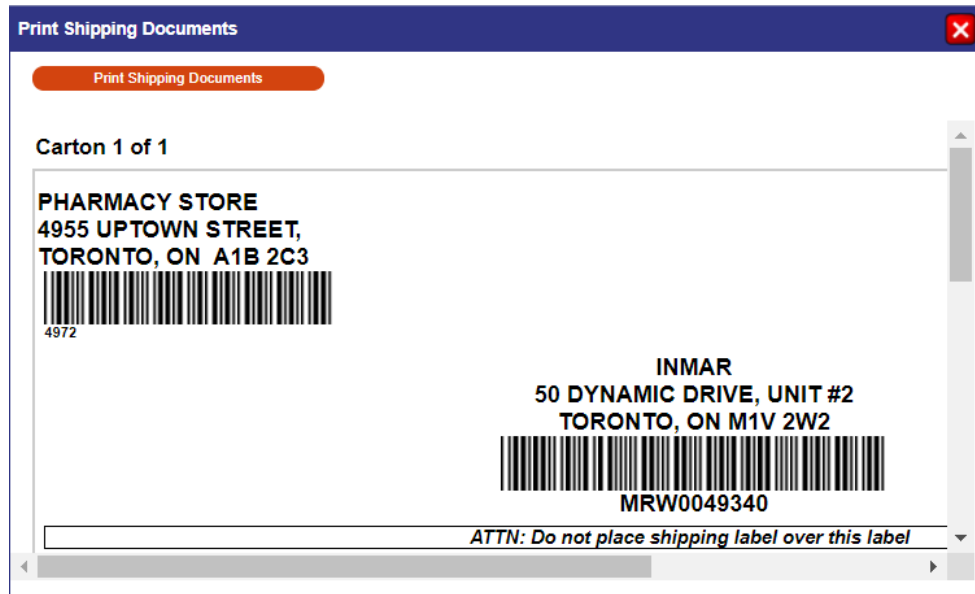
- **DO NOT** place the box label over the center seam of the box.
- Match the box label to the correct box.
- Inmar's box label **MUST** be visible on the outside of the box.

12. The Box will automatically move to the **"Shipped"** status.
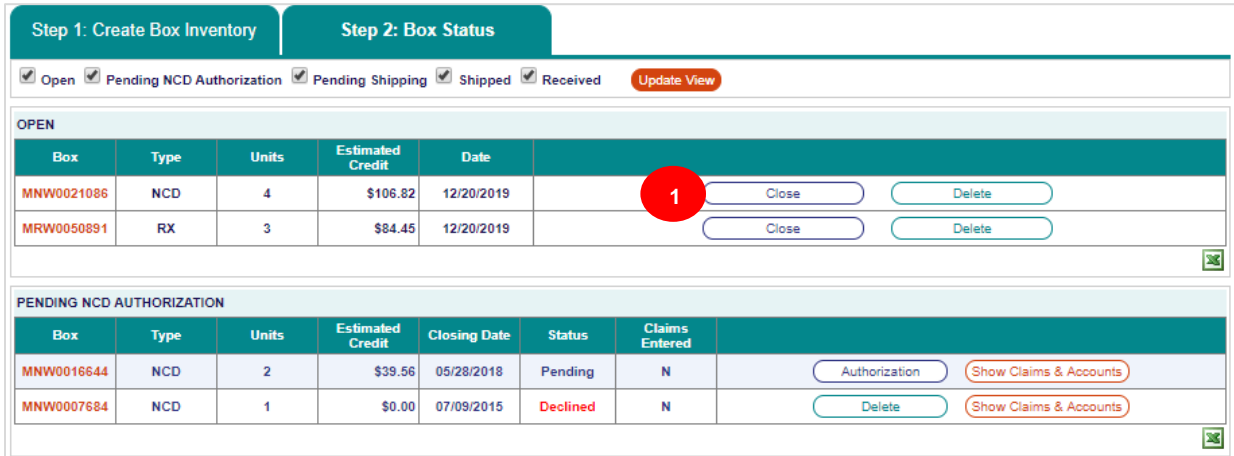
Step 3: Scheduling a Shipment

13. Contact the carrier of your choice to schedule a pick-up of your shipment.

14. Inmar's Purolator **collect** account # is available upon request. Email
    mtics@inmar.com with your complete store information to request for the new account
    # if required. If you need manual waybills, please order them from Purolator
    (suppliesandpreprints@purolator.com / 1-888-744-7123). Shipping charges incurred
    will be deducted from your total credits by the manufacturer when applicable.

NARCOTIC & CONTROLLED DRUG AUTHORIZATIONS AND SHIPPING PROCEDURE
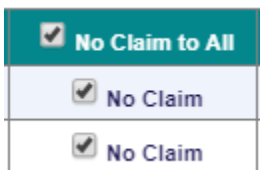
1. Under **"Open"** section select **"Close"** next to applicable NCD box.

2. **"Claims, Wholesaler & Direct Account Information"** interface will appear. Claim is mandatory and if no claims are applicable, select **"No Claim to All"** or **"No Claim"**. Verify and/or provide Wholesaler & Direct Accounts information, if applicable. Select **Save & Close Box".**

   *Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc. If you do not have one or know of one, select "No Claim".

   <u>**IMPORTANT:**</u> <u>"No Claim" selection has no bearing on your credit eligibility for the return. Credit eligibility is based on the manufacturers' return policy.</u>

3. The adjacent message will appear.

4. As soon as a Narcotic & Controlled Drug (NCD) Box has been closed, the box will be moved to the "**Pending NCD Authorization**" status. You will have until midnight (EST) to "Reopen". After midnight (EST), an automated request for authorization will be sent to Inmar's Qualified Person in Charge (QPIC) for review. The "Authorization" button will be non-selectable until the authorization has been approved by Inmar.

5. Upon authorization, Inmar will be sending you the authorization package **via mail** (**Canada Post**) with the following documents:
    a. Authorization letter with the "Receipt Confirmation #".
    b. Product listing – detailing the authorization status for each product i.e. approved status and "Inmar's comments" if applicable.
    c. Box label.
    d. Purolator Chain of Signature (COS) Waybill to return the shipment to Inmar.
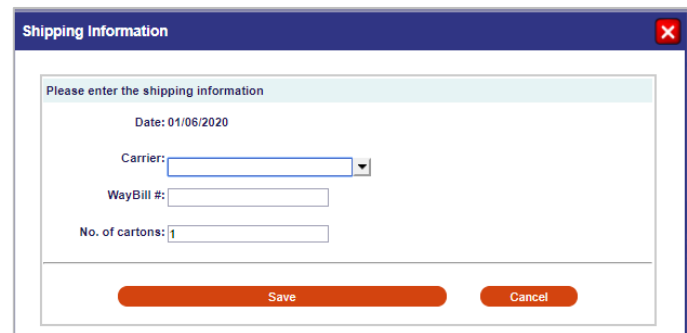
    Note: If you have a preferred COS carrier, you are not obligated to use the Purolator COS waybill enclosed in the authorization package. You may return the waybill in your package.

6. Also, upon authorization by Inmar's QPIC, the "Authorization" button will be selectable. Once you have received the authorization package via Canada Post, verify the NCD items in your box against the authorized listing. If everything is correct, select the "Authorization" button and enter the "Receipt confirmation #" indicated on Inmar's authorization letter. Click "Save". If you decide not to return an authorized item, mark an "X" beside the product on the form.

Narcotic Authorization

Narcotic authorization for box MNW0016644

Enter Receipt Confirmation #: [   ]

Save   Cancel

Please note: As per Health Canada regulations, NCD products **CANNOT** be returned to Inmar without prior **written** authorization from Inmar's QPIC.

7. Complete the applicable shipping information.

Shipping Information

Please enter the shipping information

Date: 01/06/2020

Carrier: [   ]

WayBill #: [   ]

No. of cartons: [1]

Save   Cancel

8. Select **"Save"**.

9. The box will then be moved to the "Shipped" status.
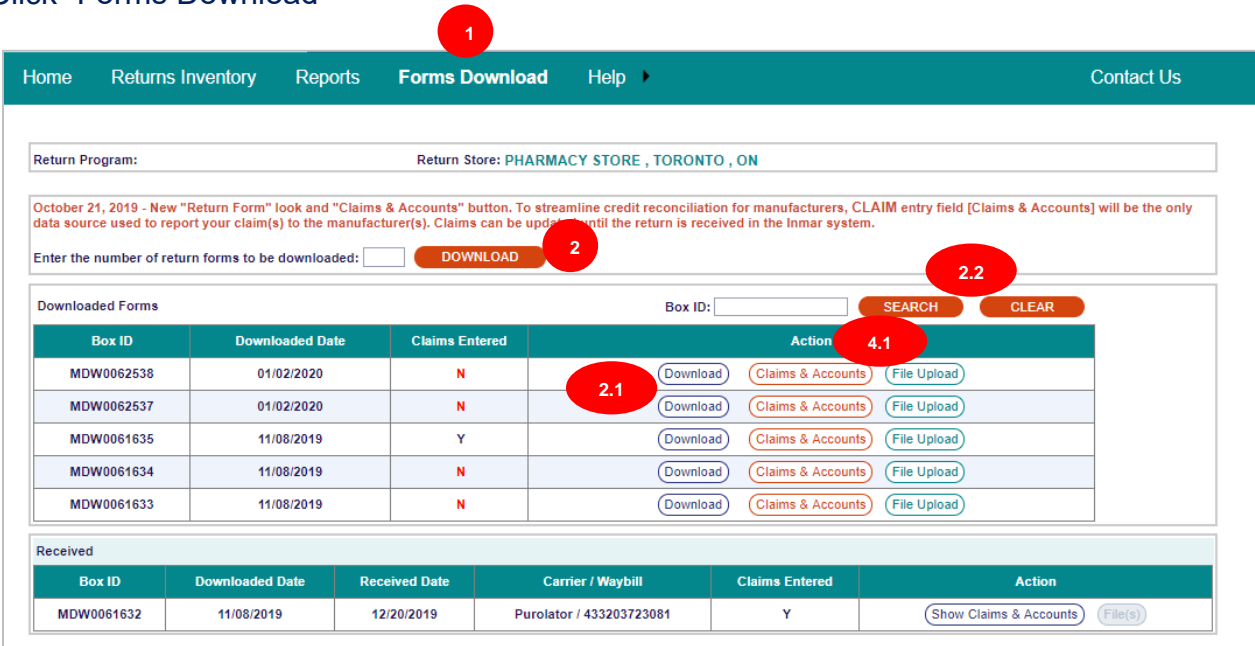
10. Pharmacist or authorized personnel is required to complete and sign the designated lower right section of the original authorization letter.

11. Place the original product listing and authorization letter in the box and retain copies of each for your records. The box label is to be affixed to the exterior carton along with the completed chain of signature waybill.

    To schedule a pick-up of your shipment, contact **Purolator at 1-888-744-7123** or the Carrier of your choice.

HOW TO DOWNLOAD RETURNS FORMS

1. Click "Forms Download"

2. Enter the number of return forms to be downloaded and select **"DOWNLOAD".**

    2.1. To download the form again (not previously used), select "Download" from the **"Downloaded Forms"** section.

    2.2. To search a specific boxID form, enter Box ID and select **"SEARCH"**. Select **"CLEAR"** to view full listing.

3. A prompt will appear and depending on your computer settings, open the PDF downloaded or a PDF document will open automatically. Print the document.

4. Complete the checklist on the return form and insert a signed copy within your shipment.

4.1 I have entered my Claim(s) on Returns.org. Select "**Claims & Accounts**". Claim* is mandatory and if no claims are applicable, select "No Claim to All" or "No Claim". Verify and/or provide Wholesaler & Direct Accounts information, if applicable. Select "**Save & Close Box**".

*Claim is any internal return #, debit note #, reference #, manufacturers' return authorization (RA) #, invoice #, etc.

IMPORTANT NOTE FOR PHARMACIES: If you do not have one or know of one, select "No Claim". "No Claim" selection has no bearing on your credit eligibility for the return. Credit eligibility is based on the manufacturers' return policy.
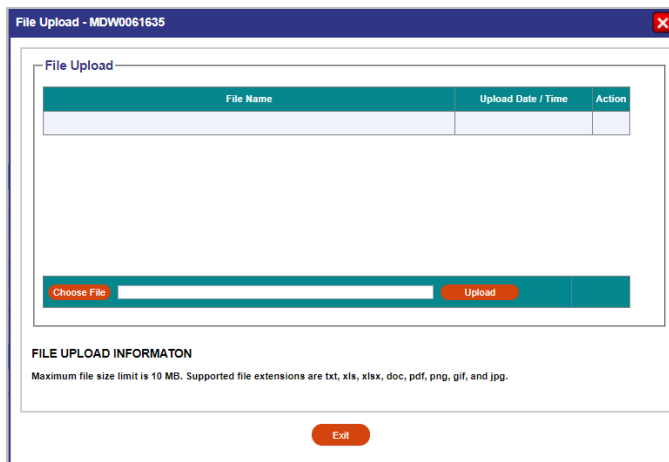
4.2. I have cut the Box Label below and affix it to the outside of the box before shipping.

4.3. I will enclose a completed copy of this Return Form in the shipment

4.4. Approved projects only - I have marked **"X"** on the Box Label **"SD only"** field for **"straight destruction"** material.

5. To upload a file, select "**Upload File**", "**Choose File**" and select "**Upload**".

Physical items to be processed will not be reconciled against file uploaded. It will only be stored on record for reference only.

CUSTOMER SUPPORT

If you have any questions or are experiencing issues with the website, please contact our Customer Service Team.

Contact Information

Address:
Inmar
50 Dynamic Drive, Unit 2
Toronto, ON
M1V 2W2

Phone: 416-298-1234
Toll-Free: 1-888-784-2323
Fax: 416-291-7519
Email: mtics@inmar.com

Operation hours:
Monday to Friday, 8:00AM - 4:30PM (EST)