

# Non-Schedule Inventory Form Instructions

(This form is for pharmacy convenience only – Not required by INMAR)

PLEASE READ INSTRUCTIONS CAREFULLY. THEN COMPLETE THE "NON-SCHEDULE INVENTORY FORM" IN FULL AND INCLUDE ALONG WITH NON-SCHEDULE DRUGS TO:

## Inmar Rx Solutions, Inc.

Ste 125  
3845 Grand Lakes Way  
Grand Prairie, TX 75050

1. Enter **DEA Name, DBA (Doing-Business-As)** and complete address (as indicated on your DEA Controlled Substances Registration Certificate) along with your **Wholesaler Information**.
2. Enter **INMAR Account Number**, if you do not have an INMAR Account Number insert the word "**NEW**."
3. **Buying Group** is the name of your Group Purchasing Organization (e.g. PREMIER).
4. Enter **Shipper Phone Number, DEA Number** and **DEA Expiration Date**.

*(DEA information is not a DEA Requirement for Non-Schedule Drugs)*

5. When listing Non-Schedule Products: *(See example below)*
  - a. List the Non-Schedule Products that will be sent.
  - b. Partial **must** be listed on a separate line.
  - c. If you have a separate Inventory List/Form and/or printout, you can attach it to the "Non-Schedule Inventory Form" once information requested in #1 through #5 has been completed.  
NOTE- Listing of Non-Schedule Products may be a State requirement; but if it is not required by State Regulations, then it is not required by INMAR.  
**(provided by INMAR for convenience if not required by State Regulations)**
6. Completed form must be signed and dated by authorized representative.
7. Make a copy for your files and send the original copy along with your shipment to INMAR.

COLUMNS ARE PROVIDED FOR QUANTITIES AND ITEM IDENTIFICATION. THE FIRST COLUMN HAS 2 SECTIONS FOR FULL CONTAINERS. SECTIONS ARE FOR QUANTITY AND ORIGINAL PACKAGE SIZE (i.e. 2 BOTTLES OF 2 ML x 10, ETC). THE NEXT COLUMN HAS 3 SECTIONS FOR PARTIAL CONTAINERS. SECTIONS ARE FOR QUANTITY, PARTIAL COUNT, AND ORIGINAL PACKAGE SIZE (i.e. 1 BOTTLE WITH 4 PARTS OF 10). THE LAST 2 COLUMNS ARE FOR IDENTIFICATION AND REQUIRE YOU LIST THE ITEM NAME, FORM, STRENGTH AND NATIONAL DRUG CODE.

## EXAMPLE

| ITEM NO | FULL PKG |          | PARTIAL PKG |               |          | COMPLETE IN FULL AND PLEASE PRINT CLEARLY                 |                    |
|---------|----------|----------|-------------|---------------|----------|-----------------------------------------------------------|--------------------|
|         | QTY      | PKG SIZE | QTY         | PARTIAL COUNT | PKG SIZE | ITEM NAME (Description including Name, Form and Strength) | NATIONAL DRUG CODE |
| 1.      | 2        | 10       |             |               |          | AMOXICILLIN CAPS 250MG                                    | 00005-3114-23      |
| 2       |          |          | 1           | 57            | 100      | AMOXICILLIN CAPS 250MG                                    | 00005-3114-23      |
| 3       |          |          | 2           | 30            | 100      | AMOXICILLIN CAPS 250MG                                    | 00005-3114-23      |
| 4       |          |          |             |               |          |                                                           |                    |
| 5       |          |          |             |               |          |                                                           |                    |



**Inmar Rx Solutions, Inc.**  
 Ste 125  
 3845 Grand Lakes Way  
 Grand Prairie, TX 75050  
 DEA No.: RR0191902

**Non-Schedule Inventory Form**

**Inmar Phone:** (888) 397-7979  
**Inmar Fax:** (817) 868-5342  
**Inmar EMAIL:** [222@inmar.com](mailto:222@inmar.com)

PLEASE READ INSTRUCTIONS ON THE FORM CAREFULLY AND COMPLETE IN FULL.  
**PLEASE PRINT CLEARLY.**  
 IF FURTHER CLARIFICATION IS NEEDED, PLEASE CALL (888) 397-7979.

| SHIPPER INFORMATION: |               |      |  | WHOLESALE INFORMATION: |        |      |  |
|----------------------|---------------|------|--|------------------------|--------|------|--|
| DEA NAME:            |               |      |  | NAME:                  |        |      |  |
| DBA NAME:            |               |      |  |                        |        |      |  |
| ADDRESS:             |               |      |  | ADDRESS:               |        |      |  |
| ADDRESS:             |               |      |  | ADDRESS:               |        |      |  |
| CITY:                | STATE:        | ZIP: |  | CITY:                  | STATE: | ZIP: |  |
| INMAR ACCT#:         | BUYING GROUP: |      |  | WHS ACCT#:             |        |      |  |

Shipper Phone No.: (     ) -                      DEA No.:                                      DEA Exp. Date

Print Name (Authorized Registrant)                                      Signature (Authorized Registrant)                                      Date

**NOTE: INMAR RECOMMENDS USING A SHIPPING METHOD THAT CAN TRACK AND CONFIRM DELIVERY OF YOUR SHIPMENT.**  
 (See Instructions on reverse side of form)

| ITEM NO | FULL PKG |          | PARTIAL PKG |               |          | COMPLETE IN FULL AND PLEASE PRINT CLEARLY                 |                    |           |
|---------|----------|----------|-------------|---------------|----------|-----------------------------------------------------------|--------------------|-----------|
|         | QTY      | PKG SIZE | QTY         | PARTIAL COUNT | PKG SIZE | ITEM NAME (Description including Name, Form and Strength) | NATIONAL DRUG CODE | EST PRICE |
| 1.      |          |          |             |               |          |                                                           |                    |           |
| 2.      |          |          |             |               |          |                                                           |                    |           |
| 3.      |          |          |             |               |          |                                                           |                    |           |
| 4.      |          |          |             |               |          |                                                           |                    |           |
| 5.      |          |          |             |               |          |                                                           |                    |           |
| 6.      |          |          |             |               |          |                                                           |                    |           |
| 7.      |          |          |             |               |          |                                                           |                    |           |
| 8.      |          |          |             |               |          |                                                           |                    |           |
| 9.      |          |          |             |               |          |                                                           |                    |           |
| 10.     |          |          |             |               |          |                                                           |                    |           |
| 11.     |          |          |             |               |          |                                                           |                    |           |
| 12.     |          |          |             |               |          |                                                           |                    |           |
| 13.     |          |          |             |               |          |                                                           |                    |           |
| 14.     |          |          |             |               |          |                                                           |                    |           |
| 15.     |          |          |             |               |          |                                                           |                    |           |