

# Non-Schedule Inventory Form Instructions

(This form for pharmacy convenience Only - Not required by EXP)

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

## **EXP Pharmaceutical Services Corp.**

48021 Warm Springs Boulevard  
Fremont, CA 94539

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 **EXP Account Number**, if you do not have an EXP Pharmaceutical Services Account Number insert the word "**NEW.**"
3. **Buying Group** is the name of your GPO or GSO (e.g. PREMIER).
4. Enter **Shipper Phone Number, DEA Number** and **DEA Expiration Date**.  
(DEA information is not a DEA Requirement for Non-Schedules)
5. When listing Non-Schedule Products: (See example below)
  - a. List the Non-Schedule products that will be sent.
  - b. Partials **must** be listed on a separate line.
  - c. If you have a separate Inventory List/Form and/or Printout, you can attached it to the "Non-Schedule Inventory Form" once information requested in instructions #1 thru #5 have been followed.

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 EXP  
(provided by EXP 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 EXP Pharmaceutical Services Corp.

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 100, 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 57 PARTS OF 100). 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        | 100      |             |               |          | 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       |          |          |             |               |          |   |                    |

