

Form will not be processed unless all questions are completed

This questionnaire is to be completed by the distributor owner/authorized representative and Besse associate during an on-site visit.

SECTION I – General Information

1. Distributor name (as it appears on the DEA registration): _____

DBA: _____

Has the distributor ever operated under another name? Yes or No If yes, please list: _____

Will Besse be this customer's primary wholesaler? Yes or No If no, list primary: _____

If no, what percentage of distributor's business will be serviced from Besse? _____

2. Distributor address (as it appears on the DEA registration):

Street _____ City _____

State _____ Zip _____ Phone: _____

Email: _____ Website: _____

3. Select the following reason for CSRA review:

New customer:

Start-up business.

Established business **changing** supplier(s) to Besse. List current supplier(s): _____

Established business **adding** ABDC as supplier(s). List current supplier(s): _____

Existing customer:

Change in ownership – indicate account # _____

Updated CSRA 590 form – indicate account #: _____

4. What is your total monthly dollar volume from all suppliers? (*startup entities provide estimate*) _____

5. Does this distributor export? Yes or No If yes, does the distributor export controlled substances? Yes or No

6. What percentage of the following describes the distributor's customer segments? Selection(s) should add up to 100%.

Retail _____% Long term care _____% Compounding _____% Internet _____%

Mail order _____% Hospice _____% Specialty _____% Gov't/DOD _____%

7. Select if you have a current account with any other ABC subsidiary and indicate applicable account #.

Besse - account # _____ Oncology – account # _____

MWI – account # _____ ASD – account # _____

ABDC – account # _____ ICS – account # _____

SECTION II - Licenses

8. Distributor state license #: _____ DEA license #: _____
9. Controlled substance state license (if applicable): _____
10. Other licenses (exporter, re-packager, etc.): _____
11. Please list applicable licenses for ALL states you deliver drug products to.

SECTION III – Distributor Personnel & Ownership

12. Ownership type (*check all that apply*): Proprietor Corporation Partnership
13. Are any of the owners a licensed pharmacist or prescribing physician? Yes or No If yes, please list license number(s) and state(s): _____
14. Are any of the owners associated with or own another distributor? Yes or No
If yes, please provide additional details in the comments and observations section.
15. Please provide ownership information below (*if applicable*):

Owner name	State of residence	Number of years owner has operated as a distributor.	% of ownership

16. Name of manager-in-charge _____
17. Name/title of person responsible for regulatory compliance _____

SECTION IV – Sanctions/Discipline

18. Has the distributor had a DEA registration or state license/registration (including any state where the distributor does business) suspended, revoked or disciplined within the last 10 years? Yes or No If yes, give details (when, why, etc.)

19. Is this distributor currently part of an active investigation at the federal, state or local level? Yes or No
If yes, please provide details (when, why, etc.)

SECTION IV – Sanctions/Discipline (cont.)

20. Has a supplier ever suspended or ceased controlled substance sales to the distributor?

Yes or No If yes, give details (when, why, etc.)

21. Has the owner, family member, or any employee of the distributor had a DEA registration or state license/registration suspended, revoked or disciplined within the last 10 years? Yes or No If yes, give details (when, why, etc.)

SECTION V – Controlled Substance Purchases

22. Are other businesses or business activities located at the same location (*retail pharmacy, etc.*)? Yes or No

If yes, identify and explain _____

23. Does the distributor service pain management clinics/physicians? Yes or No If yes, please list.

24. Check the following types of products (**based on dosage units**) you expect to purchase from Besse. Selection(s) should add up to 100%.

Non-controlled Rx _____% of total purchases Controlled substances _____% of total purchases
HBA/OTC _____% of total purchases Listed chemicals _____% of total purchases

25. What is your ratio of out-of-state customers vs in-state customers?

Out-of-state customer ratio _____% In-state customer ratio _____%

26. Anticipated or actual usage of the following controlled substance products. Start-up entities please provide estimates:

Item	Monthly purchases values in dosage units
Oxycodone products	
Oxycodone 30 mg IR	
Hydrocodone products	
Hydrocodone ER	
Alprazolam	
Carisoprodol	
Promethazine with codeine (ml)	
Buprenorphine (single component)	
Buprenorphine (Naloxone)	
Methadone	
Hydromorphone	
Oxymorphone	
Amphetamine solids	

SECTION V – Controlled Substance Purchases

27. Please provide the anticipated or actual usage of the top 5 controlled substance or listed chemical product purchases. Start-up entities please provide estimates:

Controlled substance product	Monthly usage values in dosage units

SECTION VI – Due Diligence

28. Are orders reviewed to determine if the order is suspicious? Yes or No

29. Does the distributor have a due diligence program to vet prospective customers and customers that purchase significant quantities of controlled substances? Yes or No

30. Which of the following are included in your due diligence processes? (*Check all that apply*):

- Customer questionnaire
 On-site visit
 Review of dispensing/usage Information
 Public records/internet search
 Verification of applicable registrations and licenses
 Other (Please list): _____

SECTION VII – Comments & Photos

31. Attach and date photographs of distributor building (2 of inside, 1 of **entire exterior front** and 1 of the back of the facility).

Other comments/observations:

SECTION VIII – ACKNOWLEDGMENT

By signing below, distributor acknowledges that:

Besse relies on the information provided on this form to help determine whether it will distribute controlled substances to Distributor. Distributor agrees to inform Besse of any changes to its business that would impact the accuracy or completeness of the information contained herein.

Besse reserves the right, within its sole discretion, to refuse to ship controlled substances to any customer. Any materially incorrect information on the CSRA Form 590 will be grounds for Besse, at its sole discretion, to immediately cease distribution of any or all controlled substances to Distributor and/or to terminate Besse's relationship with Distributor. Distributor has an effective compliance program and adheres to all requirements imposed upon it for the distribution of controlled substances as promulgated in the CFR and by any applicable federal, state or local board of Distributor or other regulatory body.

Distributor will indemnify and hold harmless Besse, its parent companies, affiliates, subsidiaries, shareholders, officers, directors, employees, agents and representatives from any and all economic damage that results from Distributor providing BESSE with materially incorrect information on this form or from failing to have in place an effective compliance program.

DISTRIBUTOR OWNER/AUTHORIZED REPRESENTATIVE:

Name (Print)

Signature

Title

Date

I, as an authorized Besse representative, have discussed with Owner/Distributor BESSE's commitment to preventing the diversion of prescription drugs and the importance of providing complete and accurate responses on this form.

BESSE ASSOCIATE:

Name (Print)

Signature

Title

Date

*****IMPORTANT NOTE:** Both Besse associate and distributor owner/authorized representative signatures **MUST** be present to initiate CSRA review.