

# PROPER PREPARATION OF SINGLE-SHEET DEA 222 ORDER FORM

Use the following instructions for completing your DEA 222 Order Form.

## Part 1

1. "Signature of Requesting Official" line must have the name printed and person's title. Signed by person with legal authority and state what authority is with DEA.
2. Current date.
3. List items ordered: "No. of Packages," "Size of Package," "Name of Item (with strength)". The approved abbreviations:
  - Methadone HCL Oral Concentrate Cherry 10mg/mL is Methadone HCL O/C Cherry 10mg/mL
  - Methadone HCL Oral Concentrate Sugar-Free/Dye-Free 10mg/mL is Methadone HCL O/C SFDF 10mg/mL
 Only one item may be entered on each numbered line. Do not use more than one line per product. Keep text within each appropriate box.
4. Fill in "Last Line Completed." This number should represent the number of lines completed

## Part 2

5. Supplier's DEA Registration, name and DEA registered address:  
RP0569840 | PAI Pharma, 1700 Perimeter Rd, Building A, Greenville, SC 29605

## Part 3 and Part 4

6. Do NOT fill in area marked PART 3 or PART 4.
7. Do NOT alter printed information in "Purchaser Information" or "Registration Information" sections. If your name or address has changed, contact your Regional DEA Office. Shipment can only be made to the address printed on the DEA 222 Order Form.
8. Federal Regulations Do NOT allow suppliers to accept DEA 222 Order Forms containing Corrections, Alterations, or Write-overs. If a mistake is made while completing a form, you must VOID the form and issue a new one.
9. The DEA 222 Order Form is mailed to the following address:  
PAI Pharma, 1700 Perimeter Rd, Building A, Greenville, SC 29605

## Part 5

10. Once shipment has been received, on your copy of the DEA 222 form, in PART 5; fill in "Number Received" and "Date Received".

**Make a copy of the front and back of the form for your records. Send the ORIGINAL DEA 222 Form to Greenville, SC. Refer to the back of your DEA 222 Form for further instructions for completing these forms.**



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| <b>PURCHASER INFORMATION</b><br><br>YOUR BUSINESS NAME<br>YOUR BUSINESS ADDRESS<br>YOUR CITY, STATE ZIP CODE | <b>REGISTRATION INFORMATION</b><br><br>REGISTRATION #XXXXXXXX<br>REGISTERED AS: XXXXXXXXXXXX<br>SCHEDULES: X, X, X, X<br>ORDER FORM NUMBER: XXXXXXXX<br>DATE ISSUED: XXXXXXXX<br>ORDER FORM X OF X | SUPPLIER DEA NUMBER:#<br>PART 2: TO BE FILLED IN BY PURCHASER <span style="border: 1px solid black; padding: 2px;">RP0569840</span><br><br>PAI PHARMA<br>BUSINESS NAME<br>1700 PERIMETER RD, BUILDING A<br>STREET ADDRESS<br>GREENVILLE, SC 29605<br>CITY, STATE, ZIP CODE |
|--|--|--|

PART 1: TO BE FILLED IN BY PURCHASER

**YOUR NAME AND TITLE**  1

PRINT OR TYPE NAME AND TITLE

PART 5: TO BE FILLED IN BY PURCHASER

**DATE**  2

DATE

PART 3: ALTERNATIVE SUPPLIER IDENTIFICATION - TO BE FILLED IN BY FIRST SUPPLIER

ALTERNATE DEA#

SIGNATURE BY FIRST SUPPLIER

**YOUR SIGNATURE**  3

SIGNATURE OF REQUESTING OFFICIAL (MUST BE AUTHORIZED TO SIGN ORDER FORM)

OFFICIALLY AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER  6

DATE

| ITEM | NO OF PACKAGES | PACKAGE SIZE | NAME OF ITEM                     | NUMBER REC'D | DATE REC'D | PART 4: TO BE FILLED OUT BY SUPPLIER |  |  |  |  |  |  |  |  |  | NUMBER SHIPPED | DATE SHIPPED |
|------|----------------|--------------|----------------------------------|--------------|------------|--------------------------------------|--|--|--|--|--|--|--|--|--|----------------|--------------|
|      |                |              |                                  |              |            | NATIONAL DRUG CODE                   |  |  |  |  |  |  |  |  |  |                |              |
| 1    | 4              | 1000 mL      | Methadone HCL O/C Cherry 10mg/mL |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 2    | 4              | 1000 mL      | Methadone HCL O/C SFDF 10mg/mL   |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 3    | 1              | 100          | Methadone HCL 40mg Tablet        |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 4    | 1              | 100          | Methadone HCL 10mg Tablet        |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 5    | 1              | 100 G        | Methadone HCL USP Powder         |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 6    | 4              | 4000mL       | Methadone HCL O/C Cherry 10mg/mL |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 7    |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 8    |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 9    |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 10   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 11   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 12   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 13   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 14   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 15   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 16   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 17   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 18   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 19   |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |
| 1-20 |                |              |                                  |              |            |                                      |  |  |  |  |  |  |  |  |  |                |              |

**LAST LINE COMPLETED (MUST BE 20 OR LESS)** 4

**Ordering**  
877.530.1633  
Option 0  
order@paipharma.com

**Medical**  
877.530.1633  
Option 2

**Distribution & Mail Your 222 Forms**  
PAI Pharma  
1700 Perimeter Rd  
Building A  
Greenville, SC 29605

- Form Reminders**
- Print clearly
  - Send forms with sufficient time to process
  - Remember to sign
  - Keep product descriptions limited to appropriate boxes without going out of the box
  - NO cross outs or erasures
  - Don't post-date form
  - Don't fill in the NDC

Fill in Last Line Completed