



ADDICTION TREATMENT DIVISION PRODUCT CATALOG

WINTER 2025



TABLE OF CONTENTS

Introduction	3
Product Ordering	4
Methadone Products	5
Sublingual Films	7
Sublingual Tablets	8
Other Products	9
Ordering & Shipping FAQ	10
DEA Form 222 Preparation	11

ABOUT US

A COMPREHENSIVE SOURCE OF PHARMACEUTICALS FOR FIGHTING SUBSTANCE USE DISORDER

VistaPharm, founded in 1998, has operated continuously as a partner to those fighting substance use disorder and the stigma associated with it.

“Our patients & customers are at the center of everything we do.”

formulations, and strengths. www.vistapharm.com.

Now a PAI Pharma Company, we remain dedicated to our customers, partners, and patients. We hold ourselves to the highest ethical standards, integrity, and the relentless pursuit of compliance to all regulatory requirements. Our product portfolio offers a wide range of substance use disorder treatment medications, including various dosages,

See the complete product portfolio at

In addition to providing high-quality products, we are committed to providing a reliable supply and an extraordinary customer experience.

Our team is available to answer questions or assist Monday – Friday, 8 AM – 4 PM ET.

877.530.1633

info@paipharma.com

www.vistapharm.com

PRODUCT ORDERING

ORDERING OUR PRODUCTS

VistaPharm has created ordering systems to allow easy access for our customer's convenience to meet their unique ordering requirements. Methadone products may be ordered either with a paper DEA Form 222 or online through our Controlled Substance Ordering System (CSOS) once approved by the DEA. The remaining product line may be ordered via email or through the VistaPharm online store.

OUR ONLINE SYSTEMS CAN:

- Decrease costs
- Ensure order accuracy
- Reduce paperwork
- Expedite transactions

ALL PRODUCT ORDERING REQUIRES:

- Established customer account
- Active DEA license
- Active state license

VistaPharm online store access will be granted once accounts are approved and established.

We're here to help

Call us at **877.530.1633** with any questions.

Visit www.vistapharm.com/resources for a step-by-step guide to using CSOS.

METHADONE PRODUCTS



NDC	PRODUCT NAME	SUPPLIED AS	DESCRIPTION	PACKAGE
66689-694-79	Methadone HCl 10 mg/mL Concentrate (Cherry-flavored)	1,000 mL bottle	Red, cherry-flavored liquid.	
66689-695-79	Methadone HCl 10 mg/mL Concentrate (Dye & sugar free)	1,000 mL bottle	Dye-free, sugar-free, unflavored liquid.	
66689-694-88	Methadone HCl 10 mg/mL Concentrate (Cherry-flavored)	4,000 mL bottle	Red, cherry-flavored liquid.	

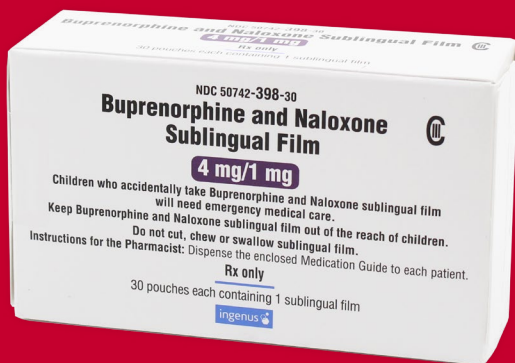
NDC	PRODUCT NAME	SUPPLIED AS	DESCRIPTION	PACKAGE
66689-681-55	Methadone HCl Powder	100 GM bottle	Odorless, white crystalline powder.	
66689-836-99	Methadone HCl Tablet 10 mg	10 mg bottle (100 count)	White, round, biconvex tablets, scored on one side and debossed with "N" above the score and "128" below the score and plain on the other side.	
66689-898-40	Methadone HCl Tablet for Oral Suspension 40 mg	40 mg bottle (100 count)	White, round, biconvex, dispersible tablets, imprinted "E 132" on one side and quadrisected on both sides.	

METHADONE PRODUCTS

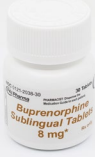


Please visit www.vistapharm.com for additional product information, including the Full Prescribing Information, for each product.

SUBLINGUAL FILM



NDC	PRODUCT NAME	SUPPLIED AS	DESCRIPTION	PACKAGE
50742-397-30	Buprenorphine and Naloxone Sublingual Film 2 mg/0.5 mg	30 films per carton	Orange rectangular film, which contains whitish particulates dispersed throughout the film. The film is imprinted with "2" in blue ink ("2" may appear to be green in color). The pouch has a tear-notch.	
50742-398-30	Buprenorphine and Naloxone Sublingual Film 4 mg/1 mg	30 films per carton	Orange rectangular film, which contains whitish particulates dispersed throughout the film. The film is imprinted with "4" in blue ink ("4" may appear to be green in color). The pouch has a tear-notch.	
50742-364-30	Buprenorphine and Naloxone Sublingual Film 8 mg/2 mg	30 films per carton	Orange-white to dark orange rectangular film with imprint "8" in blue ink ("8" may appear to be green in color), in child resistant polyester/foil laminated pouches.	
50742-365-30	Buprenorphine and Naloxone Sublingual Film 12 mg/3 mg	30 films per carton	Orange-white to dark orange rectangular film with imprint "12" in blue ink ("12" may appear to be green in color), in child resistant polyester/foil laminated pouches.	

NDC	PRODUCT NAME	SUPPLIED AS	DESCRIPTION	PACKAGE
00121-1018-30	Buprenorphine and Naloxone Sublingual 2 mg/0.5 mg Tablet	2 mg/0.5 mg bottle (30 count)	White to off-white, round, biconvex uncoated tablet, debossed with a "+" logo on one side and an "N2" on the other side.	
00121-2036-30	Buprenorphine and Naloxone Sublingual 8 mg/2 mg Tablet	8 mg/2 mg bottle (30 count)	White to off-white, round, biconvex uncoated tablet, debossed with a "+" logo on one side and an "N8" on the other side.	
00121-1019-30	Buprenorphine Sublingual 2 mg Tablet	2 mg bottle (30 count)	White, round, biconvex uncoated tablets with "2" debossed on one side and a dart "+" debossed on the other side.	
00121-2038-30	Buprenorphine Sublingual 8 mg Tablet	8 mg bottle (30 count)	White, round, biconvex uncoated tablets with "8" debossed on one side and a dart "+" debossed on the other side.	

SUBLINGUAL TABLETS

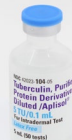


Please visit www.vistapharm.com for additional product information, including the Full Prescribing Information, for each product.

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OTHER PRODUCTS



NDC	PRODUCT NAME	SUPPLIED AS	DESCRIPTION	PACKAGE
42023-104-01	APLISOL® (tuberculin purified protein derivative injection) 5TU/0.1 mL	1 mL (10 tests)	N/A	
42023-104-05	APLISOL® (tuberculin purified protein derivative injection) 5TU/0.1 mL	5 mL (50 tests)	N/A	
47335-326-83	Naltrexone HCl 50 mg Tablet	50 mg bottle (30 count)	Yellow, round, biconvex, film-coated tablets debossed with "326" on one side and scored on other side.	

ORDERING AND SHIPPING

ORDERING AND SHIPPING COMPLIANCE FAQ

When will my orders ship?

Orders received by 11 AM ET with compliance approval, will ship same day for Priority Overnight. Orders received after 11 AM ET, will ship next business day for Priority Overnight.

What are FedEx Priority Overnight and signing requirements with FedEx?

VistaPharm offers free shipping to facilities utilizing Priority Overnight with FedEx, which includes delivery to most areas by noon local time. Some rural areas will deliver by end of day. Adult signature is required for all shipments, and it is the facility's responsibility to make sure the delivery is accepted by proper personnel from FedEx.

How do I track my shipment?

VistaPharm emails the FedEx tracking number at the close of business each day once FedEx has picked up your shipment from our warehouse. The tracking will include a tracking number for each box that is in the full shipment to be utilized if packages become split in transit. The packing slip is emailed at the same time. If there is a change in the person to receive these emails, it is the responsibility of the facility to send updates to VistaPharm.

What is an authorized signer and the responsibilities?

An authorized signer is a person(s) designated in writing by the Registrant to accept deliveries. The authorized signer is responsible for confirming shipment details match the packing slip, execute the packing slip and return to VistaPharm per the instructions on the packing slip. When there are changes to the authorized signers, it is the responsibility of the facility to send updates to VistaPharm.

What is a power of attorney?

A power of attorney is a person(s) designated in writing by the Registrant to order schedule narcotics. The power of attorney is not the same as the authorized signer. When there are changes to the power of attorney(s), it is the responsibility of the facility to send updates to VistaPharm.

DEA 222 ORDER FORM

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/mLOnly 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.

PURCHASER INFORMATION

YOUR BUSINESS NAME
YOUR BUSINESS ADDRESS
YOUR CITY, STATE ZIP CODE

REGISTRATION INFORMATION

REGISTRATION #XXXXXXX
7 REGISTERED AS: XXXXXXXXXXXX
SCHEDULES: X, X, X, X
ORDER FORM NUMBER: XXXXXXXX
DATE ISSUED: XXXXXXXX
ORDER FORM X OF X

SUPPLIER DEA NUMBER:#

PART 2: TO BE FILLED IN
BY PURCHASER

RP0569840

PAI PHARMA

BUSINESS NAME
1700 PERIMETER RD, BUILDING A 5
STREET ADDRESS
GREENVILLE, SC 29605
CITY, STATE, ZIP CODE

PART 1: TO BE FILLED IN BY PURCHASER

YOUR NAME AND TITLE 1
PRINT OR TYPE NAME AND TITLE

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

DATE 2
DATE

PART 5:
TO BE FILLED
IN BY
PURCHASER

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

ALTERNATE DEA#

1 2 3 4 5 6 7 8 9 0

SIGNATURE BY FIRST SUPPLIER

OFFICIALLY AUTHORIZED TO EXECUTE ORDER 6 HALF OF SUPPLIER DATE

ITEM	NO OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED OUT BY SUPPLIER NATIONAL DRUG CODE	NUMBER SHIPPED	DATE SHIPPED
1	4	1000 mL	Methadone HCL O/C Cherry 10mg/mL					
2	4	1000 mL	Methadone HCL O/C SFDF 10mg/mL					
3	12	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

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3rd Floor
Parsippany, NJ 07054
