### Checklist for Completing 222 Forms

How to order Schedule II and IIN products from Covetrus North America using your 222 DEA Form:

1. **ON 222 FORM FOR SUPPLIER ADDRESS (DEA 222 FORM):**
   - **Customers in:** CT, DC, DE, IL, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, WV
     - Complete 222 form with supplier name and address: (only use this address within the form, not to mail the form)
     - Covetrus North America
       - 3820 Twin Creeks Dr.
       - Columbus, OH
   - **Customers in:** AK, AL, AR, AZ, CA, CO, FL, GA, HI, IA, ID, KS, LA, MN, MO, MS, MT, ND, NE, NM, NV, OK, OR, SD, TX, UT, WA, WY
     - Complete 222 form with supplier name and address: (only use this address within the form, not to mail the form)
     - Covetrus North America
       - 14800 FAA Blvd, STE 100
       - Ft. Worth, TX

2. **CURRENT DATE:** Form is valid for 60 days from this date.
3. **THE NUMBER OF PACKAGES, SIZE OF PACKAGE, and NAME OF ITEM:** desired is correct.
4. **LAST LINE COMPLETED:** Use 1 line per item. Enter ONLY the number of lines used. (In the example below, the last line completed would be 8.)
5. **SIGNATURE:** of the DEA Registrant or Power of Attorney (must send copy of POA with every order).
6. **NO ERASURES OR ALTERATIONS:** The form will be cancelled and returned.
7. **SUBMIT:** Copy 1 (brown) and Copy 2 (green). Remove and KEEP the Purchaser (blue) copy. Once your product is received complete the NDC, number of packages, and date received on the blue copy.

### To order additional DEA 222 Form:
- Go to www.deadiversion.usdoj.gov | Click on Order Form Request (DEA 222)
- See Reverse of PURCHASER’S Copy for Instructions
- No order form may be issued for Schedules I and II substances unless a completed application form has been received (21 CFR 1305.04).
- OMB APPROVAL No.1117-0010

<table>
<thead>
<tr>
<th>NO.</th>
<th>LINE</th>
<th>DESCRIPTION</th>
<th>NDC</th>
<th>Packages</th>
<th>Date Shipped</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Socumb, 6 GR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>Hydromorphone Inj 2MG/ML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>Hydromorphone Inj 2MG/ML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>Fentanyl Cit, 50MCG/ML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>Nembutal Sodium 50mg/ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>Fatal Plus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>Fentanyl Patches *(see strength below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>5</td>
<td>Methadone 200mg/20ml</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **MAIL TO ADDRESS:**
   - This address is ONLY to be used to mail the form, it should not be used within the form.
   - Covetrus North America
     - Attn: Regulatory Affairs
     - 400 Metro Place North
     - Dublin, OH 43017

9. **FOR SCHEDULE II/IIN or DEA 222 order questions please call:** 877-524-1215 or email: 222Orders@covetrus.com.

*Indicate Fentanyl Patches as: 12mcg, 25mcg, 50mcg, 75mcg, or 100mcg