

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 222FORM):

Customers in:	Complete 222 form with supplier name and address:
CT, DC, DE, IN, IL, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, WV	Covetrus North America 3820 Twin Creeks Dr. Columbus, OH
WA, OR, CA, NV, ID, MT, WY, UT, AZ, NM, CO, ND, SD, NE, KS, OK, TX, LA, MS, AL, GA, FL, AR, MO, IA, MN, HI, AK	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" see reverse of Purchaser's copy instructions 7 and 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.

8. MAIL TO ADDRESS (ENVELOPE):

Covetrus North America
Attn: Regulatory Affairs
400 Metro Pl. N, Dublin OH 43017

To order additional DEA 222 Forms,
 Go to www.deadiversion.usdoj.gov
 Click on [Order Forms \(DEA 222\)](#)

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	
TO: COVETRUS NORTH AMERICA 1		STREET ADDRESS See Address Above			
CITY and STATE See Address Above		DATE 2 MM/DD/YY		TO BE FILLED IN BY SUPPLIER LEAVE BLANK	
TO BE FILLED IN BY PURCHASER		SUPPLIER'S DEA REGISTRATION NO.		National Drug Code	
No. of Packages		Size of Package		Name of Item	
1 3		250 ml		Socumb, 6 GR	
2		30ml		Demerol Inj. 50mg/ml	
3		20 ml or 25x1ml		Hydromorphone Inj. 2MG/ML	
etc.		50 ml		Fentanyl Cit, 50MCG/ML	
		20 ml or 50 ml		Nembutal Sodium 50mg/ml	
		250 ml		Fatal Plus	
		BX5		Fentanyl Patches *(see strength below)	
		20ml		Methadone 200mg/20ml	
		100 ct		Hydrocodone /Homa 5mg/1.5mg	
		BX10		Duramorph Inj. 1mg/ml 10ml Ampule	
		473ml		Hydrocodone/Homa Syrup 5mg/1.5mg	
		25x1ml		Morphine Sulfate PF 10mg/ml	
4 LAST LINE COMPLETED (MUST BE 10 OR LESS)		SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT 5 Sign Name HERE			
Date Issued	DEA Registration No.	(Name and Address of Registrant) (NOTE: THE NAME AND ADDRESS APPEARING IN THIS BLOCK MUST BE EXACTLY THE SAME AS THE NAME AND ADDRESS ON THE DEA FORM 223 - CONTROLLED SUBSTANCE REGISTRATION)			
Schedules	Registered as a	Form No.			

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

****For Schedule 2/2N or DEA 222 order questions please**

Call: 877-524-1215 or Email: 222Orders@covetrus.com.

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