

**Step One :** Place an order for Desoxyn<sup>®</sup> through your wholesaler's online store (Cardinal, McKesson or AmerisourceBergen). Then send in a DEA 222 Form with the information below so Desoxyn is drop-shipped to your pharmacy.

**Step Two:**

**Step Three:**



Complete the Supplier Section (Part 2) of your DEA 222 Form with the information below:



Mail your completed DEA 222 Form and photo copy of your DEA License to:

**Supplier DEA #: RC0229965**

**Specialty Pharmaceutical Services  
15 Ingram Blvd  
La Vergne, TN 37086**

**Specialty Pharmaceutical Services  
501 Mason Road, Suite 200  
La Vergne, TN 37086**



**IMPORTANT:** Include a photo/scanned copy of the Pharmacy's DEA License with each DEA 222 Form that you mail in.

**Desoxyn<sup>®</sup> Information for DEA 222 Form**

**NAME OF ITEM: DESOXYN 5MG TAB**

**PACKAGE SIZE: 100**



Note: DEA 222 Form orders that cannot be filled due to product availability will be held up to 60 days from form date so order can be filled when product is available. Partial fills will require a new DEA 222 Form.

**Common 222 Form Errors**

<b>1.</b> Supplier Name, Street Address, City, State, or Zip Code not correct.	<b>6.</b> Size of Package not indicated or extends into the item description field.
<b>2.</b> The Name and Title field is incomplete.	<b>7.</b> Incomplete Item Description; name/ strength/ form.
<b>3.</b> Form not signed.	<b>8.</b> Last Line Completed not correct. Last Line indicates the last order line used on the form. Roman numerals are not acceptable.
<b>4.</b> Form date not entered.	<b>9.</b> Any alteration, erasure, overstrike, trace-over or change on the form will render the form unusable.
<b>5.</b> Number of Packages not indicated.	<b>10.</b> Review the back of the form for official DEA guidelines.

**IMPORTANT:** Include a photo/ scanned copy of the Pharmacy's DEA License with each DEA 222 Form that you mail in.

Once completed, make a copy for your records and mail the original DEA 222 Form to:  
Specialty Pharmaceutical Services  
501 Mason Road, Suite 200  
La Vergne, TN 37086

**Use the Supplier DEA #, Part 2 Information, Name of Item and Package Size Below**

PURCHASER INFORMATION  John Doe - Example DOE - EXAMPLE RX #1 123 STREET ROAD TOWNSVILLE, ST 00000-0123			REGISTRATION INFORMATION REGISTRATION #: QQ1234567890 REGISTERED AS: RETAIL PHARMACY SCHEDULES: 2, 2N, 3, 3N, 4, 5, ORDER FORM NUMBER: 190000000 DATE ISSUED: 01012022 ORDER FORM 1 OF 3			SUPPLIER DEA NUMBER:# <b>RC0229965</b> PART 2: TO BE FILLED IN BY PURCHASER <b>Specialty Pharmaceutical Services</b> BUSINESS NAME <b>15 Ingram Blvd</b> STREET ADDRESS <b>La Vergne, TN 37086</b> CITY, STATE, ZIP CODE					
PART 1: TO BE FILLED IN BY PURCHASER <b>John Doe, Owner</b> Print or Type Name and Title <i>John Doe</i> Signature of Requesting Official (must be authorized to sign order form)				PART 5: TO BE FILLED IN BY PURCHASER  <b>Today's Date</b> Date		PART 3: ALTERNATE SUPPLIER IDENTIFICATION - to be filled in by first supplier (name in part 2) if order is endorsed to another supplier to fill. ALTERNATE DEA# <input type="text"/> Signature - by first supplier  Official authorized to execute on behalf of supplier _____ Date _____					
ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED IN BY SUPPLIER NATIONAL DRUG CODE				NUMBER SHIPPED	DATE SHIPPED
1	6	100	Desoxyn 5mg Tab								
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
1	← LAST LINE COMPLETED (MUST BE 20 OR LESS)										



Mistake anywhere on this DEA 222 Form? You will need to VOID your entire DEA 222 Form, keep on file for your records, and start with a new one. Please do not write over mistakes in an attempt to correct. This is considered an alteration. Forms with alterations or errors cannot be accepted.