

DEA 222 Form Single Sheet Instructions

Your dropship account has been assigned to the McKesson Corp. Pharmaceutical Distribution Center (DC) in Montgomery, New York.



Complete the Supplier Section of your 222 form with information below:

McKesson Corp.

10 Hudson Crossing Drive
Montgomery, NY 12549



Mail your completed 222 form to:

McKesson Medical-Surgical Inc.
6651 Gate Parkway • Jacksonville FL 32256
Attn: Controlled Substance Helpdesk (Mailstop 122)



Note: 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 222 form.

Common 222 Form Errors corresponding to numbers in the sample form below. Use the correct sample below as a guide for filling out your form.

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

DEA FORM 222 "NOT A" U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION OMB APPROVAL No. 117-0010

PURCHASER INFORMATION JOHN DOE-EXAMPLE DOE-EXAMPLE RX # 1 123 STREET ROAD TOWNSVILLE, ST 00000-0123	REGISTRANT INFORMATION REGISTRATION #: QG1234567890 REGISTERED AS: RETAIL PHARMACY SCHEDULES: 2, 3N, 3, 3N, 4, 5 ORDER FORM NUMBER: 190000000 DATE ISSUED: 10/31/2019 ORDERFORM 3 OF 3	SUPPLIER DEA NUMBER: # <div style="border: 1px solid black; padding: 2px; display: inline-block;">R M 0 5 1 3 4 0 1</div> PART 2: TO BE FILLED IN BY PURCHASER BUSINESS NAME McKesson Corp STREET ADDRESS 10 Hudson Crossing Drive CITY, STATE, ZIP CODE Montgomery, NY 12549																																																																																																																														
PART 1: TO BE FILLED IN BY PURCHASER Name or Title Name and Title John Doe, M.D. Signature: <i>John Doe, M.D.</i> Date: Today's Date		PART 5: TO BE FILLED IN BY PURCHASER OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER DATE NATIONAL DRUG CODE NUMBER SHIPPED DATE SHIPPED																																																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>LINE NO.</th> <th>NO. OF PACKAGES</th> <th>SIZE</th> <th>NAME OF ITEM</th> <th>NUMBER RECD</th> <th>DATE RECD</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>10</td><td>Fentanyl 50mcg/ml 2ml amp</td><td></td><td></td></tr> <tr><td>2</td><td>4</td><td>50ml</td><td>Fentanyl 50mcg/ml vial</td><td></td><td></td></tr> <tr><td>3</td><td>3</td><td>30ml</td><td>Demerol 50mg/ml vial</td><td></td><td></td></tr> <tr><td>4</td><td>1</td><td>25</td><td>Demerol 50mg/ml 1ml amp</td><td></td><td></td></tr> <tr><td>5</td><td>2</td><td>30</td><td>Morphine 2mg/ml 1ml CPl</td><td></td><td></td></tr> <tr><td>6</td><td>2</td><td>25</td><td>Fentanyl 0.05mg/ml 3ml vial</td><td></td><td></td></tr> <tr><td>7</td><td>1</td><td>10</td><td>Ultrava 1mg 3ml vial</td><td></td><td></td></tr> <tr><td>8</td><td>1</td><td>100 Tab</td><td>Hydrocodone/APAP 5/325mg LUD</td><td></td><td></td></tr> <tr><td>9</td><td>1</td><td>100 Tab</td><td>Hydrocodone/APAP 7.5/325mg</td><td></td><td></td></tr> <tr><td>10</td><td>2</td><td>25</td><td>Hydromorphone 2mg/ml 1ml vial</td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>			LINE NO.	NO. OF PACKAGES	SIZE	NAME OF ITEM	NUMBER RECD	DATE RECD	1	2	10	Fentanyl 50mcg/ml 2ml amp			2	4	50ml	Fentanyl 50mcg/ml vial			3	3	30ml	Demerol 50mg/ml vial			4	1	25	Demerol 50mg/ml 1ml amp			5	2	30	Morphine 2mg/ml 1ml CPl			6	2	25	Fentanyl 0.05mg/ml 3ml vial			7	1	10	Ultrava 1mg 3ml vial			8	1	100 Tab	Hydrocodone/APAP 5/325mg LUD			9	1	100 Tab	Hydrocodone/APAP 7.5/325mg			10	2	25	Hydromorphone 2mg/ml 1ml vial			11						12						13						14						15						16						17						18						19						20					
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A list of the most commonly ordered CII drugs and their descriptions is included on the back of this page for your reference.

Most Common CII Drugs Descriptions for DEA 222 Form

Size of Package	Name of Item	Size of Package	Name of Item
10	ALFENTANIL 500MCG/ML 2ML AMP	10	HYDROMORPHONE 1MG/ML 1ML AMP
10	ALFENTANIL 500MCG/ML 5ML AMP	25	HYDROMORPHONE 2MG/ML 1ML VIAL
100	AMPHET SALT 20MG TAB	10	HYDROMORPHONE 2MG/ML 1ML AMP
12	BELLADONNA/OPIUM 16.2/30MG SUP	10	HYDROMORPHONE 4MG/ML 1ML AMP
5GM	COCAINE 100% CRYSTAL	10	HYDROMORPHONE 2MG/ML 1ML SYR
4ML	COCAINE 4% NASAL SOL	20ML	HYDROMORPHONE 2MG/ML VIAL
25	DEMEROL 25MG/0.5ML 0.5ML AMP	100	HYDROMORPHONE 2MG TAB
25	DEMEROL 50MG/ML 1ML AMP	100	HYDROMORPHONE 4MG TAB UD
25	DEMEROL 50MG/ML 2ML AMP	100	HYDROMORPHONE 4MG TAB
25	DEMEROL 75MG/1.5ML 1.5ML AMP	25	MEPERIDINE 25MG/ML 1ML VIAL
25	DEMEROL 100MG/ML 1ML AMP	25	MEPERIDINE 50MG/ML 1ML VIAL
10	DEMEROL 25MG/ML 1ML CPJ	25	MEPERIDINE 100MG/ML 1ML VIAL
30ML	DEMEROL 50MG/ML VIAL	500ML	MEPERIDINE 50MG/5ML SYRUP
24	DILAUDID 1MG/ML SYR	100 TAB	MEPERIDINE 50MG TAB
10	DSUVIA 30MCG TAB	100 TAB	MEPERIDINE 100MG TAB
10	DURAMORPH 1MG/ML 10ML AMP	25	MORPHINE 4MG/ML 1ML VIAL
25	FENTANYL 50MCG/ML 2ML VIAL	25	MORPHINE 8MG/ML 1ML VIAL
25	FENTANYL 50MCG/ML 2ML AMP	25	MORPHINE 10MG/ML 1ML VIAL
10	FENTANYL 50MCG/ML 2ML AMP	5	MORPHINE 1MG/ML 10ML VIAL
25	FENTANYL 50MCG/ML 5ML VIAL	120ML	MORPHINE 20MG/ML VIAL
10	FENTANYL 50MCG/ML 5ML AMP	10	MORPHINE 2MG/ML 1ML CPJ
25	FENTANYL 50MCG/ML 20ML VIAL	10	MORPHINE 4MG/ML 1ML CPJ
5	FENTANYL 50MCG/ML 20ML AMP	10	MORPHINE 8MG/ML 1ML CPJ
25	FENTANYL 50MCG/ML 50ML VIAL	10	MORPHINE 10MG/ML 1ML CPJ
50ML	FENTANYL 50MCG/ML VIAL	100	OXYCODONE 5MG TAB
5	FENTANYL 25MCG/HR PATCH	100	OXYCODONE HCL 5MG TAB UD
5	FENTANYL 50MCG/HR PATCH	100	OXYCODONE 10MG TAB
30	FENTANYL 200MCG LOZ	100	OXYCODONE HCL 10MG TAB UD
100	HYDROCODONE/APAP 5/325MG TAB	100	OXYCODONE/APAP 5/325MG TAB
100	HYDROCODONE/APAP 5/325MG UD	100	OXYCODONE/APAP 5/325MG TAB UD
100	HYDROCODONE/APAP 10/325MG UD	100	OXYCODONE/APAP 10/325MG TAB
50	HYDROCODONE/APAP 7.5/325MG 15ML UD	100	OXYCODONE/APAP 10/325MG TAB UD
40	HYDROCODONE/APAP 2.5/108MG 5ML UD	100	PERCOCET 5/325MG TAB
100	HYDROCODONE/APAP 7.5/325MG TAB	10	SUFENTA 50MCG/ML 1ML AMP
100	HYDROCODONE/APAP 7.5/325MG TAB UD	10	ULTIVA 1MG 3ML VIAL
118ML	HYDROCODONE/APAP 7.5/325MG/15ML SOL	10	ULTIVA 2MG 5ML VIAL

**Items listed are not indicative of current stock or availability.
To check availability, call the CRx Help Desk at 877.777.7455, Opt. 3**