FAWKS NEWS

Casual Sales Process

Receiving Facility

The facility that is *receiving* the medications. This facility is responsible for furnishing all the paperwork for the transaction, including: DEA 222 form and the Casual Sales Form

Distributing Facility

The facility that is *distributing* the medications. This is the supplier of the medications.

Casual Sale

Transfer of a prescription drug to another entity entitled to possess prescription drugs.

DEA 222 Form

Schedule 2 medication order form. This serves as documentation of the transfer of schedule 2 medications between DEA registrations.

Casual Sales Form

Form used to document the transfer of all controlled and non-controlled substances.

Transferring Medications

For CII Medications (e.g., Fentanyl, Oxycodone, etc.):

- Receiving Facility: Complete Parts 1, 2, and 4 of the DEA 222 form.
- 2. Casual Sales Form: Pair with the DEA 222 form.
- 3. Documentation:
 - **Distributing Facility**: Keep the original DEA 222 form and Casual Sales Form in the CII records.
 - Receiving Facility: Keep a copy of the DEA 222 form and Casual Sales Form in the CII records.

For CIII-CV Medications (e.g., Valium, Versed, etc.):

- I. Casual Sales Form only (no DEA 222 form required).
- 2. Documentation:
 - Both **Distributing** and **Receiving Facilities**: Keep the Casual Sales Form in the CIII-CV records.

For Non-Controlled Substances:

- 1. Casual Sales Form only.
 - Both **Distributing** and **Receiving Facilities**: Keep the Casual Sales Form in the Non-Controlled Substance records.

After the transaction, send copies of all documents (DEA 222 form, invoices, etc.) to your local DEA office, either by email or mail.

NOTE: Non-controlled substance documents do not need to be sent to DEA



FAWKS Call to Action!

Do not overcomplicate this process!

Think of it like this:

Distributing Facility acts like your drug wholesaler. The Receiving facility acts like, well, the receiving facility

Documentation:

Transferring a C2 = (A) and (B)

Everything else = (C) only

NEVER under any circumstances is it OK to transfer medications between licensed entities without proper documentation.

When in doubt - ASK US!





DEA FO	ORM-222			U.S. OFFICIAL ORDER I DRUG ENFORCEM				& II								OMB	APPROVAL	No. 1117-001
PURCHASER INFORMATION				REGISTRATION INFORMATION			SUPPLIER DEA NUMBER:#			Г	Distributing facility DEA							
Pu		facility d addre	outlet name	Purchasing facility/outle registration informati			D ST	istr istr istr	ibu ibut	ting ing	faci faci faci	ility/	outle	et n	ame	ss	and zip co	ode .
PART 1-1 DE FILLED N BY PURCHASER Name of purchasing registrant or POA Plitter 1 year Name and Tiss Signature of purchasing registrant or POA Signature of purchasing registrant or POA Signature of Negative Cost under the artificide to sup order femily Date 12/12/24					FILLE	RT 5: D BE D IN BY HASER	PART 3: ALTERNATE SUPPLIER IDENTIFICATION - to be filled in by first supplier (plane in part 2) if order a endotided to another supplier by fill. ALTERNATE DEA # Signature - by first supplier STRUM AUTORISM DEMONTO ON MARK OF STRUMPS. DAY					first supplier						
	NO. OF PACKAGES	PACKAGE SIZE	7. 17. 1	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PAF	RT 4:	то в		ED II				1		NUMBER SHIPPED	DATE
1 2	102	10+10	oxycodone 50				0	4	0	0	0	5	5	2	w	2	62	12/12/24
3	103	1 tablet	hydromorphon				4	2	8	5	8	3	D	1	0	1	103	12/12/24
4	77	1 tablet					0	4	0	u	D	1	2	3	La	2	77	12/12/24
5	87	1 tab itb		326 mg tablets	200		0	4	0	6	0	5	1	2	ce	2	87	12/12/24
6	32	Ivial	fentany 50 m				0	W	4	1	6	0	2	7	2	5	32	12/12/24
7	2	19	dilaudid o.sma,	o.smi syringes			7	Le	0	4	5	0	0	9	9	6	2	12/12/24
		30			- 17%	1 3	185				100		0.00	-	100		100	

(B)

CASUAL SALES FORM Dispensing Facility Name:

JISPETISTING FACILITY INTERPOLATION OF THE PROPERTY OF THE PRO

 The drug shall be distributed in the or transfer loose unit dose tablets

Ordering and Distributing outlets are responsible for completing this form

5) Original copy of this form kept by the distributing outlet and copy kept by receiving

DISTRIBUTING OUTLET Name/Address and DEA number	RECEIVING OUTLET Name/Address and DEA number	Medication Name	Strength	Form (i.e. injection , oral)	Quantity	Expiration Date	NDC number
		oxycodone disaudid norco	5mg 2mg 5mg/325mg	oral oral	103 17	12/2025	0406-0552-6 42858-301-0 0406-0123-6
		fentany!	5 mg 325m 50 mcg m1 0.5 mg 0.5 m	IV,	87 32 vials 2 syringes	05/2027 9/2024 9/2024	0406-0512-0 06416-027-
DEA 222 form number	Method of exchange i.e. pickup/delivery by whom	Individuals dispensing	Date/Time dispensed	Date/ Time received	Individuals receiving		nacist notified (date, ense number)
			,				
IOTE: DEA informati							

NOTE: DEATHINGTON require receiving outlet to complete a hard copy DEA 222 form and issue to the distributing outlet to complete a hard copy DEA 222 form and issue to the distributing outlet Follow instructions on 222 form. Copy of DEA 222 form AND copy of this invoice to be sent by the distributing outlet to the DEA¹



Notify consultant ph	armacist prior to transf		copy kept by r	eceiving out	let		
DISTRIBUTING OUTLET Name/Address and DEA number	RECEIVING OUTLET Name/Address and DEA number	Medication Name	Strength	Form (i.e. injection , oral)	Quantity	Expiration Date	NDC number
		diazepam tramadoi	5m0 60mg	oral	33 pills 13 pills	16/2024	51079-285-28 57664-377-08
DEA 222 form number	Method of exchange i.e. pickup/delivery by whom	Individuals dispensing	Date/Time dispensed	Date/ Time received	Individuals receiving		acist notified (date, ense number)
24PASTABUL			75.75	100			
NIA							