

ADDICTION TREATMENT DIVISION PRODUCT CATALOG

FALL 2023



TABLE OF CONTENTS

Buprenorphine and Naloxone...6 DEA Form 222 Preparation 10 Ordering & Shipping FAQ.....11





PRODUCT CATALOG

ABOUT US

A COMPREHESIVE SOURCE OF PHARMACEUTICALS FOR FIGHTING SUBSTANCE USE DISORDER

VistaPharm, founded in 1998, has operated continuously as a partner to those fighting substance use disorder and the stigma associated with it.

Now a PAI Pharma Company, we remain dedicated to our customers, partners, and patients. We hold ourselves to the highest ethical standards, integrity, and the relentless pursuit of compliance to all regulatory requirements. "Our patients & Our product portfolio offers a wide range of substance use disorder treatment medications, customers are including various dosages, formulations, and strengths. See the complete product portfolio at at the center www.vistapharm.com.

of everything we do."

In addition to providing high-quality products, we are committed to providing a reliable supply and an extraordinary customer experience.

Our team is available to answer questions or assist Monday – Friday, 8 AM – 5 PM ET. 877.530.1633 info@vistapharm.com

www.vistapharm.com

VistaPharm

METHADONE PRODUCTS



	NDC	PRODUCT NAME	SUPPLIED AS						
	66689-694-79	Methadone HCl 10 mg/mL Concentrate (Cherry-flavored)	1,000 mL bottle						
	66689-695-79	Methadone HCI 10 mg/mL Concentrate (Dye & sugar free)	1,000 mL bottle						
	66689-681-55	Methadone HCl Powder	100 GM bottle						
	66689-836-99	Methadone HCl Tablet 10 mg	10 mg bottle (100 count)						
	66689-898-40	Methadone HCl Tablet for Oral Suspension 40 mg	40 mg bottle (100 count)						

VistaPharm

Please visit www.vistapharm.com for additional product information, including the Full Prescribing Information, for each product.

DESCRIPTION

PACKAGE

Red, cherry-flavored liquid.

Dye-free, sugar-free, unflavored liquid.



Odorless, white crystalline powder.



NCC MORE ALLOW Methadone Tablets, USP

White, round, biconvex, dispersible tablets, imprinted "E 132" on one side and quadrisected on both sides.



4

BUPRENORPHINE PRODUCTS



NDC	NDC PRODUCT NAME					
00121-1019-30	Buprenorphine Sublingual 2 mg Tablet	2 mg bottle (30 count)				
00121-2038-30	Buprenorphine Sublingual 8 mg Tablet	8 mg bottle (30 count)				

VistaPharm

Please visit www.vistapharm.com for additional product information, including the Full Prescribing Information, for each product.

DESCRIPTION

PACKAGE

White, round, biconvex uncoated tablets with "2" debossed on one side and a dart "→" debossed on the other side.

White, round, biconvex uncoated tablets with "8" debossed on one side and a dart "→" debossed on the other side.

BUPRENORPHINE AND NALOXONE PRODUCTS



NDC	PRODUCT NAME	SUPPLIED AS						
43598-579-30	Buprenorphine and Naloxone Sublingual Film 2 mg/0.5 mg	30 films per carton						
43598-580-30	Buprenorphine and Naloxone Sublingual Film 4 mg/1 mg	30 films per carton						
43598-582-30	Buprenorphine and Naloxone Sublingual Film 8 mg/2 mg	30 films per carton						
43598-581-30	Buprenorphine and Naloxone Sublingual Film 12 mg/3 mg	30 films per carton						

Please visit www.vistapharm.com for additional product information, including the Full Prescribing Information, for each product.

DESCRIPTION

Orange rectangular film with imprint "2" in blue ink ("2" may appear to be green in color), in child resistant polyester/foil laminated pouches.

Orange rectangular film with imprint "4" in blue ink ("4" may appear to be green in color), in child resistant polyester/foil laminated pouches.

Orange rectangular film with imprint "8" in blue ink ("8" may appear to be green in color), in child resistant polyester/foil laminated pouches.

Orange rectangular film with imprint "12" in blue ink ("12" may appear to be green in color), in child resistant polyester/foil laminated pouches.







PACKAGE

BUPRENORPHINE AND NALOXONE PRODUCTS



NDC	PRODUCT NAME	SUPPLIED AS
0121-1018-30	Buprenorphine and Naloxone Sublingual 2 mg/0.5 mg Tablet	2 mg/0.5 mg bottle (30 count)
0121-2036-30	Buprenorphine and Naloxone Sublingual 8 mg/2 mg Tablet	8 mg/2 mg bottle (30 count)



Please visit www.vistapharm.com for additional product information, including the Full Prescribing Information, for each product.

DESCRIPTION

PACKAGE

White to off-white, round, biconvex uncoated tablet, debossed with a "+" logo on one side and an "N2" on the other side.

White to off-white, round, biconvex uncoated tablet, debossed with a "+" logo on one side and an "N8" on the other side.

NDC	PRODUCT NAME	SUPPLIED AS
42023-104-01	APLISOL® (tuberculin purified protein derivative injection) 5TU/0.1 mL	1 mL (10 tests)
42023-104-05	APLISOL® (tuberculin purified protein derivative injection) 5TU/0.1 mL	5 mL (50 tests)
47335-326-83	Naltrexone HCl 50 mg Tablet	50 mg bottle (30 count)
78670-140-02	ZIMHI™ (naloxone HCl injection, USP) 5 mg/0.5 mL	2 pre-filled syringe

OTHER PRODUCTS



VistaPharm

DESCRIPTION

N/A

PACKAGE

N/A

Yellow, round, biconvex, film-coated tablets debossed with "326" on one side and scored on other side.

Carton containing two cases, each of which contain one 5 mg/0.5 mL single-dose, pre-filled syringe.

PRODUCT CATALOG

PRODUCT ORDERING

ORDERING OUR PRODUCTS

VistaPharm has created ordering systems to allow easy access for our customer's convenience to meet their unique ordering requirements. Methadone products may be ordered either with a paper DEA Form 222 or online through our Controlled Substance Ordering System (CSOS) once approved by the DEA. The remaining product line may be ordered via email or through the VistaPharm online store.

OUR ONLINE SYSTEMS CAN:

- \cdot Decrease costs
- \cdot Ensure order accuracy
- Reduce paperwork
- Expedite transactions

ALL PRODUCT ORDERING REQUIRES:

- Established customer account
- \cdot Active DEA license
- Active state license

VistaPharm online store access will be granted once accounts are approved and established.

We're here to help Call us at **877.530.1633** with any questions.

Visit <u>www.vistapharm.com/resources</u> for a step-by-step guide to using CSOS.

VistaPharm

PROPER PREPARATION OF SINGLE-SHEET DEA 222 ORDER FORM

Use the following instructions for completing your DEA 222 Order Form and sending to VistaPharm.

Part 1

- 1. "Signature of Requesting Official" line must have the name printed and person's title. Signed by person with legal authority and state what authority is with DEA.
- 2. Current date.
- 3. List items ordered: "No. of Packages," "Size of Package," "Name of Item (with strength)". The approved abbreviations:
- Methadone HCL Oral Concentrate Cherry 10mg/mL is Methadone HCL O/C Cherry 10mg/mL
- Methadone HCL Oral Concentrate Sugar-Free/Dye-Free 10mg/ mL is Methadone HCL O/C SFDF 10mg/mL
- Only one item may be entered on each numbered line. Do not use more than one line per product.
- 4. Fill in "Last Line Completed." This number should represent the number of lines completed

Part 2

5. Supplier's DEA Registration, name and DEA registered address is RV0422220 | VistaPharm LLC., 13701 66th Street North, Largo, FL 33771

Part 3 and Part 4

- 6. Do NOT fill in area marked PART 3 or PART 4.
- 7. Do NOT alter printed information in "Purchaser Information" or "Registration Information" sections. If your name or address has changed, contact your Regional DEA Office. Shipment can only be made to the address printed on the DEA 222 Order Form.
- 8. Federal Regulations Do NOT allow suppliers to accept DEA 222 Order Forms containing Corrections, Alterations, or Write-overs. If a mistake is made while completing a form, you must VOID the form and issue a new one.
- 9. The DEA 222 Order Form is mailed to the following address: VistaPharm LLC., 13701 66th Street North | Largo, FL 33771

Part 5

10. Once shipment has been received, on your copy of the DEA 222 form, in PART 5; fill in "Number Received" and "Date Received".

Make a copy of the front and back of the form for your records. Send the ORIGINAL DEA 222 Form to VistaPharm. Refer to the back of your DEA 222 Form for further instructions for completing these forms.

YOUF	PURCHASER INFORMATION YOUR BUSINESS NAME YOUR BUSINESS ADDRESS				SUPPLIER DEA NUMBER:# PART 2: TOB BE FILLED IN BY PURCHASER								220						
YOUR CITY, STATE ZIP CODE			ORDER FORM NUMBER: XXXXXXXX DATE ISSUED: XXXXXXXX ORDER FORM X OF X		VISTAPHARM, LLC. BUSINESS NAME 13701 66TH ST N STREET ADDRESS LARGO, FL 33771 CITY, STATE, ZIP CODE														
ART 1:	TO BE FILLE	D IN BY PURCHA	SER			DA D		PART	3: A	LTERN	VITA	E SUP	PLIER	IDEN	TIFIC	ATION	- TO BE I	FILLED IN BY FIF	RST SUPPLING
γοι	JR NAN	IE AND T	ITLE 🚺			Par to be i		ΔΙΤΙ	FRN			ŧ		_	-			<u> </u>	1
RINT	OR TYPE NAM	IE AND TITLE						ALTERNATE DEA#											
		NATURE			DATE 2	PURCH	AJEK						SUPP						_
IGNAT	URE OF REQ	UESTING OFFICI	AL (MUST BE AUTHORIZED TO	SIGN ORDER FORM)	DATE			OFFI										UPPLIER	DATE
TEM	NO OF PACKAGES	PACKAGE SIZE	1	NAME OF ITEM	UIST	NUMBER REC'D	DATE REC'D		F	ART 4			LLED C			PPLIER		NUMBER SHIPPED	DATE SHIPPED
1	4	1000 mL	Methadone H	ICL O/C Cher	ry 10mg/mL			D											
2	4	1000 mL	Methadone H	= 10mg/mL					<u>.</u>										
3	1	100	Methado				\sum												
4	1	100	Methado																
5	1	100 G	Methadone HCL USP Powder							1	0								
6			3								V								
7											2	1							
8																			
9											5								
10											2								
11																			
12								2											
13											2	$\overline{\nabla}$							
14											Ч								
15				P															
16										1	0								
17				G'															
18									$\sum_{i=1}^{n}$										
19																			
1-20					roba-		T												

Ordering 877-530-1633, Option 2 order@paipharma.com

<u>Medical</u> 877-530-1633, Option 3

Distribution & Mail Your 222 Forms

VistaPharm, LLC. 13701 66th Street North Largo, FL 33771

VistaPharm

Form Reminders

- Print clearly
- \cdot Send forms with sufficient time to process
- · Remember to sign
- Keep product descriptions limited to appropriate boxes without going out of the box
- \cdot NO cross outs or erasures
- \cdot Don't post-date form
- \cdot Don't fill in the NDC

Fill in Last Line Completed

PRODUCT CATALOG

ORDERING AND SHIPPING

ORDERING AND SHIPPING COMPLIANCE FAQ

When will my orders ship?

Orders received by 11 AM EST with compliance approval, will ship same day for Priority Overnight. Orders received after 11 AM EST, will ship next business day for Priority Overnight.

What are FedEx Priority Overnight and signing requirements with FedEx?

VistaPharm offers free shipping to facilities utilizing Priority Overnight with FedEx, which includes delivery to most areas by noon local time. Some rural areas will deliver by end of day. Adult signature is required for all shipments, and it is the facility's responsibility to make sure the delivery is accepted by proper personnel from FedEx.

How do I track my shipment?

VistaPharm emails the FedEx tracking number at the close of business each day once FedEx has picked up your shipment from our warehouse. The tracking will include a tracking number for each box that is in the full shipment to be utilized if packages become split in transit. The packing slip is emailed at the same time. If there is a change in the person to receive these emails, it is the responsibility of the facility to send updates to VistaPharm.

What is an authorized signer and the responsibilities?

An authorized signer is a person(s) designated in writing by the Registrant to accept deliveries. The authorized signer is responsible for confirming shipment details match the packing slip, execute the packing slip and return to VistaPharm per the instructions on the packing slip. When there are changes to the authorized signers, it is the responsibility of the facility to send updates to VistaPharm.

What is a power of attorney?

A power of attorney is a person(s) designated in writing by the Registrant to order schedule narcotics. The power of attorney is not the same as the authorized signer. When there are changes to the power of attorney(s), it is the responsibility of the facility to send updates to VistaPharm.







20 Waterview Boulevard 3rd Floor Parsippany, NJ 07054