



Addiction Therapy Services - Order Form

Please Note:

The clinic name, address, and DEA number MUST match the information printed on DEA Certificate of Registration.

Date: _____

Clinic Name: _____

Clinic Address: _____

City/State/Zip: _____

DEA Registration #: _____

Contact Name: _____ Phone: _____

Email: _____ PO Number (if applicable): _____

| Quantity | Size of Package | Description | Strength | NDC |
|----------|-----------------|---|-------------|--------------|
| | Bottle of 30 | Buprenorphine HCL Sublingual Tablets | 2mg | 0054-0176-13 |
| | Bottle of 30 | Buprenorphine HCL Sublingual Tablets | 8mg | 0054-0177-13 |
| | Bottle of 30 | Buprenorphine and Naloxone Sublingual Tablets | 2mg / 0.5mg | 0054-0188-13 |
| | Bottle of 30 | Buprenorphine and Naloxone Sublingual Tablets | 8mg / 2mg | 0054-0189-13 |

| Quantity | Size of Package | Description | Strength | NDC |
|----------|---------------------|--|-------------|--------------|
| | 30 films per carton | Buprenorphine and Naloxone Sublingual Film | 2mg / 0.5mg | 43598-579-30 |
| | 30 films per carton | Buprenorphine and Naloxone Sublingual Film | 4mg / 1mg | 43598-580-30 |
| | 30 films per carton | Buprenorphine and Naloxone Sublingual Film | 8mg / 2mg | 43598-582-30 |
| | 30 films per carton | Buprenorphine and Naloxone Sublingual Film | 12mg / 3mg | 43598-581-30 |

| Quantity | Size of Package | Description | Strength | NDC |
|----------|---------------------------|--------------------------------------|---------------|--------------|
| | 2 devices per carton | Kloxxado™ (Naloxone HCl) Nasal Spray | 8mg per 0.1mL | 59467-679-01 |
| | 2mL vial Package of 25 | Naloxone HCL Injection | .4mg / mL | 0641-6132-25 |
| | 500mL | Diazepam OS | 5mg/5mL | 0054-3188-63 |

Special Instructions: _____

Click "Submit" to email the order form to Hikma Addiction Therapy Customer Service

Form may also be submitted via email or fax

Hikma Addiction Therapy Customer Service

T: 833-449-3475 | F: 866-464-1562

usaddictiontherapy@hikma.com