



Suspension Compounded Formulations*	Fill Size	Patient Price
Pred-Gati™ (Prednisolone acetate 1%/gatifloxacin 0.5%) NDC# 71384-502-03	3.5mL bottle	\$45.00
Pred-Gati-Brom™ (Prednisolone acetate 1%/gatifloxacin 0.5%/bromfenac 0.075%) NDC# 71384-504-03	3.5mL bottle	\$48.00
Pred-Gati-Brom™ (Prednisolone acetate 1%/gatifloxacin 0.5%/bromfenac 0.075%) NDC# 71384-503-07	7mL bottle	\$75.00
Pred-Acetate Preservative-Free (Prednisolone acetate 1%) NDC# 71384-501-05	5mL bottle	\$40.00

Solution Compounded Formulations*	Fill Size	Patient Price
Pred-Gati (Prednisolone phosphate 1%/gatifloxacin 0.5%) NDC# 71384-551-03	3.5mL bottle	\$45.00
Pred-Brom (Prednisolone phosphate 1%/bromfenac 0.075%) NDC# 71384-552-03	3.5mL bottle	\$45.00
Pred-Gati-Brom (Prednisolone phosphate 1%/gatifloxacin 0.5%/bromfenac 0.075%) NDC# 71384-550-03	3.5mL bottle	\$48.00
Pred-Gati-Brom (Prednisolone phosphate 1%/gatifloxacin 0.5%/bromfenac 0.075%) NDC# 71384-550-07	7mL bottle	\$75.00

Questions? Contact us today at (844) 446-6979

All prices include 2-Day FedEx Shipping.



*For professional use only. Imprimis Pharmaceuticals specializes in customizing medications to meet unique patient and practitioner needs. Imprimis Pharmaceuticals dispenses only to individually identified patients with valid prescriptions. No compounded medication is reviewed by the FDA for safety or efficacy. Imprimis Pharmaceuticals does not compound copies of commercially available products. References available upon request.

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ORDERING THROUGH YOUR ELECTRONIC MEDICAL RECORD SYSTEM



1

Locate the Pharmacy

You can find ImprimisRx pharmacy in your EMR system as identified below:

- **ImprimisRx NJ, LLC** 1705 Route 46, Suite 6A Ledgewood, NJ 07852 (866) 792-7328

2

Select Medication and Provide Dosing Instructions

- Search medication by typing in gatifloxacin
(If the Imprimis formulation you are seeking is not available in your software, please choose the closest medication)
- Provide details on how the formulation will be administered
- Include volume to be used and how often the drops are to be applied

3

Include Doctor Notes

Please include the following in the doctor notes if not already pulled from the system

- Patient allergies (required)
- Imprimis formulation name such as “Pred-Gati” or “Pred-Gati-Brom”
- Where to ship the medication
- Who is paying for the medication

EXAMPLE:

- Pred-Gati-Brom 3.5 mL bottle
- Need by date: 05-03-18 (Please allow 5 business days to deliver)
- Allergies - Aspirin, Sulfa, etc. or type NKDA (No Known Drug Allergies)
- Bill & Ship to patient

Need Assistance? Email us at EMRsupport@imprimispharma.com