



## AVAILABLE FORMULATIONS\*

Suspension Compounded Formulations*	Fill Size	Patient Price
Pred-Gati® (Prednisolone acetate 1% and gatifloxacin 0.5%) <b>NDC# 71384-502-03</b>	3.5mL bottle	\$45.00
Pred-Gati-Brom® (Prednisolone acetate 1%/ gatifloxacin 0.5%/bromfenac 0.075%) <b>NDC# 71384-504-03</b>	3.5mL bottle	\$48.00
Pred-Gati-Brom® (Prednisolone acetate 1%/gatifloxacin 0.5%/bromfenac 0.075%) <b>NDC# 71384-503-07</b>	7mL bottle	\$75.00
Pred-Nepaf® (Prednisolone acetate 0.1%, nepafenac 0.5%) <b>NDC# 71384-400-05</b>	3.5mL bottle	\$45.00
Pred-Moxi-Nepaf (Prednisolone acetate 1%, moxifloxacin 0.5%, and Nepafenac 0.1%) <b>NDC# 71384-320-05</b>	3.5mL bottle	\$75.00

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

Includes standard shipping. Expedited shipping may incur additional charges.

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

\*For professional use only. ImprimisRx specializes in customizing medications to meet unique patient and practitioner needs. ImprimisRx dispenses only to individually identified patients with valid prescriptions. No compounded medication is reviewed by the FDA for safety or efficacy. ImprimisRx 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 one of the ingredients of the compound (“**Pred**” for **PRED-MOXI-BROM**) and select compound from EMR list.
- Select correct quantity/volume to be used
- Provide instructions for use (ie: Instill X drop(s) into affected eye X times a day)

# 3

## Include Pharmacy Notes

Please include in the Notes to the Pharmacy field:

- Dispense Imprimis Compound (ie: “**Prednisolone Acetate-Moxifloxacin-Bromfenac**” or “**Pred-Moxi-Brom**”) *Needed only if formulation cannot be selected in EMR*
- Medical Necessity (ie: patient cannot tolerate commercial formulation, patient has trouble with multiple bottle regimen, etc.) *Please note: financial/economic reason is not valid* \*Required
- Patient allergies \_\_\_\_\_ \*Required
- Ship to Patient or Doctor, Bill to Patient or Doctor \*Required
- Date To Be Administered (DTBA) \_\_\_\_\_, Surgery Date \_\_\_\_\_ \*Required

### EXAMPLE:

- Dispense Pred-Moxi-Brom 10ml
- Patient cannot tolerate commercial formulation
- Allergies - aspirin, sulfa OR No Known Drug Allergies *if applicable*
- Ship & Bill to Patient
- DTBA: 02/19/19 ; Surgery Date: 02/21/19

For assistance with EMR setup or questions, email us at [EMRsupport@imprimisrx.com](mailto:EMRsupport@imprimisrx.com)