



Just Got Simpler



Any SINGLE Drug:
NOW only
\$19/mo⁺

Any COMBO Drug:
NOW only
\$39/mo⁺

Easily Switch between Formulations with Simple Pricing

	Preservative-Free Formulations*	Fill Size	Months Supply [†]	Monthly Price
SINGLE	LAT (Latanoprost 0.005%)**	7.5mL	3 Months	\$19.00
COMBINATION	BRIM-DOR® (Brimonidine 0.15% and Dorzolamide 2%)	10mL	2 Months	\$39.00
	TIM-LAT® (Timolol 0.5% and Latanoprost 0.005%)**	5mL	2 Months	\$39.00
	TIM-DOR-LAT® (Timolol 0.5%, Dorzolamide 2%, and Latanoprost 0.005%)**	5mL	2 Months	\$39.00
	TIM-BRIM-DOR® (Timolol 0.5%, Brimonidine 0.15%, and Dorzolamide 2%)	10mL (2 X 5mL bottles per shipment)	2 Months	\$39.00
	TIM-BRIM-DOR-LAT® (Timolol 0.5%, Brimonidine 0.15%, Dorzolamide 2%, and Latanoprost 0.005%)**	5mL	2 Months	\$39.00
	TIM-BRIM-DOR-BIM (Timolol 0.5%, Brimonidine 0.15%, Dorzolamide 2%, and Bimatoprost 0.01%)	5mL	2 Months	\$39.00
TRIPLE/QUAD KIT	TIM-BRIM-DOR® (Timolol 0.5%, Brimonidine 0.15%, and Dorzolamide 2%)	5mL	2 Months	\$78.00
	TIM-BRIM-DOR-LAT® (Timolol 0.5%, Brimonidine 0.15%, Dorzolamide 2%, and Latanoprost 0.005%)**	5mL		

Learn more at www.SimpleDrops.com
or Scan this QR Code



HOW TO PRESCRIBE FOR YOUR PATIENTS

MaxRx Prescriber Portal™

Easy online prescription submission that delivers visibility of order status from start to finish.

Register today at www.MaxRx.com

EMR

1 Locate the pharmacy in the state of New Jersey:

ImprimisRx NJ, LLC 1705 Route 46, Suite 4, Ledgewood, NJ 07852 (866) 792-7328

2 Select Medication and Provide Dosing Instructions

- Search one of the ingredients of the compound ("tim" for TIM-BRIM-DOR®) 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 Please include in the Notes to the Pharmacy field:

- Dispense ImprimisRx Compound (ie: "Tim-Brim-Dor") Needed only if formulation cannot be selected in EMR
- Medical Necessity: (ie: preservative-free, 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) *Required
- Start Date

Example

- Dispense Tim-Brim-Dor 10ml
- Patient requires preservative free option
- Allergies - aspirin, sulfa OR No Known Drug Allergies *if applicable*
- Ship & Bill to Patient
- Start Date: 02/19/21

Fax

Download and complete the fax order form at: imprimisrx.com/OrderSimpleDrops

Please include the following required information when placing your order:

- Patient name, date of birth and address
- Patient allergies
- Formulation
- Quantity and number of refills
- Prescribing instructions
- Medical Necessity (ie. patient cannot tolerate commercial formulation, etc.) Please note: financial/economic reason is not valid

Important: Patients may need to take more than one eye drop product pursuant to multiple dosing regimens, as directed by his or her prescriber in order for the active ingredients to remain effective throughout the day.

† Months supply can vary based on the dosing regimen prescribed by the doctor

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

**Formulations with Latanoprost require an additional \$10 for cold overnight shipping.

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