

imprimis ^{Rx}



844.4.IMMYRX (844.446.6979)

ImprimisRx[®] Formulation Catalog

Dedicated to meeting the needs of healthcare practitioners and their individual patients and providing medications at accessible prices.

ARTESUNATE

- ✔ May be stored at room temperature
- ✔ Unique formulation prepared in a sterile environment
- ✔ Simple reconstitution and administration

CURCUMIN (EMULSION)

- ✔ Unique preparation prepared in a sterile environment
- ✔ Convenience of proper dosing for single use
- ✔ Cost effective

ASCORBIC ACID

- ✔ May be stored at room temperature
- ✔ Physician preferred non-corn source

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imprimis **Rx**[®]

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Imprimis Pharmaceuticals (Nasdaq: IMMY) is a pharmaceutical company dedicated to delivering high quality and innovative compounded preparations to physicians and patients at affordable prices. We are pioneering a new commercial pathway in the pharmaceutical industry, using compounding pharmacies for the formulation and dispensing of high quality, compounded formulations. We are focused in many therapeutic areas including ophthalmology, urology, sinus and integrative medicines.



ImprimisRx® pharmacies are committed to delivering customized and other compounded formulations to physicians and patients TODAY at accessible prices.

We provide high quality medications to patients and physicians. We have a full customer service department dedicated to providing patients with assistance in obtaining coverage for their eligible compounded formulations and acting as an advocate throughout the process.

Our Compounded Formulations May Benefit Your Patients With:

- ✔ Improved patient experience with little to no mixing
- ✔ Increased convenience with sterile pre-filled syringes
- ✔ Ease of dosing
- ✔ Improved patient compliance
- ✔ Ability to customize formulations for individual needs
- ✔ Reduced overall costs to patients and physicians



THERAPEUTIC AREAS

We specialize in a variety of condition areas and focus on developing compounded formulations for individual patients. A sample of the areas where physicians have requested specific formulations include:

Autoimmunity

- Antimalarials
- Botanicals
- Multi-vitamin and multi-mineral intravenous therapies
- Opioid Antagonists

Chronic infectious diseases

- Vitamins
- Chelating Agents
- Antioxidants
- Vitamins and minerals
- Surfactants
- Myers' Cocktail

Dermatologic conditions

- Acne therapies
- Anesthetic gel combinations
- Nail fungus topical treatments
- Psoriasis and eczema treatments
- Hair loss formulations
- Wart therapies

Endocrine/metabolic health

- Vitamins
- Botanicals

Neurodevelopmental disorders

- Gluten-free and casein-free preparations
- Gut dysbiosis therapy
- Nutritional therapy
- Transdermal therapy

Oncology

- Antimalarials
- Botanicals
- Vitamins

Ophthalmology

- Injectable formulations
- Topical formulations
- Sublingual formulations

Sinus conditions

- Intranasal formulations
- Oral combination treatments

Men & women's health

- Estrogen/testosterone
- Interstitial cystitis intravesical formulations
- Interstitial cystitis oral treatments
- Intracavernous injections for erectile dysfunction

The formulations contained in the catalog are just a sample of the compounded preparations that may be formulated for individually identified patients pursuant to a prescription or order from a physician. The physician, patient, and pharmacist should determine the compound that is most appropriate for the particular patient.

COMPOUNDED FORMULATIONS

INJECTABLES

Example Formulations

| | | |
|---|-----------------------|--------|
| Artesunate Lyophilized | 60mg | 10mL |
| Ascorbic Acid (Non-Corn Source) PF (Cpd) | 500mg/mL | 50mL |
| Ascorbic Acid (Non-Corn Source) PF (Cpd) | 500mg/mL | 100mL |
| Carnitine (L) PF | 200mg/mL | 10mL |
| Co-Enzyme Q 10 (Ubiquinone) MDV | 20mg/mL | 30mL |
| Curcumin Emulsion MDV | 10mg/mL | 10mL |
| D3 Vitamin MDV (Cholecalciferol) | 50,000units/mL | 10mL |
| Dexpanthenol MDV | 250mg/mL | 30mL |
| Dichloroacetate (DCA) MDV | 500mg/mL | 10mL |
| DMPS PF | 50mg/mL | 5mL |
| EDTA (Calcium) PF | 300mg/mL | 30mL |
| EDTA (Disodium) MDV | 150mg/mL | 100mL |
| Glutathione MDV | 200mg/mL | 30mL |
| Glutathione Inhalation PF (Refrigerated) | 200mg/mL | 30mL |
| Glutathione Inhalation PF (Refrigerated) | 200mg/mL | 60mL |
| Glutathione Inhalation PF (Refrigerated) | 200mg/mL | 120mL |
| HCG/Hydroxocobalamin Vial | 5,000u/2,500mcg | 1 vial |
| HCG/Hydroxocobalamin Vial | 10,000u/5,000mcg | 1 vial |
| Hydrogen Peroxide PF | 3% | 30mL |
| Menodione Sodium Bisulfate (Vit K3) (CPD) PF | 200mg/mL | 10mL |
| Methylcobalamin (MB12) MDV (3 vials max per patient) | 10mg/mL | 30mL |
| Methylcobalamin (MB12) MDV (3 vials max per patient) | 1mg/mL | 30mL |
| Methylcobalamin (MB12) MDV (3 vials max per patient) | 5mg/mL | 30mL |
| Methylcobalamin (MB12) PF | 25mg/mL | 1mL |
| Methylcobalamin (MB12) PF | 25mg/mL | 2mL |
| Methylcobalamin (MB12) PF | 25mg/mL | 5mL |
| Methyltetrahydrofolate (5-MTHF) Lyophilized MDV (CPD) | 20mg/vial | each |
| MIC/Methylcobalamin MDV | 25/50/50/1mg/mL | 30mL |
| MIC/Vit B Complex/MB12/Carnitine(L) MDV (CPD) | 25/50/50/1/100mg/mL | 30mL |
| MIC/Carnitine MDV (CPD) (Pink) | 25/50/50/50/0.01/mL | 30mL |
| MIC/Methylcobalamin/Vit B6 MDV (CPD) | 25/50/50/5/30mg/mL | 30mL |
| MIC/MB12/Vit B6/Carnitine MDV (CPD) | 25/50/50/5/50/50mg/mL | 30mL |

PF=Preservative Free

**indicates maximum BUD is 45 days frozen

Example compounded formulations and dosage, strength, and forms are examples ONLY. Each formulation is compounded by a pharmacist pursuant to a prescription to meet the needs of individual patients.

COMPOUNDED FORMULATIONS

INJECTABLES (Cont'd)

Example Formulations

| | | |
|--|--------------------|------|
| MIC MDV (Cpd) (Pink) | 25/50/50/0.01mg/mL | 30mL |
| NAC (N-Acetylcysteine) MDV,** | 200mg/mL | 30mL |
| Phosphatidylcholine MDV | 5.0% | 50mL |
| Phosphatidylcholine (PTC) MDV | 3.50% | 50mL |
| Poly MVA IV | | 50mL |
| Potassium Chloride PF | 2meq/mL | 30mL |
| Procaine (HCl) MDV | 20mg/mL | 30mL |
| Pyridoxal 5 Phosphate MDV** | 100mg/mL | 30mL |
| Resveratrol MDV | 10mg/mL | 10mL |
| Riboflavin MDV | 50mg/mL | 10mL |
| Sermorelin/GHRP-6 (Lyophilized) (CPD) | 3mg/3mg | |
| Sermorelin/GHRP-2/GHRP-6 (Lyophilized) (CPD) | 3mg/3mg/3mg | |
| Sodium Phenylbutyrate PF | 200mg/mL | 30mL |
| Taurine (L) MDV | 50mg/mL | 30mL |

Intraocular Formulations

| | | |
|--|------------------|-----------------|
| Dex-Moxi (Dexamethasone/Moxifloxacin) | 1mg/5mg/mL | 1mL |
| Dex-Moxi-Ketor (Dexamethasone/Moxifloxacin/Ketorolac) | | 1mL |
| Epinephrine/Lidocaine in BSS (Shugarcaine) PF | 0.025/0.75% | 2mL |
| Epinephrine Lyophilized | 1mg/mL | 1mL |
| Moxifloxacin | 5mg/mL | 1mL |
| Phenylephrine/Lidocaine PF, SF | 1.5/1% | 1mL |
| Tri-Moxi (Triamcinolone/Moxifloxacin) PF | 15mg/1mg/mL | single-use vial |
| Tri-Moxi-Vanc (Triamcinolone/Moxifloxacin/Vancomycin) PF | 15mg/1mg/10mg/mL | single-use vial |
| Vancomycin PF | 10mg/mL | 1mL |

Intracavernous Injections

| | | |
|---|-----------------------|---------|
| Bimix Solution (Phentolamine/Prostaglandin) | 1mg/20mg/mL | 10mL |
| Pentoxifylline PF | 20mg/mL | 1mL |
| Priapism Kit-Phenylephrine | 1% 1mL/NaCl 0.9% 10mL | 1 dose |
| Priapism Kit-Phenylephrine | 1% 1mL/NaCl 0.9% 10mL | 5 doses |

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SF=Sulfate Free

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COMPOUNDED FORMULATIONS

INJECTABLES (Cont'd)

Example Formulations

Intracavernous Injections (Cont'd)

| | | |
|--|------------------------|----------|
| Priapism Kit-Phenylephrine | 1% 1mL/NaCl 0.9% 10mL | 10 doses |
| Tri-Mix Solution (Phent / Papav / Atropine) | 4mg/30mg/0.2mg/mL | 5mL |
| Tri-Mix Solution (Phent / Papav / PGE1) | 0.2mg/10mg/10mcg/mL | 10mL |
| Tri-Mix Solution (Phent / Papav / Prostaglandin) | 2mg/30mg/20mcg/mL | 10mL |
| Tri-Mix-L I Lyophilized (Phent / Papav / PGE5) | 0.5mg/10mg/5mcg/0.5/mL | 10 doses |
| Tri-Mix-L II Lyophilized (Phent / Papav / PGE5) | 1mg/15mg/10mcg/0.5/mL | 10 doses |
| Tri-Mix-L III Lyophilized (Phent / Papav / PGE5) | 1mg/15mg/20mcg/0.5/mL | 10 doses |

INSTILLATIONS

| | | |
|---|-------------------|---------------|
| Gentamicin Bladder Irrigation | 0.048% | 900mL |
| Hep-Lido-A (heparin, alkalinized lidocaine) | 3,300u/13.25mg/mL | 20mL |
| Heparin, Lidocaine HCl 2%, Sodium Bicarbonate | 10,000u/2%/4% | 10 doses/20mL |

ORAL MEDICATIONS

Capsules

| | | |
|---|--------------------------|---------|
| Amphotericin CF/GF/DF | 100mg capsule | Qty 60 |
| Amphotericin CF/GF/DF | 250mg capsule | Qty 90 |
| Anastrozole capsule | | Qty 30 |
| Biosolve-PA - DMPS/Alpha Lipoic Acid/Bismuth Subnitrate | 25mg/100mg/200mg capsule | Qty 100 |
| Colchicine/Indomethacin | 0.6mg/25mg capsule | Qty 30 |
| Colchicine/Indomethacin | 0.6mg/50mg capsule | Qty 30 |
| DMSA | 100mg capsule | Qty 15 |
| DMSA | 250mg capsule | Qty 15 |
| DMSA | 500mg capsule | Qty 15 |
| DMPS | 500mg capsule | Qty 1 |
| Doxycycline Hyclate/Omega 3, 6 Delayed Release | 40mg capsule | Qty 30 |
| Doxycycline Hyclate/Omega 3, 6 Delayed Release | 75mg capsule | Qty 30 |
| Doxycycline Hyclate/Omega 3, 6 Delayed Release | 100mg capsule | Qty 30 |

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COMPOUNDED FORMULATIONS

ORAL MEDICATIONS (Cont'd)

Example Formulations

| | | |
|--|--------------------|---------|
| Fluconazole CF/GF | 100mg capsule | Qty 30 |
| Fluconazole CF/GF | 200mg capsule | Qty 30 |
| Minocycline Hydrochloride/Omega 3, 6 Delayed Release | 50mg capsule | Qty 30 |
| Minocycline Hydrochloride/Omega 3, 6 Delayed Release | 100mg capsule | Qty 30 |
| Nystatin Caps | <500,000u | Qty 90 |
| Nystatin Caps | >500,000u | Qty 90 |
| Phentermine/5-HTP/Chromium Picolinate (Controlled) | 5mg/10mg/150mcg | Qty 30 |
| Phentermine/5-HTP/Chromium Picolinate (Controlled) | 10mg/10mg/150mcg | Qty 30 |
| Phentermine/5-HTP/Chromium Picolinate (Controlled) | 15mg/10mg/150mcg | Qty 30 |
| Phentermine/5-HTP/Chromium Picolinate (Controlled) | 20mg/10mg/150mcg | Qty 30 |
| PPS-DR (Pentosan Polysulfate Sodium Delayed Release) | 150mg capsule | Qty 60 |
| PPS-DR (Pentosan Polysulfate Sodium Delayed Release) | 200mg capsule | Qty 60 |
| Pregnenolone | 100mg capsule | Qty 34 |
| Progesterone | <200mg | Qty 15 |
| Pyrimethamine/Leucovorin | 12.5mg/2.5mg | Qty 100 |
| Pyrimethamine/Leucovorin | 25mg/5mg | Qty 100 |
| Pyrimethamine/Leucovorin | 25mg/10mg | Qty 100 |
| Pyrimethamine/Leucovorin | 50mg/10mg | Qty 100 |
| Pyrimethamine/Leucovorin | 50mg/20mg | Qty 100 |
| Pyrimethamine/Leucovorin | 50mg/25mg | Qty 100 |
| Thyroid (Non-SR) | 30mg capsule | Qty 60 |
| Thyroid (SR) | 30mg capsule | Qty 60 |
| Tiopronin Delayed Release | 200mg capsule | Qty 150 |
| Tiopronin Delayed Release | 250mg capsule | Qty 120 |
| Tiopronin/Potassium-Citrate Delayed Release | 150mg/2mEq capsule | Qty 200 |
| Tiopronin/Potassium-Citrate Delayed Release | 250mg/2mEq capsule | Qty 150 |
| Tiopronin/Potassium-Citrate Delayed Release | 150mg/4mEq capsule | Qty 200 |
| Tiopronin/Potassium-Citrate Delayed Release | 250mg/4mEq capsule | Qty 150 |

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COMPOUNDED FORMULATIONS

ORAL MEDICATIONS (Con't)

Example Formulations

Suspension

| | | |
|---------------------------------|--------------|---------|
| Amphotericin B, CF/GF | 250mg/5mL | 450mL |
| Fluconazole Susp CF/GF/DF/AF/SF | 25mg/mL | 10mL |
| Fluconazole Susp CF/GF/DF/AF/SF | 100mg/mL | 60mL |
| Ketoconazole, GF/CF | 100mg/5mL | Qty 150 |
| Metronidazole | 250mg/5mL | 160mL |
| Nystatin CF/GF/DF/AF/SF | <1gm powder | |
| Nystatin CF/GF/DF/AF/SF | 1-2gm powder | |
| Pyrimethamine | 2.7mg/mL | 30mL |
| Pyrimethamine | 4mg/mL | 30mL |
| Vancomycin | 250mg/5mL | 60mL |

Sublingual Formulations

| | | |
|---|-----------------|--------|
| DHEA Troche | 8mg | Qty 30 |
| DHEA Troche | 25mg | Qty 30 |
| HCG Sublingual Oil Drops (Controlled) | 500u/0.5mL | 15mL |
| HCG/Methylcobalamin, Sublingual (Controlled) | 500u/300mcg | each |
| HCG Lemon Sublingual Troche, (Controlled) | 500u | each |
| HCG SL Spray (Controlled) | 125 units/spray | 5mL |
| HCG SL Spray (Controlled) | 125units/spray | 2x5mL |
| Midazolam/Ketamine HCl/Ondansetron, Sublingual Lemon (Controlled) | 3/25/2mg | Qty 2 |
| Oxytocin Lemon Sublingual Troche | 50u | Qty 30 |
| Oxytocin Sublingual Troche | 100u | each |
| Oxytocin Sublingual Troche | 200u | each |
| Testosterone Sublingual Drops, (Controlled) | 0.5/mg | 10mL |
| Testosterone Troche, (Controlled) | 50mg | Qty 30 |
| Testosterone Troche, (Controlled) | 100mg | Qty 30 |

Other Oral Formulations

| | | |
|------------------------------------|------|------|
| Phentermine Lollipop, (Controlled) | 30mg | each |
|------------------------------------|------|------|

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COMPOUNDED FORMULATIONS

TOPICAL MEDICATIONS

Example Formulations

Cream/Gels

| | | |
|--|--------------|-------|
| Alpha-Arbutin/Retinoic Acid/Hydrocortisone | | 50gm |
| Azelaic Acid/Permethrin Cream | | 30gm |
| BiEstrogen Cream | | 30gm |
| BiEstrogen Cream | | 60gm |
| BiEstrogen Cream | | 90gm |
| BLT (Benzocaine/Lidocaine/Tetracaine/Plasticized Base) | 20/8/6% | 30gm |
| BLT (Benzocaine/Lidocaine/Tetracaine/Plasticized Base) | 20/8/6% | 60gm |
| BLT (Benzocaine/Lidocaine/Tetracaine/Plasticized Base) | 20/8/6% | 100gm |
| CoQ10/Asc Palm/DMAE/Lipoic Acid | | 30gm |
| Curcumin Liposomal Vaginal Cream | 5% | 30gm |
| Curcumin Silomac Gel | 5% | 30gm |
| DMAE/Glycolic Acid/Niacinamide/Estriol/Vit C, Cream | 3/5/2/0.3/5% | 30gm |
| DMAE/Niacinamide/Ascorbyl Palmitate/Glycolic Acid/Estriol) | | 30gm |
| DMPS Topical Gel | | 15mL |
| DMPS Topical Gel | | 30mL |
| Estradiol/Estriol Cream | | 30gm |
| Estradiol/Estriol Cream | | 60gm |
| Estradiol/Estriol Cream | | 90gm |
| Glutathione LippoGel | 250mg/mL | 30mL |
| Glutathione LippoGel | 250mg/mL | 60mL |
| Glutathione LippoGel | 500mg/mL | 30mL |
| Glutathione LippoGel | 500mg/mL | 60mL |
| Green Tea Extract Liposomal Vaginal Cream | 2% | 30gm |
| Green Tea Extract Liposomal Vaginal Cream | 15% | 30gm |
| HCG Lipoderm Gel, (Controlled) | 250u/mL | 30gm |
| Hydroquinone/Retinoic Acid/Hydrocortisone | 6/1/0.1% | 30gm |
| Hydroquinone/Ascorbic Acid Silomac | | 30gm |
| Hyaluronic Acid Serum, Serum | 0.1% | 30gm |
| Hyaluronic Acid/Aloe Vera | 0.2%/0.2% | 15mL |
| Kojic Acid/Arbutin Serum SiloMac | | 30mL |

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COMPOUNDED FORMULATIONS

TOPICAL MEDICATIONS (Con't)

Example Formulations

| | | |
|---|------------------|------|
| Latanoprost | 25mcg/mL | 3mL |
| Lidocaine | 7% | 60gm |
| Lidocaine/Tetracaine | | 60gm |
| Lipoic Acid/CoQ10/DMAE/Hyaluronic Acid/Vit E, Cream | 1/0.5/30.5%/50IU | 30gm |
| Magnesium Sulfate Lippo Gel | 25% | 60mL |
| Metronidazole/Niacinamide Gel | | 30gm |
| Niacinamide Gel | | 30gm |
| Naltrexone Lippo Gel, 3mL syringes | | 15mL |
| Oxytocin Lippo Gel | 10u/gm | 30gm |
| Retinoic Acid/Ascorbic Acid SiloMac | | 30gm |
| Terbinafine HCl/Fluconazole/Clotrimazole | 1.5/3/1% | 8mL |
| Terbinafine HCl/Fluconazole/Clotrimazole | 1.5/3/1% | 15mL |
| Testosterone, Cream (Controlled) | 5mg | 30gm |
| Testosterone, Cream (Controlled) | 100mg/gm | 30gm |
| TriEstrogen Cream | | 30gm |
| TriEstrogen Cream | | 60gm |
| TriEstrogen Cream | | 90mg |
| TTFD Lippo Gel (Allithiamine) | | 30mL |
| TTFD Lippo Gel (Allithiamine) | | 60mL |

Intranasal

| | | |
|----------------|---------------|--------|
| Acetylcysteine | 200mg | 60u |
| Amphotericin B | 5mg | 60u |
| Amikacin | 150mg | 60u |
| Amikacin | 150mg capsule | Qty 60 |
| Azithromycin | 70mg | 60u |
| Betamethasone | 0.5mg | 60u |
| Budesonide | 0.6mg | 60u |
| Cefazolin | 200mg | 60u |
| Cefepime | 200mg | 60u |
| Ceftazidime | 600mg | 60u |

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COMPOUNDED FORMULATIONS

TOPICAL MEDICATIONS (Con't)

Example Formulations

Intranasal (Cont'd)

| | | |
|----------------------------|-------------------|--------|
| Ceftriaxone | 200mg | 60u |
| Cefuroxime | 300mg | 60u |
| Ciprofloxacin | 125mg | 60u |
| Clarithromycin | 125mg | 60u |
| Clindamycin | 150mg | 60u |
| Dexamethasone | 0.8mg | 60u |
| Fluticasone | 3mg | 60u |
| Fluticasone | 3mg capsule | Qty 60 |
| Gentamicin | 80mg | 60u |
| HCG Nasal Spray | 125u/2 Spray | 6mL |
| Itraconazole | 40mg | 60u |
| Itraconazole | 40mg capsule | Qty 60 |
| Itraconazole/Fluticasone | 40mg/3mg capsule | Qty 60 |
| Levocetirizine/Fluticasone | 2mg/3mg capsule | Qty 60 |
| Levofloxacin/Fluticasone | 100mg/3mg capsule | Qty 60 |
| Levofloxacin | 100mg | 60u |
| Levofloxacin | 100mg capsule | Qty 60 |
| Meropenem | 125mg | 60u |
| Mometasone | 0.6mg | Qty 60 |
| Mupirocin (rinse dose) | 15mg | 60u |
| Mupirocin (atomizer dose) | 5mg | 60u |
| Mupirocin | 100mg capsule | Qty 60 |
| Mupirocin/Fluticasone | 100mg/3mg capsule | Qty 60 |
| Nystatin | 50,000IU capsule | Qty 60 |
| Tobramycin | 100mg | 60u |
| Tobramycin | 100mg capsule | Qty 60 |
| Tobramycin/Fluticasone | 100mg/3mg capsule | Qty 60 |
| Vancomycin | 200mg | 60u |
| Vancomycin | 200mg capsule | Qty 60 |
| Vancomycin/Fluticasone | 200mg/3mg capsule | Qty 60 |

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COMPOUNDED FORMULATIONS

TOPICAL MEDICATIONS (Con't)

Example Formulations

Ocular Solutions

| | | |
|---|----------------|-------------|
| Mydriatic 3 - Tropi-Cyclo-Phenyl (Tropicamide/Cyclopentolate/Phenylephrine) | 1/1/2.5% | 1mL Dropper |
| Mydriatic 4 - Tropi-Prop-Phenyl-Ketor | | |
| Tropicamide/Proparacaine/Phenylephrine/Ketorolac) | 1/0.5/2.5/0.5% | 1mL Dropper |
| Povidone Iodine PF Solution | 5% | 1mL Dropper |
| Pred-Ketor (Prednisolone Acetate/Ketorolac Tromethamine) | 1/0.4% | 3mL Dropper |
| Pred-Moxi (Prednisolone Acetate/Moxifloxacin Hydrochloride) | 1/0.5% | 3mL Dropper |
| Pred-Moxi-Ketor (Prednisolone Acetate/Moxifloxacin Hydrochloride/Keterolac) | 1/0.5/0.4% | 3mL Dropper |
| Pred-Moxi-Nepaf (Prednisolone Acetate/Moxifloxacin Hydrochloride/Nepafenac) | 1/0.5/0.1% | 3mL Dropper |

Solutions

| | | |
|--|-----------|-------------|
| Dutasteride Solution | | 60mL |
| Glycolic Acid High Purity | 10 - 30% | 30mL |
| Glycolic Acid High Purity | 40 - 60% | 30mL |
| Glycolic Acid High Purity | 70% | 30mL |
| Jessners (Salicylic Acid/Resorcinol/Lactic Acid) | 14/14/14% | 30mL |
| Jessners, Ultra W/HQ | 4% | 30mL |
| Minoxidil/Azelaic Acid/Retinoic Acid/Betamethasone | | 60mL |
| Minoxidil/Finasteride Solution | | 60mL |
| Minoxidil/Dutasteride Solution | | 60mL |
| Phenol USP Soln | | 30mL |
| Pilocarpine PF Solution | 2% | 1mL Dropper |
| Retinoic Acid/Niacinamide/Ascorbic Acid | | 30gm |
| Salicylic Acid Cleanser | 2% | 60mL |
| Salicylic Acid/Glycolic Acid Solution | | 60mL |
| Spirolactone Cream/Solution | | 30ml |
| Spirolactone/Minoxidil Solution | | 60mL |
| Spirolactone/Retinoic Acid Solution | | 60mL |
| Trichloroacetic Acid | 10 - 30% | 30mL |
| Trichloroacetic Acid | 10 - 30% | 60mL |

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COMPOUNDED FORMULATIONS

SUPPOSITORIES

Example Formulations

| | | |
|---|-------------|--------|
| Calcium EDTA, Rectal Suppository | 200mg | Qty 15 |
| Calcium EDTA, Rectal Suppository | 450mg | Qty 8 |
| Curcumin Liposomal Vaginal Suppository | 250mg | each |
| Curcumin Liposomal Vaginal Rectal Suppository | 250mg | each |
| DMSA/Glutathione Suppository | 300mg/300mg | Qty 10 |
| DMSA/Glutathione Suppository | 300mg/300mg | Qty 30 |
| Green Tea Extract Vaginal Suppository | 150mg | Qty 30 |
| Green Tea Extract Rectal Suppository | 150mg | Qty 30 |

OTHER

| | |
|---------------------------|------|
| Active Sinus Saline Rinse | |
| Speedi Cath® Catheter | 6fr |
| Speedi Cath® Catheter | 8fr |
| Speedi Cath® Catheter | 14fr |
| NasaTouch Atomizer | |
| NasoNeb Atomizer | |
| Neilmed Saline Rinse | |

PF=Preservative Free

**indicates maximum BUD is 45 days frozen

Example compounded formulations and dosage, strength, and forms are examples ONLY. Each formulation is compounded by a pharmacist pursuant to a prescription to meet the needs of individual patients.

Please contact us for alternate formulations at (844) 446-6979.

COMMERCIAL FORMULATIONS

INJECTABLES

| | | |
|---|------------|---------|
| Amino Acids Infusion Bottle | 10% | 1,000mL |
| Arginine HCL | 100mg/mL | 300mL |
| Bacteriostatic Water for Injection | | 30mL |
| Calcium Gluconate PF | 10% | 10mL |
| Calcium Chloride PF, Prefilled Syringe | 10% | 10mL |
| Carnitor (levocarnitine) | 200mg/mL | 5mL |
| Cyanocobalamin (B12) MDV (Minimum 5 vials) | 1mg/mL | 30mL |
| Dexamethasone MDV | 4mg/mL | 30mL |
| Dextrose PF | 50% | 50mL |
| Folic Acid MDV | 5mg/mL | 10mL |
| Freamine | 10% | 1000mL |
| Heparin Sodium | 10,000u/mL | 2mL |
| Hyaluronidase PF | 150u/mL | 2mL |
| Hydroxocobalamin MDV (3 vials maximum per patient) | 1mg/mL | 30mL |
| Leucovorin Calcium | 50mg | 1 vial |
| Leucovorin Lyophilized | 100mg | 1 vial |
| Lidocaine HCL | 1% | 50mL |
| Lidocaine HCL | 2% | 50mL |
| Magnesium Chloride MDV | 200mg/mL | 50mL |
| Magnesium Sulfate PF | 50% | 10mL |
| Mannitol PF | 25% | 50mL |
| Selenium PF | 40mcg/mL | 50mL |
| Sodium Bicarbonate | 8.4% | 50mL |
| Sterile Water for Injection | | 50mL |
| Testosterone Cypionate | | |
| Thiamine HCL (B1) MDV | 100mg/mL | 2mL |
| Vitamin B-Complex-100 MDV (3 vials maximum per patient) | | 30mL |
| Zinc Sulfate | 5mg/mL | 5mL |

ORAL TREATMENTS

| | | |
|-------------------|-------|-------------|
| Alpha Lipoic Acid | 300mg | 60 capsules |
| Armour Thyroid | 60mg | 30 capsules |
| Elmiron® | 100mg | 90 capsules |
| Nature Thyroid | 65mg | 30 capsules |
| WP Thyroid | 65mg | 30 capsules |

Example compounded formulations and dosage, strength, and forms are examples ONLY. Each formulation is compounded by a pharmacist pursuant to a prescription to meet the needs of individual patients.

Please contact us for alternate formulations at (844) 446-6979.

COMPOUNDING WITH AN IMPRIMISRX PHARMACY

All prescriptions at an ImprimisRx pharmacy are prepared by highly specialized pharmacists. They work closely with practitioners and patients to maximize potential therapeutic outcomes using the latest technology, peer-reviewed literature and high quality of active pharmaceutical ingredients (APIs) from FDA-registered facilities.

Our compounding pharmacies operate under the regulatory framework of the Drug Quality & Security Act (2013), Section 503A of the Federal Food, Drug, and Cosmetic Act (FFDCA) and applicable state pharmacy laws.

We believe our internal quality assurance standards and best practice policies meet or exceed those required under the U.S. Pharmacopeia (USP) and state pharmacy laws in certain important respects. This includes regular quarterly external quality assurance and quality control inspections of our pharmacy operations, in addition to our own policy to send all sterile batches of our formulations to an FDA-registered laboratory for third-party testing, prior to shipment.

*ImprimisRx pharmacies have absolute
commitment to quality*

Our pharmacy has been awarded various industry certifications of quality, including designation as a DYNALABS Continuous Quality Improvement (CQI) Center of Excellence.



ImprimisRx® is committed to delivering high-quality formulations that meet all

U.S. PHARMACOPEIA <797> & <795> & PCAB REQUIREMENTS

| | | |
|--|--|---|
| <p>STERILITY TESTING</p> <p>✓</p> <p>All Sterile Lots</p> | <p>ENDOTOXIN TESTING</p> <p>✓</p> <p>All Sterile Injectable Lots</p> | <p>PRE-SHIPMENT QUARANTINE</p> <p>✓</p> <p>-14 Days for Sterility Result</p> |
| <p>ENVIRONMENTAL TESTING</p> <p>✓</p> <p>Daily Monitoring</p> | <p>TEST RESULTS INCLUDED WITH ORDER</p> <p>✓</p> <p>Sterility & Endotoxin Reports</p> | <p>BEYOND USE DATING</p> <p>✓</p> <p>Stability Study Data</p> |
| <p>PERSONNEL</p> <p>✓</p> <p>Initial Aseptic Training Semi-Annual Evaluations</p> | <p>COMPOUNDING ENVIRONMENT</p> <p>✓</p> <p>All Aseptic in ISO5 Disinfectant</p> | <p>QA PROGRAM DOCUMENTATION & POLICIES</p> <p>✓</p> <p>Written SOPs</p> |

How to Order

To begin prescribing our compounded formulations, please visit imprimisrx.com or call us today at 844.4.IMMYRX (844.446.6979)

WWW.IMPRIMISRX.COM

CALL 844.446.6979

FAX YOUR ORDERS TO 949.551.1950

HOW TO ORDER

Billed to healthcare provider.



HOW TO ORDER FROM AN IMPRIMISRX PHARMACY

1 SET UP AN ACCOUNT

Visit <http://www.imprimisrx.com/formulations/create-an-account/> and submit the required information. Once you have submitted your application, your account will be set up within 24 hours.

2 PLACING AN ORDER

There are 4 easy ways to place an order with an ImprimisRx pharmacy:

- ✔ Fax your completed prescription order form to 949.551.1950
- ✔ Call toll-free at 844.4.IMMYRX (844.446.6979)
- ✔ SureScripts
- ✔ E-scribe through our MaxRx Prescriber Portal™ at <http://doctors.imprimisrx.com>

3 COMPLETING REQUIRED INFORMATION

Please include the following required information when placing your order:

- ✔ Patient Name
- ✔ Patient Date of Birth
- ✔ Patient Gender
- ✔ Patient Allergies
- ✔ Formulation
- ✔ Quantity

4 RELAX

Once your order is received, it will be processed and shipped within 72 hours. For your convenience, we can confirm your order once received if requested.

HOW TO ORDER

Billed to patient.



HOW TO ORDER FROM AN IMPRIMISRX PHARMACY

1 PLACING AN ORDER

There are 4 easy ways to place an order with an ImprimisRx pharmacy:

- ✔ Fax your completed prescription order form to 949.551.1950
- ✔ Call toll-free at 844.4.IMMYRX (844.446.6979)
- ✔ SureScripts
- ✔ E-scribe through our online Doctor Portal at <http://doctors.imprimisrx.com>

2 COMPLETING REQUIRED INFORMATION

Please include the following required information when placing your order.

- ✔ Patient name and contact information
- ✔ Patient date of birth
- ✔ Patient allergies
- ✔ Formulation
- ✔ Quantity & directions
- ✔ Patient insurance card

3 RELAX

Our customer service team will take care of the prescription from this point on. We will contact your patient directly to verify prescription and insurance information and any co-payments. Orders will be processed and shipped within 72 hours.



Injectable Order Form

Phone: (844) 446-6979 Fax: (949) 551-1950

9257 Research Drive, Irvine, CA 92618

Patient Information

Patient: _____ DOB: ____/____/____
 Age: ____ M ____ F ____ Tel: Home _____
 Work: _____ Cell: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Email Address: _____

Medication Allergies

Please allow for 72 hours turnaround time (3 business days) before order will ship.
 Incomplete orders may delay processing.

Shipping (check one)

- FedEx Overnight Bill to Office Bill to Patient
 FedEx 2 Day Ship to Office Ship to Patient
 FedEx Ground

*Minimum of 5 vials.

**Indicates maximum BUD is 45 days frozen.

***Maximum of 3 vials per patient.

*If commercial products are not available, order will be filled with compounded preparations.

PF indicates preservative-free.

| Injectable (Compounded) | | | Size | Qty | | Size | Qty | | Size | Qty | |
|--------------------------|--|--------|------|--------------------------|--|--------|-----|--------------------------|--|--------|--|
| <input type="checkbox"/> | Acetyl-L-Carnitine MDV (200mg/ml)** | 10ml | | <input type="checkbox"/> | Menadione Sodium Bisulfate (Vit K3) (200mg/ml) PF** | 10ml | | <input type="checkbox"/> | Nicotinamide Adenine Dinucleotide (NAD+, 40mg/ml) PF** | 1ml | |
| <input type="checkbox"/> | Artesunate Lyophilized (60mg) | 1 vial | | <input type="checkbox"/> | Methylcobalamin (MB12) MDV (10mg/ml)*** | 30ml | | <input type="checkbox"/> | Phosphatidylcholine MDV (5%) | 50ml | |
| <input type="checkbox"/> | Ascorbic Acid (non-corn source, 500mg/ml) PF | 50ml | | <input type="checkbox"/> | Methylcobalamin (MB12) MDV (1mg/ml)*** | 30ml | | <input type="checkbox"/> | Phosphatidylcholine (PTC) MDV (3.5%) | 50ml | |
| <input type="checkbox"/> | Ascorbic Acid (non-corn source, 500mg/ml) PF | 100ml | | <input type="checkbox"/> | Methylcobalamin (MB12) MDV (5mg/ml)*** | 30ml | | <input type="checkbox"/> | Poly MVA IV | 50ml | |
| <input type="checkbox"/> | Co-Enzyme Q 10 (Ubiquinone) MDV (20mg/ml) | 30ml | | <input type="checkbox"/> | Methylcobalamin (MB12, 25mg/ml) PF | 1ml | | <input type="checkbox"/> | Potassium Chloride (2meq/ml) PF^ | 30ml | |
| <input type="checkbox"/> | Curcumin Emulsion MDV (10mg/ml) | 10ml | | <input type="checkbox"/> | Methylcobalamin (MB12, 25mg/ml) PF | 2ml | | <input type="checkbox"/> | Procaine (HCl) MDV (20mg/ml) | 30ml | |
| <input type="checkbox"/> | D3 Vitamin MDV (Cholecalciferol, 50,000u/ml) | 10ml | | <input type="checkbox"/> | Methylcobalamin (MB12, 25mg/ml) PF | 5ml | | <input type="checkbox"/> | Pyridoxal 5 Phosphate MDV (100mg/ml) | 30ml | |
| <input type="checkbox"/> | Dexpanthenol MDV (250mg/ml) | 30ml | | <input type="checkbox"/> | Methyltetrahydrofolate (5-MTHF) Lyophilized MDV (20mg) | 1 vial | | <input type="checkbox"/> | Resveratrol MDV (10mg/ml) | 10ml | |
| <input type="checkbox"/> | Dichloroacetate (DCA) MDV (500mg/ml) PF | 10ml | | <input type="checkbox"/> | MIC/Methylcobalamin MDV (25/50/50/1mg/ml) | 30ml | | <input type="checkbox"/> | Riboflavin MDV (50mg/ml)** | 10ml | |
| <input type="checkbox"/> | DMPS (50mg/ml) PF | 5ml | | <input type="checkbox"/> | MIC/Vit B Complex/MB12/Carnitine (L) MDV (25/50/50/1/100mg/ml) | 30ml | | <input type="checkbox"/> | Semoreline/GHRP-6 (Lyophilized, 3mg/3mg) | 1 vial | |
| <input type="checkbox"/> | EDTA (Calcium, 300mg/ml) PF | 30ml | | <input type="checkbox"/> | MIC/Carnitine MDV (25/50/50/50mg/ml) | 30ml | | <input type="checkbox"/> | Semoreline/GHRP-2/GHRP-6 (Lyophilized, 3mg/3mg/3mg) | 1 vial | |
| <input type="checkbox"/> | EDTA (Disodium) MDV (150mg/ml) | 100ml | | <input type="checkbox"/> | MIC/Methylcobalamin/Vit B6 MDV (25/50/50/5/30mg/ml) | 30ml | | <input type="checkbox"/> | Taurine (L) MDV (50mg/ml) | 30ml | |
| <input type="checkbox"/> | Glutathione MDV (200mg/ml) | 30ml | | <input type="checkbox"/> | MIC/MB12/Vit B6/Carnitine MDV (25/50/50/5/50/50mg/ml) | 30ml | | <input type="checkbox"/> | Other _____ | | |
| <input type="checkbox"/> | Glutathione Inhalation (200mg/ml) | 30ml | | <input type="checkbox"/> | MIC MDV (25/50/50mg/ml) | 30ml | | <input type="checkbox"/> | Other _____ | | |
| <input type="checkbox"/> | Hydrogen Peroxide (3%) PF** | 30ml | | <input type="checkbox"/> | NAC (N-Acetylcysteine, 200mg/ml) PF** | 30ml | | <input type="checkbox"/> | Other _____ | | |

| Injectable (Commercial) | | | Size | Qty | | Size | Qty | | Size | Qty | |
|--------------------------|---|--------|------|--------------------------|-----------------------------------|--------|-----|--------------------------|-----------------------------------|------|--|
| <input type="checkbox"/> | Amino Acids Infusion Bottle (10%) | 1000ml | | <input type="checkbox"/> | Dexamethasone MDV (4mg/ml)^ | 30ml | | <input type="checkbox"/> | Magnesium Chloride MDV (200mg/ml) | 50ml | |
| <input type="checkbox"/> | Arginine HCl (100mg/ml) | 300ml | | <input type="checkbox"/> | Dextrose PF (50%)^ | 50ml | | <input type="checkbox"/> | Magnesium Sulfate (50%) PF | 10ml | |
| <input type="checkbox"/> | Bacteriostatic Water for Injection^ | 30ml | | <input type="checkbox"/> | Folic Acid MDV (5mg/ml) | 10ml | | <input type="checkbox"/> | Mannitol (25%) PF^ | 50ml | |
| <input type="checkbox"/> | Calcium Chloride Prefilled Syringe (10%) PF | 10ml | | <input type="checkbox"/> | Hyaluronidase (150u/ml) PF^ | 2ml | | <input type="checkbox"/> | Pyridoxine MDV (100mg) | 1ml | |
| <input type="checkbox"/> | Calcium Gluconate (10%) PF | 10ml | | <input type="checkbox"/> | Hydroxocobalamin MDV (1mg/ml)^*** | 30ml | | <input type="checkbox"/> | Selenium (40mcg/ml) PF | 10ml | |
| <input type="checkbox"/> | Carnitine (L) (200mg/ml) PF | 10ml | | <input type="checkbox"/> | Leucovorin Calcium (50mg) PF^ | 1 vial | | <input type="checkbox"/> | Sodium Bicarbonate (8.40%)^ | 50ml | |
| <input type="checkbox"/> | Chromium Chloride (4mcg/ml) PF | 10ml | | <input type="checkbox"/> | Leucovorin Lyophilized (100mg) | 1 vial | | <input type="checkbox"/> | Sterile Water for Injection | 50ml | |
| <input type="checkbox"/> | Cryoserv (99%) | 50ml | | <input type="checkbox"/> | Lidocaine HCl (1%)^ | 50ml | | <input type="checkbox"/> | Thiamine HCl (B1) MDV (100mg/ml)^ | 2ml | |
| <input type="checkbox"/> | Cyanocobalamin (B12) MDV (1mg/ml)* | 30ml | | <input type="checkbox"/> | Lidocaine HCl (2%)^ | 50ml | | <input type="checkbox"/> | Vitamin B-Complex-100 MDV*** | 30ml | |
| | | | | | | | | <input type="checkbox"/> | Zinc Sulfate (5mg/ml) | 5ml | |

Total Number of Items _____

Prescriber Verification

I have reviewed my patient's medical record and determined the medication(s) / supplies ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patient's medical record. The prescription is to be dispensed as written unless otherwise instructed by me.

Prescriber Signature: _____ Date: _____ Office Contact: _____

Prescriber Full Name: _____ Phone: _____ Fax: _____

State License #: _____ DEA: _____ NPI: _____ Prescriber Specialty: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email Address: _____

Payment Information

Credit Card Number: _____ Expiration: _____ CVC/Code: _____ Billing Zip: _____

FAX FORM TO: (949) 551-1950



Fax to 949-551-1950

Order Date: ____/____/____ **Date Needed By/Date of Administration:** ____/____/____

Please allow for 72-hours turnaround time (3 business days) before order will ship. Incomplete order submissions may delay processing.

Prescriber Information Required

Prescriber Name: _____

DEA: _____ NPI#: _____

Center/Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Primary Contact: _____

Email: _____

***If there are multiple prescribers, use separate order form for each.**

Patient Information Required

Patient Name: _____

Birthdate: ____/____/____ Phone: (____) _____

Address: _____

Known Drug Allergies: _____

No Known Drug Allergies (NKDA)

Patient Profile(s) or Block Schedule Attached: YES NO (circle one)

of Patients*: _____

Paid by: Prescriber/Clinic Patient

Ship to: Prescriber/Clinic Patient

If you need a medication not listed, please contact us at **866-551-7195** (toll-free)

| Medication and Strength | Size/Volume | Quantity | Refills |
|-------------------------|-------------|----------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Prescribers are reminded that state law allows patients to receive medications from a pharmacy of their choice

Order Submission

THIS FORM CONSTITUTES A PRESCRIBER'S ORDER/PRESCRIPTION WHEN SIGNED BY THE PRESCRIBER.

Please FAX with cover sheet to ImprimisRx Authorized Prescriber's Signature
949-551-1950 X _____

Please allow for 72-hours turnaround time (3 business days) before order will ship. Incomplete order submissions may delay processing.

of Prescriptions _____

Payment Information

IF NO CREDIT CARD ON FILE AND YOU ARE NOT CURRENTLY BEING INVOICED, PLEASE SUBMIT THE FOLLOWING:

Credit Card Number: _____ Expiration: ____/____ CVC Code: _____ Billing Zip: _____

This form is provided in an effort to improve patient safety.

WWW.IMPRIMISRX.COM

CALL 844.4.IMMYRX (844.446.6979)

FAX YOUR ORDERS TO 949.551.1950



Imprimis Pharmaceuticals, Inc.
12264 El Camino Real, Suite 350
San Diego, CA 92130

T: 858.704.4040 | F: 858.345.1745

*For more information, please email us at
info@imprimisrx.com*