

Compounded Formulations*	NDC Number	Fill Size	Patient Price
Suspension			
Prednisolone Acetate PF 1%	71384-0501-05	5mL	\$44.00
Pred-Gati® (Prednisolone Acetate 1% /Gatifloxacin 0.5%)	71384-0502-05	5mL	\$49.50
Pred-Moxi® (Prednisolone Acetate 1%/Moxifloxacin 0.5%)	71384-0300-05	5mL	\$49.50
Pred-Brom® (Prednisolone Acetate 1%/Bromfenac 0.075%)	71384-0505-05	5mL	\$49.50
Pred-Nepaf® (Prednisolone Acetate 1%/Nepafenac 0.1%)	71384-0400-05	5mL	\$49.50
Pred-Gati-Brom® (Prednisolone Acetate 1%/Gatifloxacin 0.5%/Bromfenac 0.075%)	71384-0504-05	5mL	\$52.80
	71384-0504-08	8mL	\$82.50
Pred-Moxi-Brom™ (Prednisolone Acetate 1%/Moxifloxacin 0.5%/Bromfenac 0.075%)	71384-0310-05	5mL	\$52.80
	71384-0310-08	8mL	\$82.50
Pred-Moxi-Nepaf® (Prednisolone Acetate 1%/Moxifloxacin 0.5%/Nepafenac 0.1%)	71384-0320-05	5mL	\$52.80
	71384-0320-08	8mL	\$82.50
Solution			
Pred-Brom (Prednisolone Sodium Phosphate 1%/Bromfenac 0.075%)	71384-0552-05	5mL	\$49.50
Pred-Gati-Brom (Prednisolone Sodium Phosphate 1%/Gatifloxacin 0.5%/Bromfenac 0.075%)	71384-0550-05	5mL	\$52.80
	71384-0550-08	8mL	\$82.50

Includes standard shipping. Expedited shipping may incur additional charges.

PF=Preservative Free

*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.

Lessdrops, Pred-Moxi, Pred-Moxi-Brom, Pred-Moxi-Nepaf, Pred-Gati, Pred-Gati-Brom, Pred-Brom, Pred-Nepaf, and ImprimisRx are trademarks of Harrow Health Inc.

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Ordering Through Your Electronic Medical Record System

1 Locate the Pharmacy in the State of New Jersey

You can find the ImprimisRx® pharmacy in your EMR system as identified below:
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 (“Pred” for Pred-Gati-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 ImprimisRx Compound (ie: “**Pred-Gati-Brom**”) *Needed only if formulation cannot be selected in EMR*
- Medical Necessity: (ie: patient cannot tolerate commercial formulation, 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 Pred-Gati-Brom 5mL
- Patient cannot tolerate multi-bottle regimen
- Allergies - aspirin, sulfa OR No Known Drug Allergies *if applicable*
- Ship & Bill to Patient
- Start Date: 02/19/20



Quick tips to troubleshoot your EMR orders




Be sure to set the state to **NEW JERSEY** in order to find “ImprimisRx NJ” in your list of pharmacies.



Search **ONE** of the active ingredients in the ImprimisRx compound you wish to order and select the correct compound from your EMR's **AUTO-GENERATED** list.



Always include **PATIENT ALLERGIES** in the Notes to Pharmacy field of your e-script to ensure expedited processing.

For additional EMR tips please contact our
chat  support at: **imprimisrx.com**