



AVAILABLE FORMULATIONS*

Single Drop Combinations	Fill Size	Patient Price	Patient Monthly Price**
Latanoprost 0.005% Preservative-Free*** NDC# 71384-515-07	7.5mL	\$69.00 (\$23.00 per 2.5mL)	\$23.00
Dorzolamide 2% Preservative-Free NDC# 71384-516-10	10mL	\$60.00 (\$30.00 per 5mL)	\$30.00
Double Drop Combinations	Fill Size	Patient Price	Patient Monthly Price**
Timolol 0.5%/Latanoprost 0.005% Preservative-Free*** NDC# 71384-517-05	5mL	\$98.00 (\$49.00 per 2.5mL)	\$49.00
Brimonidine 0.15%/Dorzolamide 2% Preservative-Free NDC# 71384-518-10	10mL	\$98.00 (\$49.00 per 5mL)	\$49.00
Triple Drop Combinations	Fill Size	Patient Price	Patient Monthly Price**
Timolol 0.5%/Brimonidine 0.15%/Dorzolamide 2% Preservative-Free NDC# 71384-520-10	10mL	\$118.00 (\$59.00 per 5mL)	\$59.00
Timolol 0.5%/Dorzolamide 2%/Latanoprost 0.005% Preservative-Free*** NDC# 71384-521-05	5mL	\$118.00 (\$59.00 per 2.5mL)	\$59.00
Quad Drop Combinations	Fill Size	Patient Price	Patient Monthly Price**
Timolol 0.5%/Brimonidine 0.15%/Dorzolamide 2%/Latanoprost 0.005% Preservative-Free*** NDC# 71384-522-05	5mL	\$138.00 (\$69.00 per 2.5mL)	\$69.00
Triple/Quad Drop Combination	Fill Size	Patient Price	Patient Monthly Price**
Timolol 0.5%/Brimonidine 0.15%/Dorzolamide 2% Preservative-Free NDC# 71384-520-10	10mL	\$158.00	\$79.00
Timolol 0.5%/Brimonidine 0.15%/Dorzolamide 2%/Latanoprost 0.005% Preservative-Free*** NDC# 71384-522-05	5mL		

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.

**Automatic refill setup required to enroll in our monthly payment program. Monthly payment plan is not a discount program. Patient is responsible for the full cost of the medication, paid in monthly increments, reflecting the per bottle price listed in the table above.

***Cold overnight shipping will be at an additional \$10.



ORDERING THROUGH YOUR ELECTRONIC MEDICAL RECORD SYSTEM



1

Locate the pharmacy

You can find the 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 (“**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

Include Pharmacy Notes

Please include in the Notes to the Pharmacy field:

- Dispense ImprimisRx Compound (ie: “**Timolol-Brimonidine- Dorzolamide**” or “**Tim-Brim-Dor**”) *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) _____, Surgery Date _____ **Required*

EXAMPLE:

- Dispense Tim-Brim-Dor 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