

Topical Preservative-Free Formulations	Fill Size	Patient Price	Patient Monthly Price**
Klarity Drops®: Chondroitin Sulfate Ophthalmic Solution PF* NDC# 71384-500-10	10mL	\$22.00 per bottle	n/a
Klarity-A™ Drops: Azithromycin 1%/Ophthalmic Solution PF*	3.5mL	\$59.00 for 1 bottle \$99.00 for 2 bottles \$119.00 for 3 bottles	n/a
Klarity-B™ Drops: Betamethasone 0.1%/Ophthalmic Solution PF*	5.5mL	\$59.00 for 1 bottle \$99.00 for 2 bottles \$119.00 for 3 bottles	n/a
Klarity-C Drops®: Cyclosporine 0.1%/Ophthalmic Emulsion PF* NDC# 71384-514-05	16.5 mL (3 x 5.5mL bottles)	\$165.00 (\$55.00 per bottle)	\$55.00
Klarity-L™ Drops: Loteprednol 0.5%/Ophthalmic Solution PF* NDC# 71384-210-05	5mL	\$59.00 for 1 bottle \$99.00 for 2 bottles \$119.00 for 3 bottles	n/a
Oral Medications	Fill Size	Patient Price	Patient Monthly Price**
Omega-3 AR/Doxycycline Capsule 10mg*	180 capsules	\$109	n/a
Omega-3 AR Capsule 500mg*	360 capsules	\$156	n/a

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 pricing listed above is based on a single bottle. Monthly payment plan is not a discount program. Patient is responsible for the full cost of the medication, paid in monthly increments, reflecting single bottle price.

Total Tears, Klarity-B Drops, Klarity-C Drops, Klarity-L, ImprimisRx are trademarks of Harrow Health, Inc. ©2019 ImprimisRx. All Rights Reserved. IMP00202 Rev 12/06/19

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 and select the compound from the EMR list (“cyclosporine” for Cyclosporine in Klarity/Klarity-C)
- Select correct quantity/volume to be used (for Klarity-C, select 16.5mL for the quantity and up to 3 refills)
- 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: “Klarity-C Drops” or “Omega-3 AR Capsule”) *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 Klarity-C Drops 0.1% - 16.5 mL (3 bottles)
- 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