



# Preservative-Free Combination Formulations

## Preservative-Free Injectable Formulation\*

## NDC Number

## Fill Size

## Patient Price

**Tri-Moxi®** (Triamcinolone Acetonide 9mg/0.6mL and Moxifloxacin 0.6mg/0.6mL)

71384-0510-01

Single-use vial

**\$55.00**

**Dex-Moxi®** (Dexamethasone Sodium Phosphate 1mg/mL and Moxifloxacin 5mg/mL)

71384-0512-01

Single-use vial

**\$55.00**

**Dex-Moxi-Ketor®** (Dexamethasone Sodium Phosphate 1mg/mL, Moxifloxacin 0.5mg/mL, and Ketorolac Tromethamine 0.4mg/mL)

71384-0513-01

Single-use vial

**\$55.00**

**Includes standard shipping. Expedited shipping may incur additional charges.**

\*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 essentially copies of commercially available products. References available upon request.

Droplless, Tri-Moxi, Dex-Moxi, Dex-Moxi-Ketor, and ImprimisRx are registered trademarks of Harrow Health Inc.

©2020 ImprimisRx, Inc. All Rights Reserved. IMPO0447 Rev3 08/20





# 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 (“Tri” for Tri-Moxi®) and select compound from EMR list
- Select correct quantity/volume to be used
- Provide instructions for use (ie: Intravitreal injection to be administered by physician.)

## 3 Include Pharmacy Notes

Please include in the Notes to the Pharmacy field:

- Dispense ImprimisRx Compound (ie: “**Tri-Moxi**”) *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 Tri-Moxi
- Patient cannot tolerate commercial formulation
- 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**