

Preservative-Free Formulations*	NDC Number	Fill Size	Average <u>1 Month</u> Cost†	Bottle Price
Klarity Drops® (Glycerin and Dextran Based Vehicle Ophthalmic Solution)	71384-0500-10	10mL	\$22.00	\$22.00
Klarity-A® Drops (Azithromycin 1% Ophthalmic Solution)	71384-0220-03	3.5mL	\$49.00	\$49.00
Klarity-C Drops® (Cyclosporine 0.1% Ophthalmic Emulsion)	71384-0514-05	5.5mL	\$59.00	\$59.00
		16.5mL (3 X 5.5mL bottles)	\$55.00	\$165.00 (\$55.00 per bottle) <i>Ships in packs of 3</i>
Klarity-L® Drops (Loteprednol Etabonate 0.5% Ophthalmic Suspension)	71384-0210-05	5mL	\$49.00	\$49.00

Includes standard shipping. Expedited shipping may incur additional charges.

† 1 Month supply can vary based on the dosing regimen prescribed by the doctor

*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.

Total Tears, Klarity Drops, Klarity-A, Klarity-C, Klarity-L, and ImprimisRx are registered 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 (“Cyclosporine” for Cyclosporine in Klarity/Klarity-C) 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: “**Klarity-C**”) *Needed only if formulation cannot be selected in EMR*
- Medical Necessity: (ie: preservative-free, 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 cyclosporine in Klarity/Klarity-C 0.1% 16.5ml
- Patient requires preservative free option
- 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**