

Atropine

Preservative-Free Formulations

Preservative-Free Formulations*

NDC Number

Fill Size

Bottle Price

Atropine 0.01% PF

71384-0566-05

5mL

\$62.00 for 1 bottle
\$104.00 for 2 bottles
\$117.00 for 3 bottles

Atropine 0.025% PF

71384-0567-05

5mL

\$62.00 for 1 bottle
\$104.00 for 2 bottles
\$117.00 for 3 bottles

Atropine 0.05% PF

71384-0568-05

5mL

\$62.00 for 1 bottle
\$104.00 for 2 bottles
\$117.00 for 3 bottles

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. No compounded medication is reviewed by the FDA for safety and efficacy. ImprimisRx does not compound essential copies of commercially available products. These ingredients carry risks. Visit [imprimisrx.com/productinformation](https://www.imprimisrx.com/productinformation) for full product details. References available upon request. ImprimisRx is a registered trademark of Harrow IP, LLC. ©2023 ImprimisRx. All rights reserved. OT-00029 02/23

imprimis 
A HARROW COMPANY

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 (“atropine”) and select compound from EMR list
- Select correct quantity/volume to be used
- Provide instructions for use (e.g. 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 (e.g. “**Atropine 0.025%**”) *Needed only if formulation cannot be selected in EMR*
- Medical Necessity: (e.g. 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 Atropine 0.025% 5ml
- Patient cannot tolerate commercial formulation
- Allergies - aspirin, sulfa OR No Known Drug Allergies *if applicable*
- Ship & Bill to Patient
- Start Date: 02/19/22



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**