



# AVAILABLE FORMULATIONS

Every ERx system is different, so it is important to ensure your ERx properly works with our software system by submitting a test script. The information below will guide you through the entire process.

<b>Cataract/Refractive:</b> <i>These formulations call for Prednisolone Sodium Phosphate 1%, not Acetate 1%. Make sure the formulation you select is a solution, not a suspension.</i>	<b>Fill Size</b>
Pred-Gati-Brom: (Prednisolone Sodium Phosphate 1%, Gatifloxacin 0.5%, Bromfenac 0.075%)	7mL
Pred-Brom: (Prednisolone Sodium Phosphate 1%, Bromfenac 0.075%)	4mL
Pred-Gati: (Prednisolone Sodium Phosphate 1%, Gatifloxacin 0.5%)	3.5mL
Pred-Ketor: (Prednisolone Sodium Phosphate 1%, Ketorolac 0.5%)	4mL
Pred-Gati-Ketor: (Prednisolone Sodium Phosphate 1%, Gatifloxacin 0.5%, Ketorolac 0.5%)	4mL & 7mL
Gati-Brom: (Gatifloxacin 0.5%, Bromfenac 0.075%)	4mL

<b>Glaucoma:</b> <i>These formulations are NOT preservative-free. They have a small amount of BAK (&lt; 0.1%). If the formulation in your system calls for preservative-free drops, select that formulation and write, ".01% BAK is ok" in the notes to the pharmacist.</i>	<b>Fill Size</b>
Tim-Lat: (Timolol 0.5%, Latanoprost 0.005%)	3.5mL
Tim-Brim-Dor (AM): (Timolol, 0.5% Brimonidine 0.2%, Dorzolamide 2%) "AM Formula"	3.5mL
Tim-Brim-Dor-Lat (PM): (Timolol 0.5%, Brimonidine 0.2%, Dorzolamide 2%, Latanoprost 0.005%) "PM Formula"	3.5mL

<b>Intracameral Injection:</b>	<b>Fill Size</b>
Dex-Moxi: (Dexamethasone Sodium Phosphate 0.1%, Moxifloxacin HCl 0.5%)	1mL

<b>Myopia Control:</b>	<b>Fill Size</b>
Atropine 0.01%	3.5mL
Atropine 0.025%	3.5mL
Atropine 0.05%	3.5mL

**Questions? Contact us today at (855) 466-1076.**



# ORDERING THROUGH YOUR EMR SYSTEM

## 1. Locate the Pharmacy

**OSRX Pharmacy** is listed in most ERx systems as OSRX in Missoula, Mont. Note that it may appear in the mail order or the retail pharmacy section. OSRX identifying numbers are below.

- **OSRX**  
1120 Kensington Ave Suite E, Missoula, MT 59801  
**Phone:** (855) 466-1076  
**Fax 1:** (406) 541-6267, **Fax 2:** (406) 493-0757  
**NCPDP:** 2784418 **NPI:** 1588122345 **Surescripts ID#:** PKX27844180551314764

## 2. Product/Formulation Break Down:

- Search for one of the compound ingredients (“Pred” for Pred-Gati-Brom) and select compound from the EMR list.
- Most ERx systems have our formulations in their database; you just need to search for them and confirm the quantities and strengths match. If a formulation does not appear exactly as it is listed above, we will contact your office to confirm the correct medication before shipping.
- To help avoid this situation, write a message in the notes section of your e-script so the pharmacist knows a substitution is approved. For example: If Pred-Gati-Brom appears in your ERx as 5mL, but the OSRX formulation is 7.0mL, write “7mL is ok”.

## 3. Sending the Test Script

- Under a test patient, search for a new pharmacy or add it in manually with the OSRX info on the previous page, then save it to favorites.
- Search for these formulations and **make sure the strengths and quantities (mL) match**. Under search for medication, for example, start by typing the word “prednisolone.”
- If the formulations aren’t in the system, try to add them under the free-form compounding tab and save to favorites.
- As a last resort, try sending us a script for prednisolone 1% and add the rest of the formula in the notes section.
  - For example: Select prednisolone 1%, 5mL, and in the notes section put “*add bromfenac 0.075%, prednisolone phosphate and 4.0mL is ok*”.
- Send a test script to ensure the patients phone number and address come through on our end. (They don’t always come through properly). **MAKE SURE YOU SEND A TEST SCRIPT**, but don’t worry, **WE WILL NOT FILL a script with “TEST” as the patient name**. Save the formulation under the doctor list or favorites so it is easily accessible for future scripts.