



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.

Cataract/Refractive	Fill Size
These formulations call for Prednisolone Sodium Phosphate 1%, not Acetate 1%. Make sure the formulation you select is a solution, not a suspension.	
Pred+Moxi+Brom: (Prednisolone Sodium Phosphate 1%, Moxifloxacin 0.5%, Bromfenac 0.075%)	5mL & 8mL
Pred+Brom: (Prednisolone Sodium Phosphate 1%, Bromfenac 0.075%)	4mL
Pred+Moxi: (Prednisolone Sodium Phosphate 1%, Moxifloxacin 0.5%)	5mL
Moxi+Brom: (Moxifloxacin 0.5%, Bromfenac 0.075%)	5mL
Pred+Moxi+Ketor: (Prednisolone Sodium Phosphate 1%, Moxifloxacin 0.5%, Ketorolac 0.5%)	5mL & 8mL
Pred+Ketor: (Prednisolone Sodium Phosphate 1%, Ketorolac 0.5%)	4mL

Glaucoma	Fill Size
These formulations are NOT preservative-free. They have a small amount of BAK (< .01%). 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	
Tim+Bim: (Timolol 0.5%, Bimatoprost 0.01%)	5mL
Tim+Brim+Dor (AM): (Timolol 0.5%, Brimonidine 0.1%, Dorzolamide 2%) "AM Formula"	5mL
Tim+Brim+Dor+Bim (PM): (Timolol 0.5%, Brimonidine 0.1%, Dorzolamide 2%, Bimatoprost 0.01%) "PM Formula"	5mL

Intracameral Injection	Fill Size
Dex+Moxi: (Dexamethasone Sodium Phosphate 0.1%, Moxifloxacin HCl 0.5%)	1mL

Myopia Control	Fill Size
Atropine+ 0.01%	3.5mL
Atropine+ 0.025%	3.5mL
Atropine+ 0.05%	3.5mL

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

1120 Kensington Ave., Suite E, Missoula, MT 59801 | P: 855.466.1076 | F1: 406.541.6267 | F2: 866.515.0196 | www.osrxpharmaceuticals.com

Compounded drugs are not FDA-approved, which means they have not undergone FDA premarket review for safety, effectiveness, and quality. 503A compounding pharmacies are not required to comply with cGMP requirements but can be inspected by FDA. References available upon request. **View potential contraindications at: www.osrxpharmaceuticals.com/osrx-api-aecontraindication**



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:** (866) 515-0196

NCPDP: 2784418 **NPI:** 1588122345 **Surescripts ID#:** PKX27844180551314764

2 Product/Formulation Breakdown

- Search for one of the compound ingredients ("Pred" for Pred+Moxi+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+Moxi+Brom appears in your ERx as 4mL, but the OSRX formulation is 5.0mL, write *"5mL 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.



Questions? Call, email or live chat our pharmacy team.