



## Physician/Prescriber Instructions

Dear Prescriber,

Your patient is attending a program that works with our pharmacy to dispense their medication.

All medication in pill form is dispensed in adherence packaging (packaged by dose) - labeled with name, date, dosage, administration time and any other pertinent information. Prescriptions are dispensed in 30-day increments only. We appreciate your assistance with these guidelines, so that we can dispense medication efficiently, allowing it to arrive on time and helping parents/guardians avoid additional fees.

Guidelines:

### 1. Prescribing Methods

**ePrescribing:** NABP #3196563, Pharmacy Name: PersonalRX, Pharmacy Address: 20 Murray Hill Parkway, Suite 210, East Rutherford, NJ 07073

**Fax:** 201-438-5050

**Call:** 201-430-7300

**Mail:** 20 Murray Hill Parkway, Suite 210, East Rutherford, NJ 07073

**Prescriptions for Controlled Medications must be submitted via eScript or original hard copy mailed to pharmacy**

### 2. OTC/Supplements

Since we are repackaging OTC/Supplements, regulations require us to have written authorization from a prescriber. Therefore, we require official authorizations in the form of a prescriber's note or prescription for these items.

### 3. Non-Controlled Medication

Please write for a 30-day supply with enough refills to cover the entire session/program.

### 4. Controlled Substances

**Schedule III-V:** We can accept a prescription for any controlled substance. These prescriptions cannot be called into the pharmacy. They can be e-prescribed, or mailed directly to the pharmacy. Prescriptions for controlled medications must include doctor's DEA number and license number, as required by law.

**Schedule II:** As a licensed pharmacy in New Jersey, we are permitted to dispense a maximum 30-day supply for a Schedule II medication. **We can accept up to 3 prescriptions at a time, each for a 30-day supply.** In such cases, the first will be filled immediately. The subsequent prescriptions must have a "Do Not Fill Until" date written in the body of the prescription - to be used for the 2 months following date they're written. **[Example:** You write a prescription dated 1/15/2023, and also write 2 more for same drug. Next two are also dated 1/15/2018, but with "Do Not Fill Until 2/14/23" and "Do Not Fill Until 3/14/23."]

**Late Prescriptions for controlled substances** will be expedited and should first be faxed to us at (201) 334-0700, and **MUST** be mailed to us ASAP, so that we can prepare the order. Once we receive the original prescription by mail, we can release and deliver medication.

**Thank you for your assistance!** Please call (201) 430-7300 with any questions.