



## PHYSICIAN/PRESCRIBER INSTRUCTIONS

(Please provide to your local physician/prescriber)

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** (most efficient) **NABP # 3196563** *Pharmacy Name: PersonalRX / GroupRX Pharmacy*  
*Address: 20 Murray Hill Parkway, Suite 210, East Rutherford, NJ 07073*  
*Pharmacy Phone: 201-430-7300*
- **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 1/15/2018, and also write 2 more for same drug. Next two are also dated 1/15/2018, but with "Do Not Fill Until 2/14/18" and "Do Not Fill Until 3/14/18."]

**Late Prescriptions for controlled substances** (written within 15 days prior to start of camp/program) 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.

Regards,

James Hennig, R.Ph.  
Director of Pharmacy, COO