



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.