

Filling a prescription

If the **prescription will be collected** by your patient in an Institutional (in-house) pharmacy associated with your clinic or your local pharmacy, the pharmacists already have the information below, so your patient will pay the lowest possible price.

Otherwise, Highland Specialty Pharmacy will **process the prescription and deliver** to the patient directly.

Stratpharma Patient Access Program (PAP)

Any qualified* patient that has a prescription for a Stratpharma product, and is **not covered by insurance** of any type upon adjudication, or if after the processing of the co-pay card the patient's **out-of-pocket is more than \$90**, can benefit from the **Patient Access Program (PAP)** and purchase Stratpharma products **at discounted cash price of \$89** (Wholesale Acquisition Cost of \$495).**

Medicare/Medicaid Coverage

Stratpharma products are not yet covered under Medicare.

Most Medicaid eligible patients are **covered with a Prior Authorization (PA)**.

Your Medicare patients and those not covered by State Medicaid can take advantage of the **PAP as above**.

Most commercial insured patients - pay no more than \$35

Commercially insured patients are responsible for the first \$35 and any co-pay amount above the maximum savings benefit (\$105).

VA, DoD, IHS, OGA Availability

Stratpharma has been awarded a FFS supply contract for all prescription products, which are available at the Veterans Health Administration (VA), Department of Defense (DoD), Indian Health Service (IHS), and Other Government Agencies (OGA).

How to process the prescription:

1. Send script to Highland

- eRx: Highland Specialty Pharmacy
Hattiesburg Mississippi (MS), 39402
Pharmacy Type: Retail
NPI: 1679833404 NCPDP: 2588842
- Fax: 601-268-6690
- Verbal: 601-268-6033 select option 2 or press 0

To minimize callbacks, include:

- Provider Name and NPI
- Patient contact information
- Patient medical information
- Patient insurance information
- Prescription information

*See back page for blank new prescription fax request.

2. Instructions for patient

Advise patients that Highland Pharmacy will contact them via phone within the first 24 hours. If they do not receive a phone call the patient and/or provider should follow up directly by calling 601-268-6033.

3. Submit any PAs in CoverMyMeds

With the key provided by Highland. In the event CoverMyMeds does not process the Prior Authorization (PA) the pharmacy will notify you.

Questions about prescription? Contact Highland Specialty Pharmacy at: 601-268-6033

Questions about PAP, products, prescriptions, supply, etc. contact us at our San Diego Headquarters:

619-930-5788 or customerservice@us.stratpharma.com | Stratpharma Inc, 7676 Hazard Center Drive, Suite 880, San Diego, CA 92108 USA

Effective date: April 1, 2022. * "Qualified patient" means an uninsured or underinsured patient with a prescription or order for any Stratpharma products. Patients who are eligible or covered by Medicare, Medicaid, TriCare, DoD, or other government-sponsored health plan as described in Section 1128A(a)(5) of the Social Security Act are not a qualified patient, unless the patient does not leverage their aforementioned coverage to pay for any part of the medication and 100% of the medication patient price is covered out of pocket by patient.

** Stratpharma may, in its discretion, suspend and/or terminate Patient Access Program at any time and/or increase the WAC.

FDA Registered
Class I Medical Device

Manufactured by: Stratpharma AG, Aeschenvorstadt 57, CH-4051 Basel, Switzerland
Distributed by: Marnel Pharmaceuticals LLC Charleston, SC 29403, U.S.A. 1-833-788-0312
San Diego Headquarters: 619-930-5788, customerservice@us.stratpharma.com,
Stratpharma Inc, 7676 Hazard Center Drive, Suite 880, San Diego, CA 92108 USA

Prescriber Information Sheet
(Highland Specialty Pharmacy)

**PAY
NO MORE
THAN \$89**



Rx Only For topical use only 73661-420-50
www.us.strataxrt.com



Rx Only For topical use only 73661-421-50
www.us.stratactx.com



Rx Only For topical use only 73661-422-20
www.us.stratagrt.com



Rx Only For topical use only 73661-424-20
www.us.stratatriz.com



Rx Only For topical use only 73661-423-50
www.us.stratamark.net

Stratpharma
Switzerland

New Prescription Fax Request for Highland Specialty Pharmacy

Fax: 601-268-6690
NPI: 1679833404

Phone: 601-268-6033
NCPDP: 2588842

Office/Clinic:		Address:		
Phone:	Fax:	City:	State:	Zip:
Prescriber:		NPI #:		

Patient Information				
Name:		Age:	D.O.B.: / /	
Sex:	Allergies:			
Allergies Continued:				
Other Medications:				
Other Medical Conditions:				
Address:				
City:		State:	Zipcode:	
Phone:		Alt Phone:		
Cell:		Work Phone:		
Email:				

Patient Insurance Information (please include to minimize callbacks)	
Member ID/Subscriber ID:	Rx BIN:
Rx PCN:	Group ID/Rx Group:
Additional Info:	

Prescription Information	
StrataXRT 50g - NHRIC Code: 73361-420-50 <input type="checkbox"/>	StrataCTX 50g - NHRIC Code: 73361-421-50 <input type="checkbox"/>
StrataGRT 20g - NHRIC Code: 73361-422-20 <input type="checkbox"/>	StrataTriz 20g - NHRIC Code: 73361-424-20 <input type="checkbox"/>
StrataMark 50g - NHRIC Code: 73361-423-50 <input type="checkbox"/>	
Quantity: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Refills: PRN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Instructions for patient:	
Instructions for pharmacy:	
Other Notes:	

Provider Signature:

Date: