

Filling a prescription

If the prescription will be picked up by the patient in an institutional pharmacy associated with your clinic, please share the tear sheet with the patient so they can receive the lowest co-pay possible.

Otherwise, the prescription can be filled by Truepill pharmacy. Please share the tear sheet with the patient and follow the instructions below.

Your patient will receive the prescription as you prescribed it with free delivery from Truepill pharmacy.

ADVANCED FORMULATION
Strata mark[®]
for the management
of stretch marks
73661-423-50

ADVANCED FORMULATION
Strata triz[®]
scar therapy gel
73661-424-20

ADVANCED FORMULATION
Strata grt[®]
for chronic and hard
to treat wounds
73661-422-20

ADVANCED FORMULATION
Strata xrt[®]
for the management
of radiation dermatitis
73661-420-50

ADVANCED FORMULATION
Strata ctx[®]
for cutaneous
reactions
73661-421-50

Truepill

We are processing your prescription. What's next?

1

Send script to Truepill

- eRx: Truepill (Hayward, CA) or NCPDP: 5660091
- Fax: 518-734-0053
- Verbal: 650-353-5495 | 855-910-8606

To minimize callbacks, include:

- Patient's current mobile number
- Patient's email
- Patient insurance information
- Tried/failed meds or chart notes
- Allergies
- ICD-10 code

eRx

Name

DOB

Mobile

Note to pharmacist

2

Provide tear sheet to patient

Patient will receive a phone call or text with instructions on how to proceed with the prescription.

3

Submit any prior auths in CoverMyMeds

with the key provided by Truepill. In the event CoverMyMeds does not process PA the pharmacy will notify you.

Prior Auth
submitted

Questions about prescription? Contact Truepill's HCP support team at: 650-353-5495 | 855-910-8606 or operations_support@truepill.com