

## 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 **lacks insurance coverage** 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 a discounted price of \$89**.

## 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.

Prescriber Information Sheet  
(Highland Specialty Pharmacy)

**PAY  
NO MORE  
THAN \$89**



Rx Only For topical use only 73661-420-50  
[www.us.strataxrt.com](http://www.us.strataxrt.com)



Rx Only For topical use only 73661-421-50  
[www.us.stratactx.com](http://www.us.stratactx.com)



Rx Only For topical use only 73661-422-20  
[www.us.stratagrt.com](http://www.us.stratagrt.com)



Rx Only For topical use only 73661-424-20  
[www.us.stratatriz.com](http://www.us.stratatriz.com)



Rx Only For topical use only 73661-423-50  
[www.us.stratamark.net](http://www.us.stratamark.net)

# PRESCRIPTION ORDER FORM



## PRESCRIBER INFORMATION:

Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PATIENT INFORMATION:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_

## Patient Insurance Information (please include to minimize callbacks)

Member ID/Subscriber ID: \_\_\_\_\_ Rx BIN: \_\_\_\_\_  
Rx PCN: \_\_\_\_\_ Group ID/Rx Group: \_\_\_\_\_

## PRESCRIPTION INFORMATION (tick what is applicable **StrataXRT 1.75 oz (50g)**      **StrataCTX 1.75 oz (50g)**      **StrataMark 1.75 oz (50g)** 73661-420-50      73661-421-50      73661-423-50 **StrataGRT 0.7 oz (20g)**      **StrataTriz 0.7 oz (20g)** 73661-422-20      73661-424-20

Quantity: 1  2  3       Refills: PRN  1  2  3

## DIRECTIONS (tick what is applicable Apply **once daily** or as required to maintain contact with affected area Apply **twice daily** or as required to maintain contact with affected area

Other: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## To E-PRESCRIBE, use the following information:

Name: Highland Specialty Pharmacy  
City: Hattiesburg      State: Mississippi (MS)      Zip: 39402  
Pharmacy Type: Retail      NPI: 1679833404      NCPDP: 2588842

\*\*\*Highland Specialty Pharmacy will contact the patient via phone & text from 601-268-6033 within 24 hours of receipt of prescription\*\*\*

FAX: 601-268-6690      PHONE: 601-268-6033      TOLL FREE: 855-894-4441

Hours of Operation: Monday - Friday 9am to 5pm (CST)