

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 **xrt**[®]
for the management
of radiation dermatitis 73661-420-50

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



We are processing your prescription. What's next?

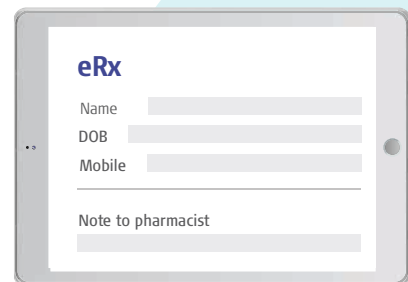
1

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



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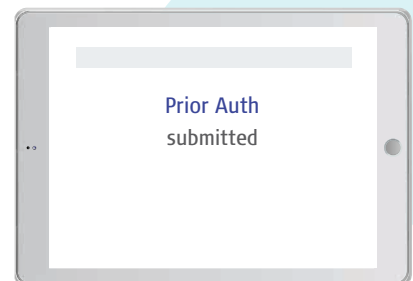
Provide tear sheet to patient

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

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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.



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