

# PAY NO MORE THAN \$35\*

ADVANCED FORMULATION  
**Strata** **xrt**<sup>®</sup>  
for the management  
of radiation dermatitis  
73661-420-50

[us.strataxrt.com](http://us.strataxrt.com)

ADVANCED FORMULATION  
**Strata** **ctx**<sup>®</sup>  
for cutaneous  
reactions  
73661-421-50

[us.stratactx.com](http://us.stratactx.com)

Dear Patient,

**If your prescription is filled in the institutional pharmacy**, please share the information on the back of this piece with the pharmacist to get the lowest co-pay possible.

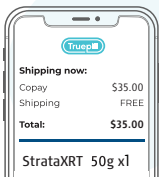
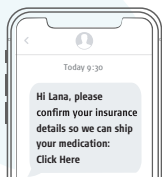
Otherwise **your prescription will be filled by Truepill Pharmacy**. Your physician will send your prescription to Truepill Pharmacy along with your phone number. Expect a phone call or text from the pharmacy to establish contact with you, so they can collect the additional information needed to process your prescription.



We are processing your prescription. What's next?

### 1. IMPORTANT

Truepill will call or text you to confirm your order. Answering the call or following the instruction in the text is important as they can't fill your prescription without this step!

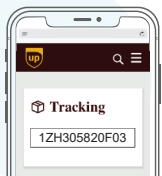


### 2. PAYMENT CONFIRMATION

Confirm the payment on the call or follow the instructions on the text. Truepill will work with your insurance and add your co-pay card to get you the lowest co-pay possible.

### 3. SHIPMENT CONFIRMATION

Truepill will call you to confirm the shipment or send you a text with shipment information.



To call Truepill about your prescription:  
1-855-910-8606

\*most commercially insured patients

**Processor:** Drexli

**Person Code:** 01

**Bin#:** 017290

**Cardholder ID#:** 1001001

**RxPCN#:** 55101202

**Group#:** E7000

### **PHARMACIST INSTRUCTIONS:**

Please dispense **StrataXRT** or **StrataCTX** at up to \$105 off the customer's out-of-pocket expense. Patient is responsible for the first \$35 and any co-pay amount above their maximum savings benefit. Stratpharma and/or Pharmacy Benefit Manager reserve the right to audit and review all records and documentation relating to the redemption of this coupon and the dispensing of this product.

This claim may be submitted electronically using the numbers above. Submit all claims in NCPDP Standard D.O. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 8); or in some cases, using Coordination of Benefits processing, depending on your pharmacy's software requirements. You will be reimbursed per your contracted rate directly from PBM. Pharmacy or customer mail-in claims may be sent to DREXI, 3350 N. Arizona Ave. Ste. 2 Chandler, AZ 85225 for prompt reimbursement. All mail-in claims should include a duplicate pharmacy label or receipt (cash register receipts not accepted) along with a copy of the front of the customer savings card. For expedited processing, Fax voucher and Rx receipt to: 1-480-444-1449.

### **Terms and Conditions**

By using this coupon, you and your pharmacist understand and agree to comply with these terms and conditions.

Coupon not valid for prescriptions reimbursed in whole or in part under Medicaid, Medicare (including Medicare Advantage and Part D prescription drug plans), or any other federal or state program (including state pharmaceutical assistance programs) or where prohibited, taxed, or otherwise restricted. This coupon is not insurance. Offer may not be combined with any other rebate, coupon, free trial or similar offer. Coupon has no cash value. No cash back.

It is a violation of Federal law for a Pharmacy, Physician, or employee of Stratpharma, Inc. to knowingly violate this program's business rules and may instigate an immediate claims reversal.


The selling, purchasing, trading or counterfeiting of this coupon is prohibited by law. Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics.

This coupon may be used for each new or refill prescription. Stratpharma, Inc. reserves the right to rescind, revoke or amend this offer without notice.

**Restore patient's profile to Primary PBM, if appropriate, after claim submission. Call the Drexli help desk at 1-844-728-3479 for processing questions.**

**Manufactured by:** Stratpharma AG, Aeschenvorstadt 57, CH-4051 Basel, Switzerland

**Distributed by:** Marnel Pharmaceuticals  
LLC Charleston, SC 29403, U.S.A

 Class I Medical Device,  
FDA Listed

  
Stratpharma  
Switzerland

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