

Stratpharma proudly works with ProModRx as the preferred option for prescribing.

ProModRx is the Stratpharma Pharmacy which will streamline the fulfillment process to effectively manage the prescription adjudication, prior authorizations, Stratpharma Patient Access Program/ Co-Pay Coupon, and shipping directly to patients for free.

Stratpharma Patient Access Program

Through the Stratpharma Patient Access Program, qualified patients* with active pharmacy or medical insurance can gain access to Stratpharma products for as low as **\$35**. ProModRx will need permission to run a benefits verification and, if required, obtain prior authorization from your insurance provider. **Qualified patients will not pay more than \$89.**



How to process the prescription:

1. Send script to the ProModRx

• e-Prescribe:

Pharmacy name: ProModRx

NPI: 1396394805

NCPDP: 5742627

Address: 2850 North Commerce Parkway,
Miramar, FL 33025

• Fax: 833-396-0022

• Verbal: 877-208-5509

To minimize callbacks, include:

- Patient Demographic Sheet
- Patient insurance information
- Office Contact Information

2. Instructions for patient

Once the prescription is sent to ProModRx your patient should receive a call to confirm the prescription and enrollment. Make sure to provide them with a patient tear-off sheet. If they miss a call or do not receive a call they can reach out to ProModRx directly at 877-208-5509.

3. New Patient Enrollment - 3 Easy Options

- Patient signs the New Prescription Fax Form (attached)
- Online Portal - Using the QR Code or visiting the portal website: <https://procarerx.care/Stratpharma>



- Patient is enrolled through Electronic Medical Record (EMR) and contacted directly by ProModRx

Questions about prescription? Contact ProModRx at: 877-208-5509

For other questions, contact Stratpharma (San Diego Headquarters) at: 619-930-5788 or customerservice@us.stratpharma.com



Rx Only For topical use only 73661-420-50
www.us.strataxrt.com 50g | 1.75 oz



Rx Only For topical use only 73661-421-50
www.us.stratactx.com 50g | 1.75 oz



Rx Only For topical use only 73661-422-20
www.us.stratagrt.com 20g | 1.75 oz



Rx Only For topical use only 73661-424-20
www.us.stratatriz.com 20g | 1.75 oz



Rx Only For topical use only 73661-423-50
www.us.stratamark.net 50g | 1.75 oz

Effective date: April 1, 2022. *A 'qualified patient' refers to an individual without insurance or with limited insurance coverage, who has a prescription or order for any Stratpharma products. Patients who are eligible for or covered by Medicare, Medicaid, TriCare, DoD, or other government-sponsored health plans, as defined in Section 1128A(a)(5) of the Social Security Act, are generally not considered qualified patients. However, if such patients choose not to utilize their aforementioned coverage to pay for any portion of the medication and instead cover 100% of the medication cost out of pocket, they may be considered qualified patients. **To determine your eligibility, please contact Stratpharma directly.**

Stratpharma New Prescription and Patient Fax Form



Please Attach Patient Demographic Sheet

PATIENT INFORMATION (Please include contact and insurance details to help minimize callbacks)			
Patient Name:		DOB:	
Address:		Address 2:	
City:	State:	Zip Code:	
Phone:	Alt Phone:	Email:	
Member ID/Subscriber ID:		Rx BIN:	
Rx PCN:		Group ID/Rx Group:	

PRESCRIBER INFORMATION			
Prescriber Name:		NPI #:	
Office Contact:		Direct Line:	
Address:		Address 2:	
City:	State:	Zip Code:	
Phone:	Fax:	Email:	

PRESCRIPTION INFORMATION (check what is applicable ☒)	
Rx: StrataXRT ☐ StrataCTX ☐ StrataGRT ☐ StrataTriz ☐ StrataMark ☐	
Quantity: 1 ☐ 2 ☐ 3 ☐	Refills: 1 ☐ 2 ☐ 3 ☐ Other: ☐
Directions: 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 Directions:	
CLINICAL CRITERIA	
Diagnosis Code:	
Tried and Failed Therapies/Medications:	
Additional Notes:	

Prescriber Signature:	Date:
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Patient Enrollment (patient can sign below or visit https://procarerx.care/Stratpharma)	
By signing below I certify and acknowledge: (i) this request is made voluntarily; (ii) the information I provided above is correct; (iii) ProModRx may contact me through my preferred method of correspondence to convey information relating to the fulfillment of my prescription; (iv) if my insurance covers the prescription and my out of pocket copay due is \$0.00, ProModRx may ship directly to shipping address provided above; (v) I may need to contact ProModRx to obtain subsequent refills; and (vi) ProModRx may, at their sole discretion, transfer my prescription to an external partner pharmacy for fulfillment; (vii) I may cancel any and all authorizations provided here by contacting ProModRx any time at (877) 208-5509; and (viii) if not canceled all authorizations will expire one year from the date of this form.	
Patient Signature:	Date:

Methods of Prescribing: e-Prescribe, Fax or Call

• e-Prescribe (Pharmacy Look-up Instructions):

Pharmacy Name: ProModRx

NPI: 1396394805

NCPDP: 5742627

Address: 2850 North Commerce Parkway, Miramar, FL 33025

• **Fax to:** (833) 396-0022

• **Call in Prescription to:** (877) 208-5509