

DERMATOLOGY PRICE LIST

Acne Topicals	Covered	High Deductible	Not Covered/ Cash
**ACZONE 7.5% 60g	\$15	\$45	N/A
ADAPALENE 0.3% 45g	copay	\$45	\$45
AKLIEF <i>crm</i> 0.005% 45g	\$0	\$75	\$75
ALTRENO <i>lotn</i> 45g/20g	\$115/55	\$115/55	\$115/55
AMZEEQ 4%	\$0	\$35	\$75
ARAZLO <i>lotn</i> 0.045% 45g	\$0	\$65	\$65
CLINDA/ BENZ 1/5% 50g	\$0	\$55	\$55
CLINDAMYCIN <i>gel</i> 1% 30g	copay	Varies	\$40
CLINDAMYCIN <i>lotion</i> 60ml	copay	\$55	\$55
DUAC (BPO/CLINDA) 45g	copay	\$60	\$60
EPIDUO (GENERIC) 45g	copay	\$55	\$55
**EPIDUO FORTE <i>gel</i> 45g, 60g	\$0	\$75	\$75
**ONEXTON 50g	\$25	\$65	\$65
**RETIN-A-MICRO 0.06/ 0.08% 50g	\$25	\$65	\$65
TRETINOIN <i>crm</i> 0.025% 20g	copay	\$45	\$45
TRETINOIN <i>crm</i> 0.05% 20g	copay	\$45	\$45
TRETINOIN <i>crm</i> 0.1% 20g	copay	\$65	\$65

Oral Antibiotics	Covered	High Deductible	Not Covered/ Cash
DOXYCYCLINE 20MG 30 caps	\$5-20	\$25	\$25
DOXYCYCLINE 100MG 30/60 caps	\$5-20	\$15/25	\$15/25
MINOCYCLINE 100MG 30/ 60 caps	copay	\$20/35	\$20/35
**ORACEA 40 MG/DOXY 40 MG 30 caps	\$0	\$75	\$75
SEYSARA 60/ 100/ 150mg	\$15	\$60	N/A
**TARGADOX 60 tabs	\$0	N/A	N/A
**TARGADOX (AUTH GENERIC) 60 tabs	\$0	\$0	\$0
**XIMINO 45/ 90/ 135mg	\$7	\$50	N/A

Antifungals	Covered	High Deductible	Not Covered/ Cash
CICLOPIROX <i>crm</i> 0.77%	copay	\$45	\$45
CICLOPIROX <i>sham</i> 1%	copay	\$45	\$45
ECONAZOLE 1% <i>crm</i> 85g	copay	\$15	\$15
**JUBLIA 4ml/ 8ml	\$25	N/A	\$65/130
KETOCONAZOLE <i>crm</i> 2% 60g	copay	\$45	\$45
KETOCONAZOLE <i>sham</i> 120ml	copay	\$25	\$25

Actinic Keratosis/Topical Psoriasis	Covered	High Deductible	Not Covered/ Cash
CALCIPOTRIENE 0.005% <i>crm</i> 60g	copay	\$75	\$75
DICLOFENAC 3% <i>gel</i> 100g	copay	\$45	\$45
**5% FLUOROURACIL/ 0.005% CALCIPOTRIENE 30g	--	--	\$45
FLUOROURACIL 5% <i>crm</i> 40g	copay	\$75	\$75
IMIQUIMOD <i>crm</i> 5% 24 packs	copay	\$35	\$35

Barrier Repair/Medical Moisturizers	Covered	High Deductible	Not Covered/ Cash
**CERACADE 270g	\$20	\$50	\$50
HYLATOPIC PLUS <i>crm/lotn</i> 14oz	\$80	\$80	\$80
**LUXAMEND 114g	\$20	\$50	\$50

*AFFORDABLE CASH AND HIGH DEDUCTIBLE OPTIONS

**WE OFFER COMPOUNDED CREAMS TOO. Call for details.

Dermatitis/Eczema	Covered	High Deductible	Not Covered/ Cash
**ELIDEL 30/ 60g	\$40	\$75	\$100
**EUCRISA 60/ 100g	\$10	\$10	\$50
TACROLIMUS 0.1% <i>oint</i> 30g	copay	\$85	\$85

Topical Steroids	Covered	High Deductible	Not Covered/ Cash
BETAMETHASONE VALERATE <i>oint</i> 0.1% 45g	copay	Varies	\$45
BETAMETHASONE DIP <i>lotn</i> .05% 60ml	copay	Varies	\$45
BETAMETHASONE DIP <i>crm</i> .05% 50g	copay	\$35	\$35
**BRYHALI <i>lotn</i> 60g	\$0	\$65	\$65
CLOBETASOL <i>foam</i> 0.05% 50g	copay	\$35	\$35
CLOBETASOL <i>crm</i> 0.05% 60g	copay	\$35	\$35
CLOBETASOL <i>solution</i> 0.05% 50ml	copay	\$35	\$35
CLOBETASOL <i>oint</i> 0.05% 60g	copay	\$35	\$35
**CLODERM/CLOCORTOLONE PIV	\$0	\$0	\$35
**CORDRAN TAPE	\$35	\$150	N/A
**DUOBRII 100g	\$0	\$25	\$25
DESONIDE <i>crm</i> 0.05% 60g	copay	\$35	\$35
ENSTILAR 60g	\$20	\$125	\$125
FLUOCINONIDE <i>crm</i> 0.1% 60g	copay	\$45	\$45
FLUOCINONIDE <i>solution</i> 0.01% 60ml	copay	\$75	\$75
HALOBETASOL 0.05% <i>crm</i> 50g	copay	\$50	\$50
HALOG 0.1% <i>crm/oint</i>	\$0	\$50	N/A
HYDROCORTISONE VALERATE <i>crm</i> 0.2% 45g	copay	\$45	\$45
HYDROCORTISONE BUTYRATE <i>lipocream</i> 0.1% 45g	copay	\$45	\$45
**SERNIVO 120ml	\$0	\$75	\$100
**TRIANEX 430g	\$0	\$15	N/A
TRIDERM 450g	\$0	\$45	\$45
TRIDESILON <i>crm</i> 0.05% 60g	\$0	\$50	\$75
TRIAMCINOLONE 0.1% 80-454g	copay	\$20-35	\$20-35
TRIAMCINOLONE 0.025% 80-454g	copay	\$20-35	\$20-35
**ULTRAVATE <i>lotn</i> 60ml	\$0	\$50	N/A

Rosacea	Covered	High Deductible	Not Covered/ Cash
AZELAIC ACID <i>gel</i> 15% 50g	\$0	\$75	\$75
**FINACEA <i>foam</i> 15%	\$0	\$20	\$20
METRONIDAZOLE <i>crm</i> 0.75% 45g	copay	\$35	\$35
METRONIDAZOLE <i>gel</i> 1% 55g	copay	\$55	\$55
**RHOFADÉ <i>crm</i> 1% 30g	\$0	\$50	N/A
**SOOLANTRA <i>crm</i> 1% 45g	\$0	\$75	\$75
SULFACETAMIDE <i>cleanser</i> 5/10 170ml	copay	\$35	\$35

Additional Medications	Covered	High Deductible	Not Covered/ Cash
ABSORICA and ABSORICA LD	\$0	Varies	N/A
ACCUTANE (GENERIC) 10/20/40MG 30 caps	\$0	\$75	\$75
ACCUTANE (GENERIC) 30MG 30 caps	copay	Varies	\$115
HYDROQUINONE 4% 28.4g	copay	\$35	\$35
PROPECIA 1 MG (FINASTERIDE) 30/90 tabs	copay	\$20/45	\$20/45
QBREXZA	\$35	N/A	N/A
SPIRONOLACTONE 90ct 50/100mg	copay	\$10	\$10

*Medicare, Medicaid, Tricare, and other government funded insurances are not eligible for copay card programs. Program can change the copays, benefit caps, prices, or end at any time without notice.