

CUSTOM DERMATOLOGY COMPOUNDING

Prescriber Reference Guide · The Medicine Shoppe, York PA

Hyperpigmentation · Anti-aging · Rosacea · Custom combinations · From \$65/month

Program Overview

The Medicine Shoppe compounds custom topical dermatological preparations at concentrations and in combinations not available in commercial products. We work with dermatologists, primary care physicians, and aesthetic medicine practitioners to provide targeted, evidence-based topical therapy for hyperpigmentation, photoaging, rosacea, and acne — compounded in bases selected for patient tolerability and clinical efficacy.

Compounding is particularly valuable in dermatology because the most effective formulas — the Kligman triple combination, high-concentration tretinoin, and custom azelaic acid preparations among them — are either unavailable commercially or available only at concentrations below clinical threshold. We prepare to your specification, not a catalog preset.

Why Prescribers Choose Compounded Dermatology

- Concentrations unavailable commercially — tretinoin above 0.1%, hydroquinone above 4%, azelaic acid above 20%
- Combination formulas in a single vehicle — HQ + tretinoin + steroid in one application instead of three products
- Base customization — silicone, cream, gel, or serum base selected for skin type, tolerance, and patient preference
- Preservative- and fragrance-free options for sensitive or reactive skin
- Cost transparency — straightforward monthly pricing, no insurance barriers for cash-pay patients
- Direct pharmacist access — call or fax to discuss clinical needs; we compound to your specification

Compounded Preparations — Formulary

All preparations are available as topical cream, gel, or serum unless otherwise specified. Custom concentrations and base formulations are available on request.

Preparation	Concentration	Category	Primary Indication
Tretinoin	0.025% – 0.1%+	Retinoid	Photoaging, acne, hyperpigmentation, skin texture
Hydroquinone	4% – 8%	Depigmenting agent	Melasma, post-inflammatory hyperpigmentation
Azelaic Acid	15% – 20%+	Multi-action	Rosacea, melasma, acne, hyperpigmentation

THE MEDICINE SHOPPE

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Prescriber Reference Guide

Preparation	Concentration	Category	Primary Indication
Ivermectin	1%	Antiparasitic	Papulopustular rosacea
Metronidazole	0.75% – 1%	Antimicrobial	Rosacea — erythema and inflammatory lesions
Fluocinolone Acetonide	0.01%	Corticosteroid	Component of triple combination therapy
Kojic Acid	1% – 4%	Depigmenting agent	Melasma, hyperpigmentation — HQ alternative
Niacinamide	4% – 10%	B3 / anti-inflammatory	Hyperpigmentation, acne, rosacea support
Vitamin C (L-ascorbic)	10% – 20%	Antioxidant	Photoaging, brightening, collagen support
Custom Combination	Per specification	Variable	Any combination — contact pharmacist to discuss

Kligman Triple Combination — Hydroquinone 4–8% / Tretinoin 0.05–0.1% / Fluocinolone 0.01% in a single cream. The most extensively studied formula for melasma and hyperpigmentation. Not available commercially at effective concentrations.

Clinical Monographs

The following section provides prescribing rationale, dosing guidance, and clinical context for each major preparation category.

Hyperpigmentation & Melasma

Rationale & Clinical Approach

Melasma and post-inflammatory hyperpigmentation (PIH) are driven by melanocyte overactivity, often triggered by UV exposure, hormonal factors, or skin injury. Effective treatment requires addressing multiple steps in the melanin synthesis pathway simultaneously. Compounded triple combination therapy — hydroquinone (tyrosinase inhibitor), tretinoin (epidermal turnover accelerator), and a low-potency corticosteroid (anti-inflammatory) — is the gold standard approach and produces superior results to any single agent alone.

Hydroquinone	4–8% — inhibits tyrosinase, reducing melanin synthesis; compounded concentrations exceed commercial 2–4% OTC products
Tretinoin	0.025–0.1%+ — accelerates epidermal turnover, disperses melanin granules, enhances HQ penetration
Fluocinolone 0.01%	Low-potency steroid reduces inflammation and melanocyte stimulation; limits HQ and tretinoin irritation
Azelaic Acid	15–20% — effective alternative to HQ for sensitive patients or those with HQ intolerance; anti-inflammatory and antikeratinizing
Kojic Acid	1–4% — tyrosinase inhibitor derived from fungal fermentation; useful in HQ-sensitive patients or combination formulas
Initiation	Begin with lower tretinoin (0.025–0.05%) to assess tolerance; uptitrate over 4–8 weeks; apply nightly; broad-spectrum SPF daily is mandatory
Maintenance	After 3–6 months of active treatment, reduce to 3–5 nights/week or transition to lower-concentration maintenance formula

Prescribing Note — Hydroquinone Duration

Continuous hydroquinone use beyond 4–6 months carries a theoretical risk of ochronosis in susceptible patients, though this is rare with concentrations below 8% and is far more common in patients who use HQ indefinitely without UV protection. A cycling approach — 3–4 months on, 1–2 months off with maintenance tretinoin — is appropriate for long-term management. Azelaic acid or kojic acid can be used during off-cycles.

Anti-Aging & Photoaging — Retinoid Therapy

Rationale & Clinical Approach

Tretinoin remains the most extensively studied topical anti-aging compound with over 30 years of clinical evidence. It stimulates collagen synthesis, normalizes epidermal differentiation, reduces fine lines, and improves skin texture and tone. Commercial tretinoin is available at 0.025%, 0.05%, and 0.1% — compounding allows intermediate concentrations (0.04%, 0.07%, 0.08%) for precise titration, and higher concentrations for patients who have maximally tolerated commercial products.

Tretinoin	0.025–0.1%+ — retinoic acid; the active form; most potent and most evidence-based retinoid for aging and acne
Retinol	0.5–2% — converted to retinoic acid in skin; slower onset, better tolerated; useful for maintenance or sensitive patients
Vitamin C	10–20% L-ascorbic acid — antioxidant, collagen cofactor, melanin synthesis inhibitor; combines well with retinoids
Niacinamide	4–10% — reduces transepidermal water loss, anti-inflammatory, reduces hyperpigmentation, tolerability enhancer
Initiation	Start at lower concentrations (0.025–0.05%); apply nightly; expect 4–6 weeks before visible improvement; retinoid dermatitis is expected and manageable
Base Selection	Cream base for dry/sensitive skin; gel base for oily or acne-prone skin; silicone base for improved spreadability and tolerability
Combination	Tretinoin + niacinamide combination reduces retinoid irritation significantly without reducing efficacy — widely used in clinical practice

Rosacea

Rationale & Clinical Approach

Rosacea is a chronic inflammatory skin condition with multiple subtypes requiring targeted therapy. Compounding provides significant value for rosacea because commercial products are limited in concentration flexibility and combination options. Azelaic acid, metronidazole, and ivermectin are the primary evidence-based topical agents; combinations and custom concentrations allow a more tailored approach than any single commercial product.

Azelaic Acid	15–20%+ — anti-inflammatory, antikeratinizing, and mild antimicrobial; FDA-approved for rosacea; compounded concentrations exceed commercial 15% (Finacea)
Metronidazole	0.75–1% — reduces inflammatory papules and pustules; well-tolerated; available commercially but limited flexibility
Ivermectin	1% — targets Demodex mites implicated in papulopustular rosacea; FDA-approved; compounding provides combination options
Niacinamide	4–10% — reduces erythema and skin sensitivity; pairs well with other rosacea actives
Base Considerations	Rosacea patients often have reactive skin — fragrance-free, non-comedogenic, hypoallergenic base is essential; silicone or simple cream bases preferred
Subtype Guidance	ETR (erythematotelangiectatic): azelaic acid + niacinamide; PPR (papulopustular): ivermectin ± metronidazole ± azelaic acid; combination therapy addresses multiple pathways

Base Selection Guide

Base selection significantly affects tolerability, absorption, cosmetic elegance, and patient adherence. We offer a range of bases and will advise on appropriate selection based on your patient's skin type and the active ingredients prescribed.

Base Type	Best For	Key Properties	Avoid When
Cream	Dry, sensitive, or mature skin	Moisturizing, occlusive, good spreadability	Oily / acne-prone skin
Gel	Oily, acne-prone, combination skin	Lightweight, non-occlusive, quick-absorbing	Very dry or sensitive skin
Serum / Solution	Brightening actives, vitamin C	Thin, fast-absorbing, excellent penetration	When occlusion is needed
Silicone Base	Sensitive, reactive skin	Non-comedogenic, very tolerable, elegant feel	Patients who dislike silicone feel
Custom	Complex cases / combinations	Any combination of properties — contact pharmacist	N/A

Ordering & Contact Information

All preparations require a valid prescription. Patients obtain their compounded preparations directly from our pharmacy — cash pay, no insurance processing required. Pricing starts at \$65/month and varies by formula complexity.

How to Order

- By phone — call (717) 846-0500; speak with our compounding pharmacist; have active ingredients, concentrations, base preference, and quantity ready
- By fax — send to (717) 845-8767; include all actives, concentrations, base, quantity, and any clinical notes or patient sensitivities
- E-prescribe — select 'Compound' as medication type; list all actives and concentrations in the Sig/Comments field; specify base preference if known
- Custom consultations — call to discuss complex cases; we are happy to advise on concentrations, combinations, and base selection

Patient Counseling Points

- Tretinoin and hydroquinone require strict daily broad-spectrum SPF — without UV protection, efficacy is significantly reduced and irritation worsens
- Retinoid dermatitis (dryness, peeling, erythema) in the first 2–4 weeks is expected and not a reason to discontinue — counsel patients proactively
- Results require consistency — most hyperpigmentation formulas show meaningful improvement at 8–12 weeks; photoaging at 3–6 months
- Nightly application is standard for most actives; some patients benefit from every-other-night initiation for sensitive skin

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- All formulas are compounded to order — refills should be requested 5–7 days before supply runs out

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York, PA 17403

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