

## Dermatology

FDA APPROVED

Commercially Insured - Not Covered - Product Pricing

### Acne / Rosacea

- \$35 ADAPALENE 0.3% GEL 45GM (DIFFERIN<sup>®</sup>)
- ADAPALENE-BENZOYL PEROXIDE GEL \$40  0.1-2.5% 45GM (EPIDUO<sup>®</sup>) COVERED ONLY  0.3-2.5% 45GM (EPIDUO<sup>®</sup> FORTE)
- COVERED ONLY ADAPALENE SWABS 14 SWABS-14 DAYS / 28 SWABS-28 DAYS
- \$35 AZELAIC ACID 15% GEL 50GM (FINACEA<sup>®</sup>)
- CLINDAMYCIN/BENZOYL PEROXIDE \$25  GEL 1-5% 25GM (BENZACLIN<sup>®</sup>) \$30  GEL 1-5% 50GM (BENZACLIN<sup>®</sup>) \$30  GEL 1.2-2.5% 50GM (ACANYA<sup>®</sup>)
- CLINDAMYCIN PHOSPHATE 1% \$40  LOTION 60ML (CLEOCIN<sup>™</sup>) \$45  GEL 60GM (CLINDAGEL<sup>®</sup>)
- CLINDAMYCIN PHOSPHATE-TRETINOIN GEL 1.2-0.025% COVERED ONLY  60GM \$130  30GM (ZIANA<sup>®</sup>)
- \$85 DAPSONE 5% GEL 60GM (ACZONE<sup>®</sup>)
- \$175 DAPSONE 7.5% GEL 60GM (ACZONE<sup>®</sup>)
- DOXYCYCLINE IR MONOHYDRATE \$30  TABS 50/100/150MG \$30  CAPS 50/100MG (ADOXA<sup>®</sup>)
- DOXYCYCLINE IR HYCLATE TABS (ACTICLATE<sup>®</sup>) \$25  20MG \$30  50MG \$45  150MG
- DOXYCYCLINE HYCLATE DR TABS (DORYX<sup>®</sup>) \$35  50MG, \$35  75MG \$35  100MG, \$35  150MG COVERED ONLY  200MG
- \$25 ENZO CLEAR FOAM 100GM (BENZOYL PEROXIDE 9.8%) (BENZFOAM<sup>®</sup>)
- ISOTRETINOIN \$60  10MG, \$60  20MG, \$60  30MG, \$60  40MG CAPSULE \$120  30/40MG BID (ACCUTANE<sup>®</sup>, ZENATANE)
- \$150 IVERMECTIN 1% CREAM 45GM (SOOLANTRA<sup>®</sup> CREAM)
- METRONIDAZOLE \$35  0.75% CREAM 45GM \$35  0.75% GEL 45GM \$65  1% GEL 60GM \$60  0.75% LOTION 59ML (METROCREAM<sup>®</sup>, METROLOTION<sup>®</sup>, METROGEL<sup>®</sup>)
- MINOCYCLINE ER \$45  45, \$45  55, \$45  65, \$45  80, \$45  90, \$45  105, \$45  115, \$45  135 MG TABS (SOLODYN<sup>®</sup>)
- \$80 SULFACETAMIDE SODIUM LIQUID 10% 480ML (PRASCION<sup>®</sup>)
- \$40 SODIUM SULFACETAMIDE W/SULFUR CLEANSER 10-2% 227GM (AVAR<sup>®</sup>, AVAR LS<sup>®</sup>)
- \$35 SODIUM SULFACETAMIDE W/SULFUR EMULSION 10-5% 170GM (PLEXION<sup>®</sup>)
- \$30 SODIUM SULFACETAMIDE W/SULFUR TOPICAL SUSPENSION 8%/4% 473ML (SUMAXIN<sup>®</sup>, SULFACLEANSE<sup>®</sup>)
- \$65 SULFACETAMIDE SODIUM 10% LOTION 118ML (KLARON<sup>®</sup>)
- TAZAROTENE 0.1% CREAM \$75  30GM, \$140  60GM (TAZORAC<sup>®</sup>)
- TRETINOIN CREAM (RETIN-A<sup>®</sup>) 0.025% \$35  20GM \$50  45GM 0.1% \$50  20GM \$75  45GM 0.05% \$50  20GM \$65  45GM
- TRETINOIN GEL \$65  0.025% 15GM (RETIN-A<sup>®</sup>)

### Dermatitis

- CALCIPOTRIENE 0.05% \$150  FOAM,  \$65 CREAM, \$110  OINT 60GM (SORILUX<sup>®</sup>)
- CALCIPOTRIENE 0.005% BETAMETHASONE 0.064% 60GM \$140  OINTMENT \$160  SUSP (TACLONEX<sup>®</sup>)
- \$199 DOXEPIN 5% CREAM 45GM (ZONALON<sup>®</sup>, PRUDOXIN<sup>®</sup>)
- PIMECROLIMUS 1% CREAM \$95  30GM \$155  60GM (ELIDEL<sup>®</sup>)
- \$25 SALICYLIC ACID/BENZOIC ACID 3-6% (BENSAL HP) 30GM (BENSAL HP<sup>®</sup>)
- TACROLIMUS OINTMENT (PROTOPIC<sup>®</sup>) \$40  0.1% 30GM \$50  0.03% 30GM \$65  0.03% 60GM \$90  0.03% 100GM

### Topical Steroids

- BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% \$25  CREAM 50 GM \$35  OINTMENT 50GM (DIPROLENE<sup>®</sup>)
- \$40 BETAMETHASONE VALERATE FOAM 0.12% 50GM (LUXIQ<sup>®</sup>)
- CLOBETASOL 0.05% (OLUX<sup>®</sup>, CLOBEX<sup>®</sup>) \$30  FOAM 50GM, \$25  SOLN 50ML, \$35  OINTMENT 60GM, \$50  SHAMPOO 118ML, \$35  SPRAY 125ML, \$35  CREAM 60GM \$25  LOTION 59ML, \$50  LOTION 118ML
- DESOXIMETASONE 0.05% (TOPICORT<sup>®</sup>) \$95  CREAM 60GM \$50  OINTMENT 60GM \$60  OINTMENT 100GM \$55  0.25% SPRAY 100ML
- DIFLORASONE DIACETATE 0.05% \$75  OINTMENT 60GM \$199  CREAM 60GM (PSORCON<sup>®</sup>)
- COVERED ONLY HALCINONIDE 0.1% CREAM 60G (HALOG<sup>®</sup>)
- HYDROCORTISONE BUTYRATE 0.1% \$40  LOTION 59ML \$55  LOTION 118ML \$45  LIPO BASE CREAM 45GM (LOCOID<sup>®</sup>)
- \$35 HALOBETASOL PROPIONATE OINT 0.05% 50 GM (ULTRAVATE<sup>®</sup>)
- \$75 TRIAMCINOLONE ACETONIDE OINTMENT USP, 0.05% 430GM (TRIANEX<sup>®</sup>)

### Medical Moisturizer/Wound Care

- \$10 ATOPADERM CREAM 100GM (HYLATOPIC PLUS<sup>®</sup>)
- \$10 ATOPA VO WOUND CREAM 45GM (PRUTECT<sup>®</sup>)
- COVERED ONLY HYLAGUARD SKIN BARRIER 450GM (HYLATOPIC PLUS<sup>®</sup>)

### Antifungal

- \$25 ECONAZOLE NITRATE CREAM 1% 85 GM (ECOZA<sup>®</sup>)
- KETOCONAZOLE 2% \$30  CREAM 60GM (EXTINA<sup>®</sup>) \$185  FOAM 50GM
- OXICONAZOLE NITRATE CREAM 1% \$85  30GM \$125  60GM (OXISTAT<sup>®</sup>)

### Keratolytics

- \$50 FLUOROURACIL 5% CREAM 40GM (EFUDEX<sup>®</sup>)
- \$25 SALICYLIC ACID/BENZOIC ACID 3-6% (BENSAL HP) 30GM (BENSAL HP<sup>®</sup>)
- UREA CREAM \$65  40% 198.4 GM \$90  39% 227 GM (KERATOL<sup>®</sup>)

## MEDICATIONS MADE EASY



### PHONE OR TEXT

You will receive a phone call or text. The text will allow you to opt in and enroll in the DermaDash Network portal. If you do not opt in to receive text messages, you will receive a phone call.



### CONFIRM DELIVERY ADDRESS

We will send your prescriptions to the address you indicate.



### DERMADASH PROGRAM

Patients with commercial insurance have a \$0 cost for each covered medication. Alternative medications may be available for uncovered patients.



### FREE DELIVERY

You will receive tracking information for your prescriptions after delivery address is confirmed and payment is complete.

**SEND eRx** DermaDash Services  
4742 Dodge St., San Antonio, TX 78217  
**eScribe/eRx:** NCPDP #: 5932377  
**Call:** 844.350.7827 **Fax:** 210.634.2480

If you have questions about the status of your prescription or about your medication, feel free to reach our pharmacists for questions directly at: 844.350.7827 or [support@ddashservices.com](mailto:support@ddashservices.com)

Patient Name: \_\_\_\_\_

Rx Notes: \_\_\_\_\_

QTY to Dispense #1: \_\_\_\_\_

QTY to Dispense #2: \_\_\_\_\_

# of Refills: \_\_\_\_\_

\*Offer only available to patients with commercial insurance. Patient must meet the eligibility requirements of the DermaDash Network, including transfer of their prescription to a DermaDash Network pharmacy to be filled. Patients with commercial insurance have a \$0 cost for each covered medication. Patients with commercial insurance that does not reimburse in-part or in-full for the DermaDash Network product(s) will be informed of the uncovered price. Prescriptions may be filled at any pharmacy of the patient's choice. The DermaDash Network is only available through participating pharmacies. Patient is not eligible for participation in the DermaDash Network if any portion of the dispensed product is submitted towards state or federally funded programs (i.e., Medicaid, Medicare, Medigap, VA, DOD, or Tricare) or where prohibited by law. DermaDash Network reserves the right to rescind, revoke, or amend this offer at any time.

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