Last Updated 04/11/2022

7808 Woodland Center Blvd.
Tampa, FL 33614
P: 813-880-2500
F: 813-880-2501
www.clrxpharmacytampa.com

UPDATES = YELLOW HIGHLIGHTING

MEDICATION NAME	QTY/ SIZE	INSURED			CASH
		COVERED	DEDUCTIBLE	NOT COVERED	***Means eligible cash price for Medicare patients
ABSORICA MAX REBATE 30CT= $450 MAX REBATE 60-90CT = $850	30 CAPS	5	VARIES (Rebate will take off up to $450/30 caps and $850 for 60/90 caps)	2100 (#90) 1100 (#60) 600 (#30)	N/A
ABSORICA LD 8/16/24/32MG MAX REBATE 30CT= $450 MAX REBATE 60-90CT = $850	30 CAPS	0	VARIES (Rebate will take off up to $450/30 caps and $850 for 60/90 caps)	2100 (#90) 1100 (#60) 600 (#30)	N/A
ACCUTANE (BRAND) 10/20/30/40MG MAX REBATE 30CT= $30 MAX REBATE 60CT = $60	30 CAPS	0	65	N/A	N/A
GENERIC (ISOTRETINOIN) ***CLARAVIS/MYORISAN/ZENATANE*** 10/20/30/40MG PER 30 CAPS	30 CAPS	VARIES	65	65	***65
Isotretinoin 10/20/30/40MG ***MAYNE Pharma** PER 30 CAPS	30 CAPS	0	65	65	65
ACTICLATE 75/150MG ****MAYNE AUTHORIZED GENERIC**** DOXYCYLINE TABS 75/150MG*	30 TABS	N/A 0	N/A N/A	N/A N/A	N/A N/A
ACUICYN SOL	40/80ML	0	50	50	50
ACZONE 7.5 % GEL ****MAYNE AUTHORIZED GENERIC**** **DAPSONE 7.5% GEL**	60/90 GM	15 0	60 65	60 65	N/A ***65
ADAPALENE 0.1% GEL	45 GM	VARIES	30 OR LESS	30	***30
AIMOVIG (Erenumab)	1 BOX	0	0	N/A	N/A
AKLIEF 0.005% CREAM (Trifarotene)	45GM	0	50	50	60
ALA-QUIN CREAM	30/80 GM	10	MAX $175 OFF	MAX $175OFF	N/A
ALA SCALP 2% LOTION	29.6 GM	0	0	0	N/A
ALDARA 5% CREAM (Imiquimod)	1 PACK	VARIES	85 OR LESS	85	***85
Generic Imiquimod 5%	24 Packets	VARIES	30	30	***30
ALTRENO 0.05% LOTION (Tretinoin)	20GM/45GM	VARIES	60/110	60/110	***60/110
AJOVY (Fremanezumab)	1 BOX	5	5	5	N/A
AMZEEQ 4% FOAM (Minocycline)	30GM	25	50	50	N/A
ARAZLO 0.045% LOTION (Tazarotene)	45GM	0	35	50	***65 (Under 65 yo)
APLENZIN TABLETS	30 TABS	5	5	5	100

Varies Insurance price varies depending on the patient's insurance plan and are subject to the deductible being met.
*** True cash price
Cash prices are not valid for the prescriptions who are being paid by a state or other federally funded programs including but not limited to Medicare, Medicaid, Medigap, VA, DOD or Tricare.
Note: We carry a wide range of Dermatological products. If the products are needing is not listed, please call our pharmacy.
Please contact a pharmacy staff member to ensure the best pricing available.

Last Updated 04/11/2022

MEDICATION NAME	QTY/ SIZE	INSURED			CASH
		COVERED	DEDUCTIBLE	NOT COVERED	***Means eligible cash price for Medicare patients
AZELAIC ACID 15% GEL	**50GM**	**VARIES**	**50**	**50**	***50
AVAR (EXCLUDES "10-5%")		**15**	**95**	**95**	**N/A**
BENSAL HP OINTMENT	**30 GM**	**0**	**35** (TRANSFER TO LOMBARD)	**35** (TRANSFER TO LOMBARD)	**N/A** (TRANSFER TO LOMBARD)
BETAMETHASONE VALER 0.12% FOAM (GENERIC LUXIQ)	**50/100GM**	**VARIES**	**50 OR LESS**	**50/75**	***50/75
BIAFINE	**45/90**	**VARIES**	**50 OR LESS**	***50	***50
BIDIL		**10**	**10**	**40** (TRANSFER TO TRUAX)	***40 (TRANSFER TO TRUAX)
BOTOX (100/200 Unit Vials)	**1 VIAL**	**0**	**0**	**VARIES**	**N/A**
BRYHALI 0.01% LOTION (Halobetasol)	**60/100 GM**	**0**	**50**	**50**	***65 (Under 65 yo)
BYSTOLIC	**30 TABS**	**35**	**60**	**60**	**N/A**
NEBIVOLOL (ALL STRENGTHS) ***GENERIC BYSTOLIC***	**PER 30 TABS**	***35	***35	***35	***35
CAPEX SHAMPOO	**4 OZ**	**35**	**125**	**125**	**125**
CALCIPOTRIENE 0.005% CREAM/SOL	**60GM/60ML**	**VARIES**	**65 OR LESS**	**65**	***65
CELACYN GEL	**28 GM**	**20**	**70**	**70**	**70**
CENTANYL	**30 GM**	**0**	**VARIES**	**N/A**	**N/A**
CERACADE CREAM	**90 GM**	**20**	**35**	**35**	***35
CLENIA 9-4.25% PLUS CLEANSER	**237ML**	**VARIES** (Max $125)	**75**	**75**	**75**
CLINDAGEL (Clindamycin 1% gel)	**75 ML**	**10**	**50**	**50**	**65**
Generic Clindamycin 1% Gel	**30/60GM**	**VARIES**	**30/60**	**30/60**	***30/60
CLINDAMYCIN 1% LOTION	**60ML**	**VARIES**	**50 OR LESS**	**50**	***50
CLINDAMYCIN/BENZ 1-5% GENERIC BENZACLIN	**50GM**	**VARIES**	**30 OR LESS**	**30**	***30
CLINDAMYCIN PHOS-BENZ 1.2-5% GENERIC DUAC	**45GM**	**VARIES**	**30 OR LESS**	**30**	***30
CLOBETASOL 0.05% CREAM/OINT	**60GM**	**VARIES**	**30 OR LESS**	**30**	***30
CLOBETASOL SOLUTION 0.05%	**50ML**	**VARIES**	**30 OR LESS**	**30**	***30
CLOBETASOL PROP 0.05% FOAM (NON EMULSION)	**50/100GM**	**VARIES**	**30 OR LESS**	**30/50**	***30/50
CLOBETASOL PROP 0.05% SPRAY	**59/125ML**	**VARIES**	**30 OR LESS**	**30/50**	***30/50
CLODERM(BRAND)	**45 GM**	**0**	**35**	**35**	**N/A**
CLOCORTOLONE 0.1% CRM ***EPI HEALTH AUTHORIZED GENERIC***	**45GM 75GM 90GM**	**0**	**VARIES**	**N/A**	**N/A**
CICLOPIROX 1% SHAMPOO	**120ML**	**VARIES**	**30 OR LESS**	**30**	***30
CORDRAN (EXCLUDES TAPE)	**60-120GM**	**15**	**N/A**	**N/A**	**N/A**

Varies Insurance price varies depending on the patient's insurance plan and are subject to the deductible being met.
*** True cash price
Cash prices are not valid for the prescriptions who are being paid by a state or other federally funded programs including but not limited to Medicare, Medicaid, Medigap, VA, DOD or Tricare.
Note: We carry a wide range of Dermatological products. If the products are needing is not listed, please call our pharmacy.
Please contact a pharmacy staff member to ensure the best pricing available.

MEDICATION NAME	QTY/ SIZE	INSURED			CASH
		COVERED	DEDUCTIBLE	NOT COVERED	***Means eligible cash price for Medicare patients
CORDRAN OINTMENT (Generic) ***DISPENSE MAYNE AUTHORIZED GENERIC*** (FLURANDRENOLIDE OINT 0.05%)	60GM	0	35	35	35
CORDRAN TAPE (Flurandrenolide)	1 BOX	25	125	125	N/A
DERMASORB TA	1 KIT	0	65	65	N/A
DERMASORB HC	1 KIT	0	65	65	N/A
DERMA-SMOOTHE OIL (BODY/SCALP) ***Fluocinolone ***GENERIC PRICES****	118.28 GM	VARIES	50 OR LESS	50	***50
DERMELLE GEL	28.5GM	VARIES (Max $125)	75	75	75
DERPIXA GEL	28.5GM	VARIES (Max $125)	75	75	75
DESONIDE 0.05% CREAM	60GM	VARIES	30 OR LESS	30	***30
DESONIDE 0.05% GEL	60GM	20	$120 MAX OFF	N/A	N/A
DESOXIMETASONE 0.25% CREAM	60GM	VARIES	VARIES	45	***45
DESRX	60GM	0	45	45	N/A
DIFFERIN GEL 0.3% (Adapalene)	45 GM	No Rebate	See	Generic	below
Generic Adapalene 0.3% GEL	45GM	VARIES	50	50	***50
DUOBRII LOTION	100 GM	0	25	50	65
DORYX 120MPC (Doxycycline)	30 TABS	0	65	65	65 PER #30
DORYX 50, 200MG TABS	30 TABS	0	*SUBSTITUTE WITH AUTHORIZED GENERIC BELOW*		
DOXYCYCLINE 50, 200MG *DR* TABS (Doryx)	30 TABS	0	35	35	35
DOXYCYCLINE 100MG *DR* TABS *(Doryx)*	30 TABS	0	35	35	35
DOXYCYCLINE 150MG *DR* TABS *(Doryx)*	30 TABS	0	N/A	N/A	N/A
DOXYCYCLINE 80MG *DR* TABS (Doryx)	30 TABS	0	35	35	35
DOXYCYLINE TABS *75/150MG** ***MAYNE AUTHORIZED GENERIC ACTICLATE***	30 TABS	0	N/A	N/A	N/A
DOXYCYCLINE *HYCLATE 100MG* CAPS	30-60 CAPS	VARIES	10 OR LESS	10	***10
DOXYCYCLINE *MONO 75MG* CAPS	30-60 CAPS	0	N/A	N/A	N/A
DOXYCYCLINE *50MG TABS** ***JOURNEY AUTHORIZED GENERIC TARGADOX***	30 TABS	0	0	0	N/A
ECOZA FOAM 1%	70 GM	10	Max $380 Varies	150	N/A
ECONAZOLE 1% CREAM	30GM/85GM	VARIES	30 OR LESS	30	30
EDARBI (Azilsartan medoxomil)	30-90 TABS	15 (UP TO $160 OFF)	N/A	40 (TRANSFER TO TRUAX)	***40 (TRANSFER TO TRUAX)
EDARBYCLOR (Azilsartan/Chlorthalidone)	30-90 TABS	15 (UP TO $160 OFF)	N/A	40 (TRANSFER TO TRUAX)	***40 (TRANSFER TO TRUAX)

Varies Insurance price varies depending on the patient's insurance plan and are subject to the deductible being met.
*** True cash price
Cash prices are not valid for the prescriptions who are being paid by a state or other federally funded programs including but not limited to Medicare, Medicaid, Medigap, VA, DOD or Tricare.
Note: We carry a wide range of Dermatological products. If the products are needing is not listed, please call our pharmacy.
Please contact a pharmacy staff member to ensure the best pricing available.

MEDICATION NAME	QTY/ SIZE	INSURED			CASH
		COVERED	DEDUCTIBLE	NOT COVERED	***Means eligible cash price for Medicare patients
EFUDEX (BRAND)	**40GM**	**85 OR LESS**	**85**	**85**	**85**
[Fluorouracil 5%] (GENERIC)	**40GM**	**0**	**35**	**35**	***35
****MEDICARE CASH*****	**40GM**	**VARIES**	**35 OR LESS**	**35**	***35
ELETONE CREAM	**100GM**	**15**	**50**	**50**	**N/A**
ELIDEL 1% (Pimecrolimus)	**30GM**	**10**	**50**	**50**	***65
ELIDEL 1%	**60GM**	**10**	**50**	**50**	***65
ELIDEL 1%	**100GM**	**10**	**N/A**	**N/A**	**N/A** (Under 65yo)
ELIQUIS	**30 TABS**	**10**	**10**	**N/A**	**N/A**
EMGALITY (Galcanezumab)	**1 BOX**	**0**	**0**	**N/A**	**N/A**
ENTRESO (Sacubitril/Valsartan)	**30-180TABS**	**10**	**10**	**N/A**	**N/A**
ENSTILAR FOAM (Betamethasone/Calcipotriene)	**60GM**	**10**	**75**	**75**	**N/A**
EPICYN SPRAY	**237 GM**	**20**	**55**	**55**	**55**
EPICERAM	**225 GM**	**0**	**N/A**	**N/A**	**N/A**
EPIDUO GEL (Adapalene/BPO 0.1/2.5%)	**45 GM**	**VARIES**	**VARIES**	**N/A**	**N/A**
Generic Epiduo Gel	**45 GM**	**VARIES**	**55 OR LESS**	**55**	***55
EPIDUO FORTE GEL 0.3/2.5%	**45 GM**	**0**	**50**	**N/A**	**N/A**
Generic Epiduo Forte ***Mayne Authorized Generic*** (Adapalene/BPO 0.3/2.5%)	**45 GM**	**0**	**45**	**45**	***45 (under 65yo)
ERYTH 3%/BENZOYL PER 5% GEL (GENERIC BENZAMYCIN)	**23.3GM**	**VARIES**	**50 OR LESS**	**50**	***50
EUCRISA OINTMENT	**60 GM**	**0**	**0**	**35**	**N/A**
EXELDERM CREAM/SOLUTION	**30/60 GM**	**0**	**N/A**	**N/A**	**N/A**
EXELDERM CREAM/SOLUTION ****JOURNEY AUTHORIZED GENERIC**** (Sulconazole)	**Cream/Soln**	**0**	**0**	**0**	**N/A**
EYSUVIS 0.25% EYE DROPS	**8.3ML**	**30**	**30**	**50**	**N/A**
FABIOR FOAM (Tazarotene) ***SEE GENERIC BELOW***	**50/100 GM**	**0**	**65/90**	**65/90**	**65/NA**
TAZAROTENE 0.1% FOAM ****MAYNE AUTHORIZED GENERIC****	**50GM**	**0**	**OFFER**	**BRAND**	**ABOVE**
FINACEA FOAM (Rebate Max $125)	**50GM**	**10 (Max $125)**	**N/A**	**N/A**	**N/A**
- Azelaic Acid GEL (Generic Finacea GEL)	**50GM**	**VARIES**	**50 OR LESS**	**50**	***50
FLUOROPLEX (Fluorouracil 1%)	**30 GM**	**15**	**VARIES**	**VARIES**	**N/A**
GRASTEK	**30 TABS**	**25**	**50**	**100**	**N/A**

Varies Insurance price varies depending on the patient's insurance plan and are subject to the deductible being met.
*** True cash price
Cash prices are not valid for the prescriptions who are being paid by a state or other federally funded programs including but not limited to Medicare, Medicaid, Medigap, VA, DOD or Tricare.
Note: We carry a wide range of Dermatological products. If the products are needing is not listed, please call our pharmacy.
Please contact a pharmacy staff member to ensure the best pricing available.

MEDICATION NAME	QTY/ SIZE	INSURED			CASH
		COVERED	DEDUCTIBLE	NOT COVERED	***Means eligible cash price for Medicare patients
HALOG Cream/Ointment ***SOLUTION** (Halcinonide)	30/60 GM 120ML	0 0	50 50	50 50	N/A N/A
HALOBETASOL FOAM 0.05% ***MAYNE AUTHORIZED GENERIC FOR LEXETTE***	50GM	0	45	45	45
HORIZANT 300/600MG	30-90 TABS	0 (UP TO $450 OFF)	N/A	55 (TRANSFER TO TRUAX)	***55 (TRANSFER TO TRUAX)
HYCLODEX 0.012% SOL	59ML	30	50	50	N/A
HYLATOPIC VARIANTS (NO REBATE) CREAM, LOTION		VARIES	75 OR LESS	75	***75
HYDROCORT BUTY 0.1% LIPID CREAM	45GM	VARIES	75 OR LESS	75	***75
IMPOYZ CRE 0.025% (Clobetasol)	100 GM	VARIES (NO REBATE)	45 (TRANSFER TO LOMBARD)	45 (TRANSFER TO LOMBARD)	45 (TRANSFER TO LOMBARD)
IMIQUIMOD 5% PACKETS	24 Packs	VARIES	30 OR LESS	30	***30
JUBLIA 10% SOLUTION **JUBLIA 10% SOLUTION**	4ML 8ML	0 0	45 90	45 90	65(4ML) 130(8ML)
KERYDIN 5% SOLUTION (Tavaborole)	10ML	*VARIES	N/A	N/A	N/A
MAYNE AUTHORIZED GENERIC **TAVABOROLE 5% SOL**	10ML	0	35	35	35
KLISYRI OINTMENT (Tirbanibulin)	1 BOX	25	35	35	N/A
LANTUS VIALS	10 ML	0	0	0	N/A
LANTUS SOLOSTAR	1 BOX	0	0	0	N/A
LATISSE (Bimatoprost)	3/5 ML	N/A	135/ 175	135 / 175	***135/175
GENERIC LATISSE (Bimatoprost)	3/5 ML	N/A	85/95	85/95	***85/95
LEVICYN ANTIPURITIC GEL	6 OZ	20	55	55	55
LEVICYN ANTIPURITIC SG	6 OZ	20	55	55	55
LEVICYN DERMAL SPRAY	240 ML	20	55	55	55
LEXETTE 0.05% FOAM (Halobetasol) ***MAYNE AUTHORIZED GENERIC*** **HALOBETASOL FOAM 0.05%**	50GM	0	45	45	45
LOCOID LIPOCREAM	45GM	VARIES	75 OR LESS	75	***75
LOCOID LOTION ***MAYNE AUTHORIZED GENERIC*** **HYDROCORTISONE 0.1% LOTION**	118GM	0	35	35	35
LOPROX SHAMPOO 1%	120ML	VARIES	50 OR LESS	50	***50
LUZU 1% CREAM	60GM	15	VARIES Max $250 Off	N/A	N/A
METRONIDAZOLE 0.75% CREAM	45 GM	VARIES	50 OR LESS	***50	***50
MIMYX CREAM	100 GM	0	45	45	N/A

Varies Insurance price varies depending on the patient's insurance plan and are subject to the deductible being met.
*** True cash price
Cash prices are not valid for the prescriptions who are being paid by a state or other federally funded programs including but not limited to Medicare, Medicaid, Medigap, VA, DOD or Tricare.
Note: We carry a wide range of Dermatological products. If the products are needing is not listed, please call our pharmacy.
Please contact a pharmacy staff member to ensure the best pricing available.

MEDICATION NAME	QTY/ SIZE	INSURED			CASH
		COVERED	DEDUCTIBLE	NOT COVERED	***Means eligible cash price for Medicare patients
MINOLIRA 105/135MG ER	**30 TABS**	**0**	**35**	**35**	**N/A**
MINOCYCLINE CAPS 100MG	**30 CAPS**	**VARIES**	**25**	**25**	***25
MIRVASO 0.33%	**30 GM**	**10**	**N/A**	**N/A**	**N/A**
NAFTIN 2% GEL (Naftifine)	**45/60GM**	**0**	**35**	**35**	**65**
NALFON TABLETS (Fenoprofen)	**400/600MG**	**0**	**OFFER**	**GENERIC**	**BELOW**
GENERIC NAFLON TABS (Fenoprofen)	**400MG**	**0**	**35**	**35**	**75**
GENERIC NAFLON TABS (Fenoprofen)	**600MG**	**0**	**N/A**	**N/A**	**75**
NEOSALUS CREAM	**100/180/400 GM**	**25**	**25**	**75**	**75**
NEBIVOLOL (ALL STRENGTHS) ***GENERIC BYSTOLIC***	**PER 30 TABS**	***35	***35	***35	***35
NEOSALUS FOAM	**70/200 GM**	**25**	**25**	**75**	**75**
NEOSALUS LOTION	**8 OZ**	**25**	**25**	**75**	**75**
NEXLETOL (Bempedoic Acid)	**30-90 TABS**	**10**	**10**	**N/A**	**N/A**
NEXLIZET (Bempedoic Acid/Ezetimibe)	**30-90 TABS**	**10**	**10**	**N/A**	**N/A**
NICAPRIN	**60TABS**	**0**	**45**	**45**	**N/A**
NOLIX CREAM(Flurandrenolide)	**60/120GM**	**0**	**45**	**45**	**N/A**
NOLIX LOTION	**60/120GM**	**0**	**N/A**	**N/A**	**N/A**
NUTRASEB CREAM	**2 X 50 GM**	**25**	**45**	**45**	**N/A**
NUVAIL	**15 GM**	**0**	**35** (TRANSFER TO LOMBARD)	**35** (TRANSFER TO LOMBARD)	**35** (TRANSFER TO LOMBARD)
NURTEC ODT (Rimegepant)	**1 BOX (8TABS)**	**0**	**0**	**0** (first fill only)	**N/A**
ODACTRA	**30 TAB**	**25**	**50**	**100**	**N/A**
ONEXTON GEL (Clindamycin/BPO)	**50 GM**	**10**	**50**	**50**	**65**
OPZELURA CREAM 1.5% (Ruxolitinib)	**60 GM**	**0**	**0**	**0**	**N/A**
ORACEA 40MG CAPS	**30 CAPS**	**0**	**50**	**50**	**60**
AUTHORIZED GENERIC **DOXYCYCLINE 40MG DR CAPS**	**30 CAPS**	**0**	**N/A**	**N/A**	**N/A**
OTOVEL (BRAND MUST BE COVERED) (CIPROFLOX/FLUOC)	**1BOX/2BOX**	**20/40**	***OFFER**	**GENERIC**	**BELOW**
CIPROFLOX/FLUOC DROPS ***GENERIC OTOVEL***	**1BOX/2BOX**	**20/40**	**40/60**	**40/60**	***50/75
OVACE (All Variants)		**15**	**MAX $300 OFF**	**N/A**	**N/A**
OXISTAT LOTION (Oxiconazole)	**30/60/90GM**	**25**	**N/A**	**N/A**	**N/A**
PLEXION CLEANSER	**285 GM**	**0**	**45**	**45**	**N/A**
PLEXION CREAM & LOTION	**57 GM**	**0**	**45**	**45**	**N/A**
PLEXION CLEANSING CLOTHS	**60 CT**	**0**	**45**	**45**	**N/A**
PLEXION NS SHAMPOO	**237 GM**	**0**	**45**	**45**	**N/A**

Varies Insurance price varies depending on the patient's insurance plan and are subject to the deductible being met.
*** True cash price
Cash prices are not valid for the prescriptions who are being paid by a state or other federally funded programs including but not limited to Medicare, Medicaid, Medigap, VA, DOD or Tricare.
Note: We carry a wide range of Dermatological products. If the products are needing is not listed, please call our pharmacy.
Please contact a pharmacy staff member to ensure the best pricing available.

MEDICATION NAME	QTY/ SIZE	INSURED			CASH ***Means eligible cash price for Medicare patients
		COVERED	DEDUCTIBLE	NOT COVERED	
PRAMOSONE LOTION 1%	**2OZ**	**0** Max off $75	**125** Max off $75	**125**	**N/A**
PRAMOSONE LOTION 2.5%-1%	**2OZ/4OZ**	**0** Max off $175	**45** Max off $175	**45**	**50**
PROMISEB TOPICAL CREAM	**30/60 GM**	**VARIES**	**65** (TRANSFER TO LOMBARD)	**65** (TRANSFER TO LOMBARD)	**65** (TRANSFER TO LOMBARD)
QBREXZA	**30 PADS**	**0**	**0**	**N/A**	**N/A**
QTERN (Dapagliflozin/Saxagliptin)	**30 TABS**	**0**	**120**	**120**	**N/A**
QULIPTA 10/30/60 MG Tabs	**30 TABS**	**0**	**0**	**0**	**N/A**
RAGWITEK	**30 TABS**	**25**	**50**	**100**	**N/A**
RECEDO TOPICAL GEL	**20 GM**	**Max $10 off**	**Max $10 off**	**85**	**85**
RENOVA 0.02% CREAM	**20GM**	**VARIES**	**95 OR LESS**	**95**	***95
RETIN-A MICRO GEL 0.06%	**50 GM**	**10**	**50**	**50**	***65 (Under 65 yo)
RETIN-A MICRO GEL 0.08%	**50 GM**	**10**	**50**	**50**	***65 (Under 65 yo)
RHOFADE 1% CREAM	**30 GM**	**0**	**50**	**50**	**N/A**
SEBUDERM GEL	**227 GM**	**20**	**70**	**70**	**70**
SERNIVO 0.05 % (Betamethasone)	**120 ML**	**VARIES**	**45** (TRANSFER TO LOMBARD)	**45** (TRANSFER TO LOMBARD)	**45** (TRANSFER TO LOMBARD)
SEYSARA 60/100/150mg TABS (Sarecycline)	**30 TABS**	**15**	**35**	**35**	**N/A**
SITAVIG 50 MG	**2 TABS**	**0**	**35** (TRANSFER TO LOMBARD)	**35** (TRANSFER TO LOMBARD)	**35** (TRANSFER TO LOMBARD)
SIVEXTRO 200MG TABLETS	**6 TABS**	**15**	**VARIES**	**N/A**	**N/A**
SODIUM SULFACETAMIDE-SULFUR 8/4% SUSP	**473ML**	**VARIES**	**60**	**60**	***60
SODIUM SULFA-SUL 9/4.5% WASH	**454ML**	**VARIES**	**75 OR LESS**	**75**	***75
SODIUM SULFACEAMIDE 10% WASH	**6OZ**	**VARIES**	**60 OR LESS**	**60**	***60
SS-SULFUR 10-5% WASH (GENERIC AVAR)	**6OZ/12OZ**	**VARIES**	**30/50 OR LESS**	**30/50**	***30/50
SS-S 10-5% CREAM	**28 GM**	**VARIES**	**85 OR LESS**	**85**	***85
SOLODYN (ALL STRENGTHS)	**30 TABS**	**VARIES**	**75**	**75**	***75
SOOLANTRA CREAM 1% (Ivermectin)	**45 GM**	**0**	**50**	**50**	**60**
Generic Ivermectin 1% Cream	**45 GM**	**0**	**VARIES**	**N/A**	**N/A**
SORILUX (Calcipotriene) **MAYNE AUTHORIZED GENERIC** **CALCIPOTRIENE 0.005% FOAM**	**60/120GM** **60GM**	**0** **0**	**65/95** **OFFER**	**65/95** **BRAND**	**65/NA** **ABOVE**
SPIRONOLACTONE 25 mg **SPIRONOLACTONE 50 mg** **SPIRONOLACTONE 100 MG**	**PER 30 TABS**	**VARIES**	**20** **26.99** **31.99**	**20** **26.99** **31.99**	***20 ***26.99 ***31.99

Varies Insurance price varies depending on the patient's insurance plan and are subject to the deductible being met.
*** True cash price
Cash prices are not valid for the prescriptions who are being paid by a state or other federally funded programs including but not limited to Medicare, Medicaid, Medigap, VA, DOD or Tricare.
Note: We carry a wide range of Dermatological products. If the products are needing is not listed, please call our pharmacy.
Please contact a pharmacy staff member to ensure the best pricing available.

MEDICATION NAME	QTY/ SIZE	INSURED			CASH
		COVERED	DEDUCTIBLE	NOT COVERED	***Means eligible cash price for Medicare patients
TACROLIMUS 0.1% OINTMENT (Mayne Pharma)	**60GM** **100GM**	**0** **0**	**15** **N/A**	**15** **N/A**	(Under 65 yo)**15** **N/A**
TARGADOX (Brand)	**30-90 TABS**	**0**	**OFFER**	**GENERIC**	**N/A**
DOXYCYCLINE 50MG TABS ***JOURNEY AUTHORIZED GENERIC TARGADOX***	**30-90 TABS**	**0**	**0**	**0**	**N/A**
TAZORAC (ALL CREAM/GELS)	**30 GM**	**25**	**100**	**100**	**N/A**
Tazarotene 0.1% cream	**30/60 GM**	**VARIES**	**75**	**75**	***75
TETRIX CREAM (No rebate)	**90GM**	**VARIES**	**75**	**75**	***75
TEXACORT	**30ML**	**15**	**85**	**N/A**	**N/A**
TILIA FE (Mayne)	**28 TABS**	**0**	**35**	**35**	**35**
TOUJEO	**1 BOX**	**0**	**N/A**	**N/A**	**N/A**
TRIANEX OINT 0.05% (Triamcinolone)	**430 GM**	**VARIES**	***OFFER**	**GENERIC**	**BELOW**
GENERIC TRIAMCINOLONE 0.05%	**430 GM**	**0**	**35**	**35**	**35**
TRETINOIN CREAM ALL STRENGTHS	**20GM/45GM**	**VARIES**	**45/60**	**45/60**	***45/60
TRIDERM 0.5% CREAM	**454GM**	**0**	**45**	**45**	**N/A**
TRI-LUMA (Commercial Galderma)	**30GM**	**0**	**105**	**105**	***105
TRITOCIN 0.05% OINT (Triamcinolone)	**430GM**	**(Max $120) 0**	**N/A**	**N/A**	**N/A**
TROKENDI XR (Topiramate)	**30 TABS**	**0**	**0**	**N/A**	**N/A**
TWYNEO CREAM (Tretinoin/BPO 0.1/3%)	**30 GM**	**0**	**0**	**0**	**N/A**
UBRELVY (Ubrogepant)	**30 TABS**	**0**	**0**	**0**	**N/A**
ULTRAVATE LOT. 0.05%(Halobetasol)	**60 GM**	**0**	**50**	**50**	**N/A**
UREA 40% CREAM/LOTION	**7OZ**	**VARIES**	**45 OR LESS**	**45**	***45
VELTIN (Clindamycin/Tretinoin)	**30 GM**	**15**	**50**	**N/A**	**N/A**
VERDESO FOAM (Desonide)	**100 GM**	**15**	**N/A**	**N/A**	**N/A**
VEREGEN	**30 GM**	**10**	**VARIES**	**N/A**	**N/A**
VYTONE (Iodoquinol/Hydrocortisone)	**60 GM**	**0**	**45**	**45**	**N/A**
WELLBUTRIN XL	**30 TABS**	**5**	**N/A**	**N/A**	**N/A**
WINLEVI 1% CREAM (Clascoterone)	**60 GM**	**0**	**35**	**35**	**N/A**
WYNZORA CREAM	**60 GM**	**0**	**35**	**35**	**N/A**
XALIX SOLUTION	**10ML**	**VARIES**	**45**	**45**	**45**
XEPI CREAM	**30 GM**	**35**	**35**	**35**	**N/A**
XERESE (Acyclovir/Hydrocortisone)	**5 GM**	**25**	**45**	**45**	**45**
XIMINO CAPS 45/90/135MG ER ***JOURNEY AUTHORIZED GENERIC*** (Minocycline HCl ER)	**30 CAPS** **30 CAPS**	**0** **0**	**MAX $250** **0**	**N/A** **0**	**N/A** **N/A**
XOLEGEL (Ketoconazole)	**45GM**	**15**	**N/A**	**N/A**	**N/A**
ZIANA GEL (Clindamycin/Tretinoin)	**30/60GM**	**15**	**MAX $150**	**N/A**	**N/A**
ZILXI 1.5% FOAM (Minocycline)	**30GM**	**25**	**50**	**50**	**N/A**
ZOVIRAX 5% CREAM (Acyclovir)	**5GM**	**10**	**N/A**	**N/A**	**N/A**
ZTLIDO 1.8% PADS	**30 PADS**	**(Max $125) 0**	**(Max $125) VARIES**	**160**	**160**

Varies Insurance price varies depending on the patient's insurance plan and are subject to the deductible being met.
*** True cash price
Cash prices are not valid for the prescriptions who are being paid by a state or other federally funded programs including but not limited to Medicare, Medicaid, Medigap, VA, DOD or Tricare.
Note: We carry a wide range of Dermatological products. If the products are needing is not listed, please call our pharmacy.
Please contact a pharmacy staff member to ensure the best pricing available.