

Provider Protocol for Medication Substitutions

Please indicate which substitution(s) you want to authorize by initialing your chosen options below.

- initial: _____ Elidel ≈ Protopic 0.1% ≈ Eucrisa ≈ Tacrolimus 0.1% Ointment ≈ Tacrolimus 0.15% Cream (compound)
- initial: _____ Epiduo Forte ≈ Epiduo ≈ Adapalene 0.3% Gel + Benzoyl Peroxide 2.5% Gel
- initial: _____ Qbrexza Pads ≈ Drysol 20%
- initial: _____ Sodium Sulfacetamide/ Sulfur (any strength) ≈ Sodium Sulfacetamide/ Sulfur 10/ 5% Cleanser
- initial: _____ Steroids: All topicals can be substituted within the same class and vehicle (Ex: Fluocinonide 0.1% Cream ≈ Clobetasol 0.05% Cream or Topicort Spray ≈ Clobex Spray)
- initial: _____ Doryx 200mg QD ≈ Doxycycline HCL 100mg BID ≈ Acticlate 150mg ≈ Doryx 150mg
- initial: _____ Doryx 120mg MPC QD ≈ Acticlate 150mg ≈ Doryx 150mg
- initial: _____ Oracea 40mg QD ≈ Doxycycline 20mg BID ≈ Doryx 50mg QD ≈ Doxycycline HCL 50mg QD
- initial: _____ Targadox 50mg ≈ Doryx 50mg ≈ Doxy Mono 50mg
- initial: _____ Seysara 60mg, 100mg, 150mg ≈ Ximino 45mg, 90mg, 135mg
- initial: _____ Mirvaso ≈ Rhofade ≈ Oxymetazoline 0.75% Lotion
- initial: _____ Zyclara 3.75% ≈ Imiquimod (Aldara) 5%
- initial: _____ Urea 35 - 45% ≈ Urea 35% Cream Compound
- initial: _____ Tretinoin Gel ≈ Tretinoin Cream ≈ Micronized Tretinoin Cream Compound (0.025% or 0.04% ≈ 0.03%) (0.05% or 0.06% ≈ 0.055% 0.8% or 0.1% ≈ 0.09%)
- initial: _____ Tri-Luma ≈ Triple Lightening Cream Compound (TAC/ Hydroquinone/ Tretinoin 0.025/ 4/ 0.05%)
- initial: _____ Soolantra ≈ Ivermectin 1.5% Lotion Compound
- initial: _____ Aczone 7.5% ≈ Dapsone 5% ≈ Dapsone 6% Cream Compound
- initial: _____ Fluorouracil 5% + Calcipotriene 0.005% in a 1:1 ratio ≈ Fluorouracil/ Calcipotriene 4.5/ 0.005% Compound Cream
- initial: _____ Enstilar ≈ Taclonex ≈ Wyzora ≈ Calcipotriene/ Clobetasol 0.0045/ 0.05% Cream Compound
- initial: _____ Winlevi ≈ Spironolactone 5% Cream Compound
- initial: _____ Altreno ≈ Tretinoin 0.05% Cream ≈ Micronized Tretinoin 0.055% Cream Compound
- initial: _____ Ziana ≈ Veltin ≈ Clindamycin/ Micronized Tretinoin 1/ 0.03% Cream Compound
- initial: _____ Onexton ≈ Acanya ≈ Duac ≈ Neuc ≈ Benzacilin
- initial: _____ Naftin 2% Cream ≈ Naftin 2% Gel
- initial: _____ Impoyz ≈ Clobetasol 0.05% Cream
- initial: _____ Tazorac 0.1% Cream ≈ Tazorac 0.1% Gel ≈ Fabior 0.1% Foam
- initial: _____ Jublia ≈ Kerydin ≈ Ciclopirox ≈ Thymol 4% Solution in DMSO
- initial: _____ Efudex ≈ Fluorouracil 4.5% Compound Cream
- initial: _____ Finacea 15% Foam ≈ Finacea 15% Gel ≈ Azelex 20% Cream ≈ Azelaic Acid 17% Cream Compound
- initial: _____ Vytone ≈ Dermazene ≈ Clioquinol/ Hydrocortisone 1/ 1% Cream Compound

Provider Name _____

Date _____

Signature _____

Purpose of the Form

This form is designed to save provider offices both time and frustration. Insurance companies exclude many medications while preferring others and formularies vary from company to company while changing constantly. This makes predicting affordable medications difficult. We work with you to simplify this complex process and efficiently provide patients with affordable solutions.

Methodology

When a prescription is rejected because it is not on formulary or because a co-pay is excessive, we automatically substitute the medication of your choice (based on your preferences as indicated) instead of calling or faxing your office. This results in expeditious service to your patients and less work for your staff. If medication is changed, we will fax your office (if you desire) the changes weekly so that your staff can update records as needed. Provider