






# Galderma® CAREConnect Pricing Sheet

Eligible patients may pay as little as:

	PRODUCT	SIZE	COVERED*	NOT COVERED/ CASH**
	<b>AKLIEF®</b> (trifarotene) Cream, 0.005%	45 g	\$20	\$90
	<b>EPIDUO® FORTE</b> (adapalene and benzoyl peroxide) Gel, 0.3%/2.5%	45 g pump	\$20	N/A
	<b>MIRVASO®</b> (brimonidine) Topical Gel, 0.33%	30 g	\$20	\$90
	<b>NEMLUVIO®</b> (nemolizumab-ilto) for injection	30 mg/0.49 mL	With Co-Pay Assistance, eligible patients may pay as little as \$0† Visit <a href="https://galdermaps.iasist.com">https://galdermaps.iasist.com</a> for more information	
	<b>ORACEA®</b> (doxycycline, USP) 40 mg† Capsules	30 count	\$0	N/A
	<b>SOOLANTRA®</b> (ivermectin) Cream, 1%	45 g	\$20	N/A
	<b>TRI-LUMA®</b> (fluocinolone acetonide 0.01%, hydroquinone 4%, tretinoin 0.05%) Cream	30 g	\$20	\$90

\*"Covered" refers to commercial insurance product coverage without restrictions such as prior authorization approval, meeting step-edit and/or deductible requirements, and other criteria.

\*\*"Not Covered" refers to commercial insurance product coverage with restrictions or no product coverage. "Cash" is available to patients without insurance. Galderma CAREConnect pricing & reimbursement does not include any state, local, and municipal taxes that may apply.

†Out-of-pocket cost reductions for eligible patients may vary



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to learn more.

†30 mg immediate release & 10 mg delayed release beads.

The Galderma® CAREConnect™ Program ("Program") is brought to you by Galderma Laboratories, L.P. ("Galderma"). The Program is only available at participating pharmacies for patients with commercial insurance or patients without insurance. Patients who are enrolled in a state or federal government run or government sponsored healthcare plan can not participate in the Program. Any claim under the Program must be submitted by participating pharmacies to one of the Administrators of the Program.

The Program is subject to applicable state and federal law and is void where prohibited by law, rule or regulation. In the event a lower cost generic drug that the FDA has designated as a therapeutic equivalent product is available for one of the Galderma products covered by the Program, or if the active ingredient of a Galderma product is available at a lower cost without a prescription, this offer will become void in California, Massachusetts and other states where barred by law with respect to the Galderma product.

For information about whether you may be eligible for copay assistance for Nemluvio, please visit <https://www.galdermaps.com>, or contact your pharmacy or Galderma at 1-855-636-5884.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

Insurance eligibility criteria will differ by plan. Patients are responsible for verifying their insurance eligibility criteria.