

PruGen Cash Program Price List

Approved products and prices as of 5/13/19- pricing and products subject to change.

NAME	QUANTITY	PRICE
Apadalene 0.1%/ Benzoyl Peroxide Gel 2.5%	45g	\$99.00
Apadalene Gel 0.3%	45g	\$91.00
BenzePro Foaming Cloths Benzoyl Peroxide 6.0%	30	\$90.00
Calcipotriene Cream 0.005%	60g	\$141.00
Calcipotriene Cream 0.005%	120g	\$231.00
Clindamycin Phosphate 1%/ Benzoyl Peroxide Gel 5%	25g	\$90.00
Clindamycin Phosphate 1%/ Benzoyl Peroxide Gel 5%	50g	\$150.00
Dapsone Gel 5%	60g	\$231.00
Dapsone Gel 5%	90g	\$291.00
Doxycycline Hyclate Tablets USP 75mg	30	\$210.00
Doxycycline Hyclate Tablets USP 150mg	30	\$210.00
Metronidazole Gel USP 1.0%	60g	\$117.00
Minocycline Hydrochloride ER Tablets 45mg	30	\$150.00
Minocycline Hydrochloride ER Tablets 90mg	30	\$150.00
Minocycline Hydrochloride ER Tablets 135mg	30	\$150.00
Oxiconazole Nitrate Cream 1%	30g	\$254.00
Oxiconazole Nitrate Cream 1%	60g	\$300.00
Oxiconazole Nitrate Cream 1%	90g	\$359.00
SulfaCleanse 8/4 Sodium Sulfacetamide 8%/ Sulfur 4%	16oz	\$79.00
Tazarotene Cream 0.1%	30g	\$114.00
Tazarotene Cream 0.1%	60g	\$190.00

TERMS & CONDITIONS OF THE PRUGEN CASH PROGRAM

If you are a patient, or the caregiver for the patient, this cash program may be used if you DO NOT have commercial insurance covering your prescription drugs and pay out-of-pocket for these medications. This is NOT insurance but allows you to pay a discounted out-of-pocket price for the medications listed above. Offer subject to change at any time without notice. *Offer not available where prohibited by law.*

PATIENT CONDITIONS:

By your acceptance and participation in this program, you confirm that the following applies to you as the patient, or to the patient for whom you are requesting assistance ("You" in all of the statements below means the patient receiving this benefit):

1. You do not qualify for Medicare: (a) you are not 65 years of age or older; (b) you are not receiving Social Security payments because of a disability;
2. You do not receive Medicaid benefits or other federal or state health insurance assistance;
3. You are a resident of the United States, Puerto Rico, Guam, or the Virgin Islands;
4. You are a patient, or caregiver of the patient, 18 years of age or older; and
5. You are not currently a member of the U.S. military.

PATIENT TERMS:

This is NOT insurance. This offer is NOT valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, Veterans Affairs (VA), Department of Defense (DOD), TRICARE, or similar federal or state programs, including any state pharmaceutical assistance program. Should you start receiving benefits from any federal, state, or other government sponsored program, you will no longer be eligible to participate in the program and you agree to stop using this program and notify your pharmacy provider. **Please note: neither the Federal Employee Health Benefits Program (FEHBP) nor the Affordable Care Act (ACA, a.k.a. the Health Care Exchange) are considered federal or state government health care programs for purposes of this savings program.** This savings program cannot be combined with any other coupon, certificate, voucher, or similar offer.

PATIENT INSTRUCTIONS:

Email or call PruGen Customer Service to inquire about the program:
Email: customerservice@prugen.com **Phone:** 866-696-8525 (press 3)

