In-Office Dispensing: Expert Insights

Learn some dos and don’ts of dispensing products in your practice from a panel of experts.

By Joel Schlessinger, MD

n-office dispensing offers dermatologists a number of opportunities from assisting patients in achieving desired cosmetic outcomes to growing your practice brand and providing an alternative income stream. Many dermatologists have already started to dispense products in their offices or are contemplating the addition of product sales. Given the increasing number of skincare and other cosmetic products on the market, it would seem fitting for any clinician interested in expanding his or her practice brand to dispense products. However, the innumerable product lines with relatively similar products can potentially make the decision of what to dispense a bewildering and challenging one.

This article will start a series of several “round table discussions” among many experts in the field. Hopefully this exercise will help both new and established dermatologists with their decisions as to which products to add or consider for in-office dispensing. Ahead are cosmetic dermatologists’ responses to key dispensing questions.

What are the main products you dispense in your office and why do you like them?

Heidi Waldorf, MD (New York, NY): Dr. Waldorf dispenses from her suburban private practice to active patients of that practice only, but not at her university-based practice. “I pick and choose from multiple lines; we don’t dispense any full line,” she says. “I am a strong proponent of mixing less expensive cleansers and sunscreens with more expensive anti-aging products.” The largest number of products from any one line comes from Skin Medica (growth factors, retinoid, elegant heavy night moisturizer), Neostrata (AHA lotions) and LaRoche Posay (Anthelios sunscreens), she reports. “Four of our most popular products include DCL Lotion Cleanser, Glytone Conditioning Moisturizer (non-AHA), Dermatopix Oil-free Moisturizing Sunscreen SPF 30, and Dermatopix Intensive Hand Cream,” she says. “Because the office also does general dermatology, we also dispense some medically oriented products like Ala-Seb shampoo and Bag Balm, which fly off the shelves in the winter!”

Michael Gold, MD, (Nashville, TN): “The main products we sell are Neocutis, Obagi, Vivite, Nia 24, Priori, Glytone, and Avène,” says Dr. Gold. He also sells Colorscience mineral make-up in his practice. In addition, Dr. Gold sells devices, such as Clarisonic, Tanda, and SensEpil.

Vivian Bucay, MD (San Antonio, TX): Among the products Dr. Bucay dispenses are the Obagi Replenix line of products, Glytone Antioxidant Serum, Elta MD sunscreens (but mostly Elta MD UV Clear SPF 46), Revision Intellishade Tinted

Take-Home Tips. In-office dispensing offers dermatologists a number of opportunities from assisting patients in achieving desired cosmetic outcomes to growing your practice brand and providing an alternative income stream. Many dermatologists have already started to dispense products in their offices or are contemplating the addition of product sales. Given the increasing number of skincare and other cosmetic products on the market, it would seem fitting for any clinician interested in expanding his or her practice brand to dispense products. There are many different opportunities, both in what dermatologists dispense, as well as what they use personally.
Moisturizer SPF 45, Celfix Youth Recovery (DNA Repair), Neostrata SkinActive line, Colorescience, and the Biopelle family of products. “I like all of these because each meets a specific need for my patients,” observes Dr. Bucay. (To read more about Dr. Bucay’s approach to skincare, see her article in the February edition, available online at PracticalDermatology.com.)

Katherine Farady, MD (Austin, TX): Dr. Farady also dispenses several sunscreen products in her practice. “We like Elta Clear 46, for oily or acne prone skin; it’s very lightweight and contains niacinamide, which helps control oil production,” she says. The Elta Sport 50 is also very popular at her practice. “It stays on and doesn’t burn if it gets in your eyes. Our athletic types love it!”

For patients with dry skin, Dr. Farady offers Replenix CF SPF 45, which has a rich, creamy texture and contains antioxidants including green tea. “We also carry Blue Lizard, an Australian sunscreen that is extremely water resistant and great for kids spending lots of time in the pool,” says Dr. Faraday.

Jeannette Graf, MD, (New York, NY): Dr. Graf has her own skin care line that she dispenses in her practice (Dr. Jeannette Graf MD Dermatologic Formula), which is primarily anti-aging. “In addition, I dispense other products from Biopelle (e.g. Tensage ampolles), Glytone, Avène, EtaMD, LaRoche-Posay’s four products for sunblock and anti-redness, Topix (Gly-Sal pads for keratosis pilaris), and Revision,” says Dr. Graf. She also carries Jane Iredale Mineral Make-up.

Doris Day, MD (New York, NY): “My main products are TNS Essentials Serum, TNS Illuminize eye cream, TNS TriRetinal complex ES, TNS Redness Relief Calm-Plex; Vivite Kit; Revale Kit; Elta MD SPF 40 and Elta MD SPF 46 spray; and Avène CleanAC,” says Dr. Day. “I also have a line that I private label through Young Pharma, which is mostly for melasma treatments—various face and body brighteners with hydroquinone, anti-oxidants, and sunscreen,” says Dr. Day. She also recommends products by Young, particularly their sunscreens. Another sunscreen Dr. Day finds to be effective is Colorescience SPF 30 Powder Sunscreen.

George Martin, MD (Maui, HI): The main product lines Dr. Martin dispenses are Obagi, Neocutis, SkinMedica, Skin Ceuticals, and Jane Iredale makeup. He also dispenses generic tretinoin. “The cornerstone of photoaging therapy is tretinoin, and we build around that in patients who tolerate it,” Dr. Martin says, further noting that he is a proponent of the “Vorhees school of thought.”

Otherwise he says he uses a Vitamin A cream, based on Elaine Kligman’s encouraging early studies. Regarding antioxidants, Dr. Martin suggests that Dr. Sheldon Pinell’s CE Ferulic has the strongest data, and for sunblocks in the morning, Dr. Martin recommends EltaMD. “If a patient is a surfer/tri-athlete, we use my ‘home grown’ Doc Martin’s (SPF 30 or over after six hours in water),” he says. For melasma, Dr. Martin uses, “Obagi or the Neocutis Perle, which doesn’t contain hydroquinone for those who are HQ averse, and it has multiple sites of action.” For redness he uses the Nia line of products.

Hema Sundaram, MD (Fairfax, VA): “I strive to be as evidence-based as possible when dispensing from my office, by selecting products that have controlled studies and meaningful data to back up their claims of efficacy,” says Dr. Sundaram. The main product lines she dispenses are TNS from SkinMedica and Prescribed Solutions from Biopelle. “I also dispense ColoreScience medical grade mineral sunscreens and makeup,” adds Dr. Sundaram.

What sunscreens do you like for personal use?

Barry Ginsburg, MD, (Birmingham, AL): “I like Laroche Posay Anthelios. It has a very nice feel, spreads easily and doesn’t feel greasy after it dries.”

Diane Davidson, MD, (Groton, CT): “I like Anthelios, as well. I find that it goes on and doesn’t easily sweat off, so it is good for sports. It really has broad UVB and UVA protection. My sons were lifeguards last summer and burned when they used other sunscreens even with high SPF’s.”

Marla Angermeyer, MD, (Providence, RI): “I use sunscreen everyday. I really like the Anthelios 60 for the face. It is so light and does not come off on the collar of my shirt when I apply it to my neck. For the
rest, Vanicream 60 is great as are all the Neutrogena 50-plus products. These all work well. I went to the Caribbean in January for a week and came back as pasty white as when I left!

Min-Wei Christine Lee, M.D., M.P.H, (Walnut Creek, CA): “For acne-prone skin I like the Elta UV Clear SPF 46 (with zinc oxide). For normal skin I like the new Obagi Nu-Derm Sun Shield SPF 50 (with zinc oxide). For spray on I like the Elta M D UV Spray SPF 46 (with 9.3% zinc oxide)—this has been the only spray-on zinc oxide I’ve seen so far.”

Brenda Dintiman, M.D., (Fairfax, VA): “We carry Blue Lizard. A lot of my tennis players and golfers like it because it is easier to apply than some of the thicker high SPF sunscreens and very effective. I also like Image sunscreen for the face. It’s easy to use under makeup and doesn’t curdle like some of the others do when you are sweating. It also doesn’t smell like sunscreen, so it can be used daily.”

Conclusion
Clearly, there are many different opportunities, both in what dermatologists dispense, as well as what they use personally. By the way, my main products are Obagi, Laroche Posay (I love their Toleriane line and Anthelios), NeoCutis, many of the Neostrata products for moisturizing and keratosis pilaris treatment, Jan Marini (Eyelash) and several SkinMedica products (Dermal Repair Cream).

We will be continue to elaborate on this topic in future issues and hope that readers will add their comments and ideas by emailing me at skindoc@LovelySkin.com.

Dr. Schlessinger is an Advisory Board Member/Consultant, Researcher, or Stockholder of/or Allergan, Health and Wellness Council of America, Obagi, Stiefel, Ortho Dermatologics/Johnson & Johnson), and Excel Cosmeceuticals. He is in private practice in Omaha, NE and is the course director for Cosmetic Surgery Forum (www.CosmeticSurgeryForum.com).

Do’s and Don’ts of Office Dispensing

**DO** Represent your products ethically and responsibly. Take the time to educate your staff and yourself on the products you dispense.

**DO** Try any products you sell on yourself or your staff so they know the advantages of the products firsthand.

**DO** Keep track of sales tax, inventory, and expiration dates. If not addressed, these things can pose many problems.

**DON’T** Put the product sales in the hands of just one person in the office. If that person leaves or threatens to leave, your sales will walk out the door!

**DON’T** Sell something based on profit. If you don’t like or believe in the product, your patients will most likely pick up on that or already feel the same way themselves. Selling a product is like meeting a new person and knowing you will like them instantly. It’s a feeling, but in dermatologists’ cases, it is supplemented with medical knowledge and judgment.

**DON’T** Try to sell too much or offer too many different options. Patients come to the dermatologist for specific advice. Many patients “turn off” when they see a plethora of products entering the room. Try to provide no more than two (and preferably one) options for patients, based on your assessment.

**Tips for Product Displays**
In my office, we try to display products wherever there is traffic and an opportunity to purchase. This generally translates to the front desk, but it can be in a designated area of the office as well. All of our rooms have a display cabinet in the wall with various recommended products and before/after pictures. This is one way to introduce patients to the lines we carry. We don’t go so far as to have a TV playing loops about our practice and/or products, and we think that ends up being a positive for us rather than a negative. That doesn’t keep us from placing brochures in the waiting room, however.