

Prescribing Guidelines for Acne





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Prescribing medications for acne can be overwhelming due to the growing number of available products with varying formulations, concentrations of active ingredients, and number of active ingredients (combination products). This prescribing guideline was developed by Partners For Kids in collaboration with experts at Nationwide Children's Hospital. It is designed to guide the pharmacologic treatment of acne when considering clinical guidelines, evidence, and cost.

Treatment Goals

Goals of acne treatment include using the least aggressive, but most effective, regimen that targets the largest number of pathogenic factors and avoids the development of bacterial resistance. Acne medications work by one or more of the following mechanisms:

- Reduce sebum production
- Prevent the formation of microcomedones
- Suppress Propionibacterium acnes (P acnes)
- Reduce inflammation to prevent scarring

Treatment Considerations

The table below provides information on important treatment considerations for patients with acne.

Treatment Consideration	Recommended Action	
Previous treatment history	Initiate treatment based on response to past treatments.	
Cost of medications	If two or more topical agents are recommended, consider prescribing as individual single active-ingredient products due to the high cost of combination products.	
	If a topical retinoid is recommended, use adapalene gel or tretinoin gel or cream. Avoid costly adapalene lotion and tretinoin <i>microsphere gel</i> .	
Ease of use and regimen complexity	Provide education. Assess adherence at each visit and manage patient expectations.	
Vehicle selection	Select a formulation that meets patients' preferences and lifestyles. Patients with dry skin may prefer a cream or lotion. Patients with oily skin may prefer a gel.	
Active scarring	Patients with moderate and severe acne and/or more deeply pigmented skin are at increased risk for scarring. Aggressive treatment is warranted.	
Psychosocial impact	Selection of effective treatment is important to improve self-esteem, affect, shame, embarrassment, body image, social assertiveness, and self-confidence.	

Treatment Protocol

	Mild	Moderate	Severe
1st Line	Start benzoyl peroxide (BP) 2.5% or 5%	Start benzoyl peroxide (BP) 2.5% or 5%	Start benzoyl peroxide (BP) 2.5% or 5%
	Change frequency, concentration and/or formulation of BP as needed.	AND	AND
	iormalation of Br de neoded.	topical retinoid (adapalene 0.1% gel, tretinoin 0.025% cream or 0.01% gel).*	oral antibiotic (minocycline capsules or doxycycline monohydrate capsules)
		Change type, frequency, concentration and/or formulation of agent(s) as needed.	AND
		and or romaliation or agoni(o) ac necessi.	topical retinoid (adapalene 0.1% gel, tretinoin 0.025% cream or 0.01% gel).*
			Change type, frequency, concentration and/or formulation of agent(s) as needed.
2nd Line	Change to or add topical retinoid (adapalene 0.1% gel, tretinoin 0.025% cream or 0.01% gel).*	Change to or add topical antibiotic (erythromycin 2% solution or clindamycin 1% gel or solution).*† Change type and/or formulation of topical antibiotic as needed.	Add topical antibiotic (erythromycin 2% solution or clindamycin 1% gel or solution).*†
	Change type, frequency, concentration and/or formulation of topical retinoid as needed.		Change type and/or formulation of topical antibiotic as needed.
3rd Line	Add topical antibiotic (erythromycin 2% solution or clindamycin 1% gel or solution).*†	Add oral antibiotic (minocycline capsules or doxycycline monohydrate capsules). May use	For females only, add combined oral contraceptive or oral spironolactone
	Change type and/or formulation of topical antibiotic as needed.	with or without topical antibiotic.	OR
	anabidio ao necueu.	Change type and/or formulation of oral antibiotic as needed.	consider oral isotretinoin.
4th Line	Use topical dapsone as single therapy or use with BP and/or tretinoin.	For females only, add combined oral contraceptive or oral spironolactone	
		OR	
		consider oral isotretinoin.	

^{*} Combinations agents are costlier than single active ingredient agents. Combination agents should be limited to those patients with adherence concerns.

References

Eichenfield LF, Krakowski AC, Piggott C, et al. Evidence-based recommendations for the diagnosis and treatment of pediatric acne. *Pediatrics*. 2013;131 (Suppl 3):S163-86.

Zaenglein, AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2016;74(5):945-973.

[†]Topical antibiotics are not recommended as monotherapy due to slow onset of action and resistance.

Referrals and Consultations

Online: NationwideChildrens.org

Phone: **(614) 722-6600** or **(877) 722-6220** | Fax: **(614) 722-4000** Physician Direct Connect Line for 24-hour urgent physician consultations:

(614) 355-0221 or (877) 355-0221.



