# Acne Vulgaris - Prescribing Guideline - Clinical Management in Primary Care

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

## Guideline and General Prescribing Points  Updated in line with NICE Guidance NG198: Management of Acne Vulgaris published June '21

- Treatment is determined by severity of acne and the extent to which it bothers the individual. Acne of any severity can cause psychological distress.
- Risk of scarring increases with severity/duration of acne and should prompt more intensive treatment.
- No treatment works quickly in acne. Advise patients to adhere to treatment; positive effects can take 6-8 weeks to become noticeable.
- **If childbearing potential**: topical retinoids and oral tetracyclines are CONTRAINDICATED during and when planning a pregnancy. Use effective contraception or choose alternative options. Also avoid both in breastfeeding and avoid tetracyclines in children (up to 12 years).
- **In pregnancy**, recommended treatments are benzoyl peroxide (BPO)monotherapy [**Acnecide® SELF-PURCHASE**] OR fixed combination BPO/Clindamycin [**Duac®**].
- **DO NOT USE MINOCYCLINE** to treat acne; it is associated with lupus erythematosus, hepatitis and pigmentation.
- **DO NOT USE ANTIBIOTIC MONOTHERAPY** topical or oral antibiotic OR a combination of topical and oral antibiotic; significantly increases the risk of resistance.

**Skin care advice for all** *Encourage continued appropriate skincare at all points in the treatment pathway.*

- Use a pH neutral or slightly acidic cleansing product twice daily **(Self-purchase – not for prescribing on FP10)**
- Avoid oil-based and comedogenic moisturisers and cosmetics. Avoid picking acne lesions to reduce risk of scarring

## Treatment options and instructions for review

**Offer a 12-week course of ONE of the first-line options in Table 1 overleaf. Consider severity of acne and person's preferences.** ***Use Table 1 to discuss pros/cons.*** **Review at 12 weeks; assess for improvement and side effects. If inadequate response to a 12-week course of 1st line treatment option:**

- **If at review severity is mild-moderate**: offer a second option from Table 1. Consider referral if inadequate response to 2 different 12-week courses.
- **If at review severity is moderate to severe** and initial treatment **did not include an oral antibiotic**: offer an option that includes an oral antibiotic.
- **If at review severity is moderate to severe** and initial treatment **did include an oral antibiotic**: consider referral.
- In people whose treatment includes oral antibiotics, if acne has completely cleared, consider stopping the antibiotic but continuing with topical treatment. If acne has improved but not completely cleared, consider continuing the oral antibiotic, alongside topical treatment, for up to 12 more weeks.
  **Antimicrobial stewardship: Only continue a treatment option that includes antibiotic (topical/oral) for > 6 months in exceptional circumstances.** Review at 12 weekly intervals and stop antibiotic as soon as possible.

Consider **maintenance treatment** in those with a history of frequent relapse. Consider fixed combination adapalene/BPO [**Epiduo®**] as maintenance treatment. If not tolerated or contraindicated, consider topical monotherapy with adapalene [**Differin®**], azelaic acid [**Finacea®**] or benzoyl peroxide [**Acnecide® SELF-PURCHASE**]. Review maintenance treatment in 12 weeks period to decide the need for continued. **NG198 section 1.6 gives further advice on relapses**

Adapted in Sept 2021 to incorporate NG198. Approved at BSW APC October 2021. Reviewed June 2023 Based on work from NHS Wiltshire CCG with Dr Deirdre Buckley, Consultant Dermatologist, RUH

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**TABLE 1**

**NICE state these two fixed combination products can be considered a first line option in acne of ANY SEVERITY**

- Topical adapalene with topical benzoyl peroxide [**Epiduo® gel 2.5/0.1% or 2.5/0.3% Apply OD in evening**] *Does not contain antibiotics. Avoid in pregnancy, caution in breastfeeding. Can cause irritation/photosensitivity/bleaching hair and fabrics.*
- Topical tretinoin with topical clindamycin [**Treclin® gel 0.025/1% Apply OD in evening**] *Avoid in pregnancy and breastfeeding. Can cause irritation, photosensitivity, bleaching hair and fabrics.*

| Mild to Moderate Acne | Moderate to Severe Acne | Very Severe Acne |
|---|---|---|
| • On the face and often mild truncal disease, comedones present | • More extensive lesions or acne unresponsive to topical antibiotic<br>• Systemic treatments useful for truncal disease where topical application is difficult | • Facial lesions and widespread truncal disease.<br>• Nodules & cysts present, scarring developing |
| **TREATMENT: 12 weeks then review** | **TREATMENT: 12 weeks then review** | **TREATMENT: Specialist** |
| **Epiduo® or Treclin® applied OD in evening**<br><br>**OR**<br><br>**Topical benzoyl peroxide with topical clindamycin [Duac® gel 1/3% or 1/5% Apply OD in evening].**<br>*Can be used with caution during pregnancy and breastfeeding. Can cause skin irritation, photosensitivity, bleaching of hair and fabrics.* | **Epiduo® – applied OD in evening**<br>**OR**<br>**Topical azelaic acid [Finacea® gel 15%] [Skinoren® cream 20%] apply BD.** *An alternative to BPO or to a topical retinoid. Useful for treating comedonal acne, particularly of the face. It is less likely to cause local irritation than BPO.*<br>**PLUS, Systemic antibiotic therapy**<br>**Select one of the following oral antibiotics (do not use with a topical antibiotic):**<br>**Suggested dosage schedules (in increasing cost order):**<br>• **Doxycycline capsules 100mg daily OR**<br>• **Lymecycline capsules 408mg daily *(more expensive)***<br><br>*All tetracyclines can cause photosensitivity. And should be avoided in pregnancy and breastfeeding and <12yrs.*<br><br>For patients who cannot tolerate or have contraindications to oral lymecycline or doxycycline, consider alternative antibiotics.<br>- Oral Erythromycin 500mg BD OR<br>- Oral Trimethoprim 300mg BD (off-label indication) | **Systemic isotretinoin is indicated as monotherapy and only available from secondary care or community dermatology clinics: REFER**<br><br>If clinical judgement indicates oral isotretinoin for acne may be needed in future, be aware that it should not be used unless adequate courses of standard therapy with systemic antibiotics and topical therapy have been tried in line with MHRA guidance. Take into account when choosing initial treatment option.<br><br>This primary care guidance does not include prescribing info for oral isotretinoin. Specialist prescribers can access PILs/SPCs and risk minimisation materials here. |

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- Consider BPO monotherapy [**Acnecide® 5% gel**] **SELF-PURCHASE** if options in Table1 contra-indicated or if wishing to avoid topical retinoid or topical/oral antibiotic.
- To reduce the risk of skin irritation associated with topical BPO or retinoids, start with alternate day or short contact application (e.g. wash off after an hour). If tolerated, progress to using standard application regimen.
- Always combine systemic or oral antibiotics with topical anti-acne agents retinoids +/- BPO to reduce resistance and improve outcome**.**

## Oral Contraceptives

- If a person receiving treatment for acne wishes to use hormonal contraception, **consider the combined oral contraceptive (COC) pill in preference to progestogen-only pill (POP).** POP can exacerbate acne.
- COC may be used in combination with topical treatments or systemic antibiotics. Recommendations are that no additional contraceptive precautions are required when COCs are used with antibacterials that do not induce liver enzymes (e.g. Doxycycline), unless diarrhoea or vomiting occur. Check individual Summary of Product Characteristics for the patient's contraceptive and the chosen antibiotic for specific advice. These recommendations should be discussed with the patient.
- **Co-cyprindiol [Cyproterone acetate 2 mg/Ethinylestradiol 35 microgram]** is licensed for moderate to severe acne. Cyproterone may increase the risk of venous thromboembolism (VTE) .The risk of VTE with these medicines is 1.5 to 2 times higher than for COCs containing levonorgestrel and may be similar to the risk with contraceptives containing gestodene, desogestrel or drospirenone. See MHRA DSU (references below). Cyproterone is also contraindicated in those with previous or current meningioma. See MHRA DSU (references below). **Co-cypindriol is only included in NG198 as a second line treatment option for people with polycystic ovary syndrome (PCOS) and acne.** If Co-cyprindiol is being used, the need to continue treatment should be reviewed at 6 months, discussing continuation or alternative treatment options.

## Reasons to consider referral to relevant specialist teams (See NG198 section 1.4 for more detail)

- Mild to mod acne that has not responded to 2 completed courses of treatment OR mod to severe acne that has not responded to previous treatment containing oral antibiotic.
- Severe nodulo-cystic acne /acne conglobata /acne with scarring / acne with persistent pigmentary changes.
- If acne (any severity) or related scarring is contributing to psychological distress or mental health disorder. Consider current/past history of self-harm, suicidal ideation, severe depressive or anxiety disorder, body dysmorphic disorder.
- If medication (including self-administered anabolic steroids) or a medical disorder (e.g. PCOS ) is likely to be contributing to a person's acne . Also see NG198 section 1.5.29 for more detail on treatment options for people with PCOS .
- Diagnostic difficulty (uncommon).
- Severe variant of acne such as acne fulminans - very rare severe inflammatory acne with fever, malaise and joint symptoms (very urgent referral) .

## Referral Form - **Please include list of all treatments used in referral letter and any concomitant other medication and information regarding other medical conditions**

## Useful Links and References


- British Association of Dermatologists (BAD) **Patient Information Leaflet on Acne** (July 2020) https://www.bad.org.uk/pils/acne/
- National Institute for Health and Care Excellence (2021). *Overview | Acne vulgaris: management | Guidance | NICE*. [online] www.nice.org.uk. Available at: https://www.nice.org.uk/guidance/ng198
- British National Formulary https://bnf.nice.org.uk/
- Clinical Knowledge Summaries: Acne vulgaris (June 2021): https://cks.nice.org.uk/acne-vulgaris
- MHRA Cyproterone acetate with ethinylestradiol (co-cyprindiol): balance of benefits and risks remains positive (June 2013): http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON287002
- MHRA Cyproterone acetate: new advice to minimise riak of meningioma (June 2020): https://www.gov.uk/drug-safety-update/cyproterone-acetate-new-advice-to-minimise-risk-of-meningioma
- MHRA Isotretinoin for severe acne: uses and effects (Dec 2014): https://www.gov.uk/government/publications/isotretinoin-for-severe-acne-uses-and-effects
- Arowojolu AO, Gallo MF, Lopez LM, Grimes DA. Combined oral contraceptives pills for treatment of acne. Cochrane Database System Reviews 2012 https://doi.org/10.1002/14651858.CD004425.pub6
- Yang Z, Zhang Y, Lazic Mosler E, Hu J, Li H, Zhang Y, Liu J, Zhang Q. Topical benzoyl peroxide for acne. Cochrane Database of Systematic Reviews 2020 https://doi.org/10.1002/14651858.CD011154.pub2
- Liu H, Yu H, Xia J, Liu L, Liu GJ, Sang H, Peinemann F. Topical azelaic acid, salicylic acid, nicotinamide, sulphur, zinc and fruit acid (alpha-hydroxy acid) for acne. Cochrane Database of Systematic Reviews 2020 https://doi.org/10.1002/14651858.CD011368.pub2
- BMJ Management of acne vulgaris: summary of NICE guidance. *BMJ* 2021; 374 doi: https://doi.org/10.1136/bmj.n1800 **INCLUDES VISUAL SUMMARY AND INFOGRAPHIC**