



# Prescribing Guidelines for Acne

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## Prescribing Guidelines for Acne

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 in 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 prescriber 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
<b>Previous treatment history</b>	Initiate treatment based on response to past treatments.
<b>Cost of medications</b>	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 or tretinoin products preferred by the insurance. Depending on insurance coverage, the brand name product may be preferred. Avoid costly adapalene lotion and tretinoin <i>microsphere gel</i> .
<b>Ease of use and regimen complexity</b>	Provide education and assess adherence at each visit. Manage patient expectations.
<b>Vehicle selection</b>	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.
<b>Active scarring</b>	Patients with moderate and severe acne and/or more deeply pigmented skin are at increased risk for scarring. Aggressive treatment is warranted. Consider referral to dermatology for active scarring that may lead to negative psychosocial impact.
<b>Psychosocial impact</b>	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
<b>1st Line</b>	<p>Start benzoyl peroxide (BP) 5%</p> <p><i>Change frequency, concentration and/or formulation of BP as needed.</i></p>	<p>Start benzoyl peroxide (BP) 5%</p> <p><b>AND</b></p> <p>topical retinoid (adapalene 0.1% gel, tretinoin 0.025% cream or 0.01% gel).*</p> <p><i>Change type, frequency, concentration and/or formulation of agent(s) as needed.</i></p>	<p>Start benzoyl peroxide (BP) 5%</p> <p><b>AND</b></p> <p>oral antibiotic (minocycline capsules or doxycycline monohydrate capsules)<sup>†</sup></p> <p><b>AND</b></p> <p>topical retinoid (adapalene 0.1% gel, tretinoin 0.025% cream or 0.01% gel).*</p> <p><i>Change type, frequency, concentration and/or formulation of agent(s) as needed.</i></p>
<b>2nd Line</b>	<p><b>Change to or add if inadequate response</b> topical retinoid (adapalene 0.1% gel, tretinoin 0.025% cream or 0.01% gel).*</p> <p><i>Change type, frequency, concentration and/or formulation of topical retinoid as needed.</i></p>	<p><b>Add</b> topical antibiotic (erythromycin 2% solution or clindamycin 1% gel or solution). Use with BP.*<sup>†</sup></p> <p><i>Change type and/or formulation of topical antibiotic as needed.</i></p>	<p><b>Add</b> topical antibiotic (erythromycin 2% solution or clindamycin 1% gel or solution). Use with BP.*<sup>†</sup></p> <p><i>Change type and/or formulation of topical antibiotic as needed.</i></p>
<b>3rd Line</b>	<p><b>Add</b> topical antibiotic (erythromycin 2% solution or clindamycin 1% gel or solution). Use with BP.*<sup>†</sup></p> <p><i>Change type and/or formulation of topical antibiotic as needed.</i></p>	<p><b>Add</b> oral antibiotic (minocycline capsules or doxycycline monohydrate capsules).<sup>‡</sup> May use with or without topical antibiotic.</p> <p><i>Change type and/or formulation of oral antibiotic as needed.</i></p>	<p><b>For females only</b>, add combined oral contraceptive or oral spironolactone</p> <p><b>OR</b></p> <p>Refer to a specialist for isotretinoin consideration.</p>
<b>4th Line</b>	<p>Use topical dapsone as single therapy or use with BP and/or tretinoin.</p>	<p><b>For females only</b>, add combined oral contraceptive or oral spironolactone</p> <p><b>OR</b></p> <p>Refer to a specialist for isotretinoin consideration.</p>	

\* Combination agents are costlier than single active ingredient agents. Combination agents should be limited to those patients with adherence concerns.

<sup>†</sup> Topical antibiotics are not recommended as monotherapy due to slow onset of action and resistance.

<sup>‡</sup> Discontinue or taper oral antibiotics within one to two months when new inflammatory lesions stop emerging.

## 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.

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## Referrals and Consultations

Online: [NationwideChildrens.org](https://www.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



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