

DERMATOLOGY
REFERRAL GUIDELINES - ACNE

Reviewed and approved, September 2012

This protocol is a general guideline and does not represent the professional standard of care required of the health care provider.

This pathway should be modified as indicated, based on the health care provider's professional judgment, to meet the needs of individual patients.

Referral Guidelines: ACNE

ICD-P Code 706.1

Pediatricians should initiate treatment for cases of mild to moderate acne (see algorithms attached). All patients should be encouraged to utilize sun protection, particularly while on therapy. They should be warned that most forms of therapy can lead to drying and irritation, and that topical therapy takes at least 3-4 weeks to start seeing results. In addition, some patients may appear to worsen initially, particularly with irritating retinoids, before improvement is noted. Moisturizers may be used to help alleviate irritation. If irritation develops, patients may decrease the frequency of application until tolerance is possible. For some sensitive skin patients, they may not be able to utilize treatments on a daily basis.

CONSIDER REFERRAL IF:

- Lack of satisfactory response to treatment after 8 to 12 weeks
- Scar-inducing cysts or nodules present or scarring is actively occurring despite treatment
- Isotretinoin is being considered as treatment – **however the final decision on use of Isotretinoin will be left to the dermatologist and patients should not be sent in expecting to be placed on Isotretinoin.**
- Special treatment for inflamed tender cysts such as intralesional corticosteroid injection or acne surgery is being contemplated
- Signs of hirsutism (eg. excessive hair), alopecia, acanthosis nigricans present or menstrual irregularities accompany acne
- Child less than 9 years old

REF: Zaenglein, AL and Thiboutot, DM. Expert Committee Recommendations for Acne Management. *Pediatrics*. 2006; 3; 1188-1197)

Mild Acne (comedonal or papulopustular)

Retinoid	*Tretinoin (0.025 ; 0.05; 0.1% cream or gel; or 0.04/0.1% micro)	Start with lowest concentration and work up as tolerated
	*Adapalene (0.1% cream, lotion or gel, 0.3% gel)	Least irritating
	*Tazarotene (0.05 or 0.1% cream or gel)	Most potent but more irritating

OR/PLUS

Benzoyl Peroxide or Benzoyl Peroxide/ topical antibiotic or Benzoyl peroxide/adapalene 0.1% gel or Retinoid/topical antibiotic	Benzoyl Peroxide gel or wash; a variety of strengths exist, but initial therapy with BP 5% or less is a reasonable approach. Many OTC forms of benzoyl peroxide are available, and if your patient has found one that he loves, he can continue it. Benzoyl Peroxide 4% wash, available OTC for reasonable price; is a cost-effective first line therapy for facial, back, chest acne. Warn family re: bleaching potential on sheets, clothes, and possible contact irritation. Since this product is drying, it may decrease tolerance for other drugs; be aware that concurrent use of this drug and topical retinoids tolerated by your sensitive skin patients. Concurrent use also will inactivate generic tretinoin.	
	Benzoyl Peroxide/ Antibiotic BP/Adapalene Tretinoin and clindamycin	Duac or Benzaclin or Epiduo Ziana

Consider referral to Dermatology if no response to therapy after two to three months or patient is intolerant of above medications.

*Tretinoin generic form is photo inactivated and must be used in the evening.

Moderate Acne (Papular/pustular)

Retinoid	*Tretinoin (0.025 ; 0.05; 0.1% - cream or gel)	Start with lowest concentration and work up as tolerated
	*Adapalene (0.1% cream, lotion or gel, or 0.3% gel)	Least irritating
	*Tazarotene (0.05 ; 0.1% cream or gel)	Most potent but more irritating

PLUS

Benzoyl Peroxide or Benzoyl Peroxide/ topical antibiotic	Benzoyl Peroxide 5% or less gel or wash	
		Duac or Benzacilin

OR/PLUS

Oral Antibiotic	Doxycycline 100 mg once a day with food Minocycline 100mg twice a day or 50mg twice a day (if patient weight less than 100 lbs.)
------------------------	---

Refer to Dermatology if no response to therapy after two to three months

Benzoyl peroxide should be used with oral antibiotics to prevent antibiotic resistance. There is no need to use dual topical antibiotics (including benzoyl peroxide) at the same time as oral antibiotics.

*Side effects from oral antibiotics include photosensitivity (especially doxycycline), erosive esophagitis (especially doxycycline), dyspigmentation (minocycline) and rarely pseudotumor cerebri, hepatitis, and lupus-like reactions. Minocycline should not be refilled without seeing the patient as long term use is associated with more side effects.

Moderate Acne – Nodular (deep, tender, cystic)

Retinoid	*Tretinoin (0.025 ; 0.05; 0.1% cream or gel)	Start with lowest concentration and work up as tolerated
	*Adapalene (0.1% cream or gel 0.3% gel)	Least irritating
	*Tazarotene (0.05; 0.1% cream or gel)	Most potent but more irritating

PLUS

Oral Antibiotic	Doxycycline 100 mg once a day with food
	Minocycline 100mg twice a day or 50mg twice a day (if patient weighs less than 100 lbs.)

Refer to Dermatology if no response to therapy after two to three months.

Benzoyl peroxide should be used with oral antibiotics to prevent antibiotic resistance. There is no need to use dual topical antibiotics (including benzoyl peroxide) at the same time as oral antibiotics.

*Side effects from oral antibiotics include photosensitivity (especially doxycycline), erosive esophagitis (especially doxycycline), dyspigmentation (minocycline) and rarely pseudotumor cerebri, hepatitis, and lupus-like reactions. Minocycline should not be refilled without seeing the patient as long term use is associated with more side effects.

Severe Acne – Nodulocystic

Refer directly to Dermatology

If patient is greater than eight years of age may start medication regimen as follows:

Oral Antibiotic	Doxycycline 100 mg once a day with food
	Minocycline 100mg twice a day or 50mg twice a day (if patient weighs less than 100 lbs)

PLUS

Retinoid	*Tretinoin (0.025 ; 0.05; 0.1% cream or gel)	Start with lowest concentration and work up as tolerated
	*Adapalene (0.1%cream, gel or .3% gel)	Least irritating
	*Tazarotene (0.05;0.1% cream or gel)	Most potent but more irritating

PLUS

Benzoyl Peroxide	Benzoyl Peroxide 5% or less gel or wash; BP 4% wash also an option particularly for chest and back
-------------------------	--

Benzoyl peroxide should be used with oral antibiotics to prevent antibiotic resistance. There is no need to use dual topical antibiotics (including benzoyl peroxide) at the same time as oral antibiotics.

*Side effects from oral antibiotics include photosensitivity (especially doxycycline), erosive esophagitis (especially doxycycline), dyspigmentation (minocycline) and rarely pseudotumor cerebri, hepatitis, and lupus-like reactions. Minocycline should not be refilled without seeing the patient as long term use is associated with more side effects.

* Oral antibiotic therapy should be started immediately on those with severe acne; you can refer immediately but while patients are waiting to get into Derm they should be on the oral antibiotics to minimize risks of scarring.