

## Acne Treatment protocol

I. Comedones only: mainly whiteheads and blackhead. The number one agent for acne is a topical retinoid. Use this as first line treatment

1. tretinoin cr 0.05 or 0.1 %. Apply at night according to handout
2. differin cr 0.1%,
3. Tazorac cr 0.1%, a stronger retinoid, will cause drying, Preg cat X, Females need hcg

II. Comedones and inflammatory lesions

1. again use retinoid at night
2. bp gel 5% with clinda lotion 1% in morning
3. may add bp wash for back and chest
4. May use Sulfur/Sulfacetamide (Avar) cream or wash if the patient is not sulfa sensitive

III. Inflammatory acne

1. continue topical tx
2. I use doxycycline as first line 100mg po bid. Side effect photosensitivity but may take with food and be less gi upsetting. Caution of AEX of pseudotumor cerebri (headaches) will all TCN derivatives
3. TCN 1 g po bid may be used as alt. gi upset greatest side effect, less photosensitivity
4. Minocycline 100 bid. I use as third line agent. Least photosensitizing, but weird side effects like dizziness, lupus like syndrome, and pigmentation
5. may consider Amoxicillin or Erythro if allergy (rare) to TCN derivatives
6. May consider Bactrim bid or Azithro M, W, F as alternates

Other Notes:

Females:

If considering contraceptive pill, yasmin and yaz has anti-androgenic properties which is very helpful in acne. Also may consider using prior to derm referral if Accutane candidate since pt will need contraception prior to taking Accutane.

Pregnant Females: The only 2 topical medications that are Preg Cat B are erythromycin 2%slt and azalaic acid cr 20% (non-formulary). Both are bid.

IV. ACCUTANE: Nodular cystic acne or acne non-responding to above measures. I will discuss Accutane. If patient is an Accutane candidate they will need CBC, complete metabolic panel and lipid panel. Female patients need b-HCG and need to be on an OCP.