

# Managing Acne: Patient by Patient and Practice by Practice

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# Project: Improved Acne Management

## Transforming Clinical Practices Initiative (TCPI)

- Desire: Provide high-quality, evidence-based care at the right time and right place
  - Improve patient and provider satisfaction
  - Reduce present and future health care costs

# Evidence Basis

- AAP/American Acne Rosacea Society Evidence-Based Expert Recommendations
- AAD Acne Guidelines
- THERE ARE **PRACTICE GAPS**

# Acne, Misery and Halvorsen

**Substantial acne:** associated with

- Social impairment; Self-esteem
- Diminished QOL
- Depression



4744 adolescents (80% response rate):

493 substantial acne:

**Suicidal thoughts:** 9.5% no/little acne); **24.1%**  
substantial (OR=2)

Halvorsen JA et al. J Invest Dermatol 131:363-70

Misery L. J Invest Dermatol 131:290-92

# Acne: Increasingly Early

- NAMCS database (1979–2007): decrease in the average age of children seeking treatment for acne<sup>1</sup>
  - **12 years of age** should no longer be considered the low end of the “normal” range for acne onset<sup>2</sup>
- Acne may be the first sign of onset of puberty in children 7 to 11 years<sup>3</sup>
  - Clinical impression of **earlier puberty** is supported by epidemiologic data<sup>2,3</sup>

NAMCS, National Ambulatory Medical Care Survey.

1. Goldberg JL et al. *Pediatr Dermatol*. 2011;28(6):645-648.

2. Friedlander SF et al. *Semin Cutan Med Surg*. 2010;29(2)(suppl 1):2-4.

3. Mancini AJ et al. *Semin Cutan Med Surg*. 2011;30(3)(suppl):S2-S5.

# Principles

- You can manage most of the acne you see
- An algorithmic approach is reasonable, functional and efficient
- We have shown that we can do case-based algorithm, guideline based acne training
- In practice, we have shown we can make acne care better and easier!!!! (...and minimize referrals to dermatology)

2) A 10-year-old girl presents with 20 closed comedones on the forehead and no inflammatory lesions (mild acne). Which of the following treatments would you prescribe? Please circle ONE answer choice.

- A) Benzoyl peroxide alone
- B) Topical retinoid alone
- C) Benzoyl peroxide+ topical retinoid
- D) Topical antibiotic alone
- E) Topical antibiotic + benzoyl peroxide
- F) Topical antibiotic + topical retinoid
- G) Topical antibiotic + topical retinoid + benzoyl peroxide
- H) Oral antibiotic alone
- I) Oral antibiotic + topical retinoid
- J) Oral antibiotic + benzoyl peroxide
- K) Oral antibiotic + topical retinoid + benzoyl peroxide
- L) Oral antibiotic + topical retinoid + benzoyl peroxide + topical antibiotic
- M) Topical dapson e alone
- N) Oral contraceptive pills
- O) Isotretinoin
- P) Referral to Endocrinology



3) A 14-year-old girl presents with 25 inflammatory papules and 35 open and closed comedones on the face (moderate acne). Which of the following treatments would you prescribe? Please circle ONE answer choice.

- A) Benzoyl peroxide alone
- B) Topical retinoid alone
- C) Benzoyl peroxide+ topical retinoid
- D) Topical antibiotic alone
- E) Topical antibiotic + benzoyl peroxide
- F) Topical antibiotic + topical retinoid
- G) Topical antibiotic + topical retinoid + benzoyl peroxide
- H) Oral antibiotic alone
- I) Oral antibiotic + topical retinoid
- J) Oral antibiotic + benzoyl peroxide
- K) Oral antibiotic + topical retinoid + benzoyl peroxide
- L) Oral antibiotic + topical retinoid + benzoyl peroxide + topical antibiotic
- M) Topical dapsons alone
- N) Oral contraceptive pills
- O) Isotretinoin
- P) Referral to Endocrinology





4) A 14-year-old boy presents with a moderate amount of inflammatory papules and pustules on the forehead, cheek, chin, chest, and back (moderate acne). Which of the following treatments would you prescribe? Please circle ONE answer choice.

- A) Benzoyl peroxide alone
- B) Topical retinoid alone
- C) Benzoyl peroxide+ topical retinoid
- D) Topical antibiotic alone
- E) Topical antibiotic + benzoyl peroxide
- F) Topical antibiotic + topical retinoid
- G) Topical antibiotic + topical retinoid + benzoyl peroxide
- H) Oral antibiotic alone
- I) Oral antibiotic + topical retinoid
- J) Oral antibiotic + benzoyl peroxide
- K) Oral antibiotic + topical retinoid + benzoyl peroxide
- L) Oral antibiotic + topical retinoid + benzoyl peroxide + topical antibiotic
- M) Topical dapsone alone
- N) Oral contraceptive pills
- O) Isotretinoin
- P) Referral to Endocrinology



5) A 15-year old boy with extensive inflammatory lesions and a small amount of diffuse scarring on his face comes to your office for treatment (severe acne). He has been using OTC salicylic acid wash. Which of the following treatments would you prescribe for him? Please circle ONE answer choice.

- A) Benzoyl peroxide alone
- B) Topical retinoid alone
- C) Benzoyl peroxide+ topical retinoid
- D) Topical antibiotic alone
- E) Topical antibiotic + benzoyl peroxide
- F) Topical antibiotic + topical retinoid
- G) Topical antibiotic + topical retinoid + benzoyl peroxide
- H) Oral antibiotic alone
- I) Oral antibiotic + topical retinoid
- J) Oral antibiotic + benzoyl peroxide
- K) Oral antibiotic + topical retinoid + benzoyl peroxide
- L) Oral antibiotic + topical retinoid + benzoyl peroxide + topical antibiotic
- M) Topical dapsone alone
- N) Oral contraceptive pills
- O) Isotretinoin
- P) Referral to Endocrinology



# PEDIATRICS®

MAY 2013 • VOLUME 131 • SUPPLEMENT 3

[www.pediatrics.org](http://www.pediatrics.org)

## A SUPPLEMENT TO PEDIATRICS

### Evidence-Based Recommendations for the Diagnosis and Treatment of Pediatric Acne

*Sponsored by the American Acne and Rosacea Society, a non-profit organization, which received unrestricted educational grants from annual corporate benefactors Galderma Laboratories, Medicis Pharmaceuticals, Ortho Dermatologics, and Valeant Pharmaceuticals to fund this publication.*

**Pediatrics. 2013 May;131 Suppl 3:S163-86. doi:  
10.1542/peds.2013-0490B**

# Acne categorization

- Acne can be categorized as predominantly **comedonal**, **inflammatory**, and/or **mixed**
- Presence of absence of **scarring**, **PIH** or **erythema** should be assessed
- **Severity** may be broadly categorized as **mild**, **moderate** or **severe**

# Acne Therapeutics: Categories

- **Benzoyl peroxide** (washes, gels, creams):  
OTC
- **Topical antibiotics**: clindamycin;  
erythromycin; dapsone (**Aczone**)
- **BP/Top antibiotic combinations**
  - Brands: **Acanya**, **Benzaclin**, **Duac**,  
**Benzamycin**
- **Topical retinoids**: tretinoin (**Retin A**, **Atralin**);  
adapalene (**Differin**); tazarotene (**Tazorac**)

# Acne Therapeutics: Categories

- Retinoid/Antibiotic: (Ziana, Veltin)
- Retinoid/BP Combinations: (Epiduo)
- Oral antibiotics: Doxy, Mino, Tetra (rare others)
- Oral contraceptives
- Isotretinoin

# Principals Behind the Guidelines

- **Benzoyl peroxide** is an antimicrobial that does not induce bacterial resistance
- **Topical antibiotics:**  
(clindamycin/erythromycin) **not recommended** as monotherapy: can induce resistance alone **be used with BP**
- **Retinoids:** Useful in all regimens
- **Oral antibiotics:** Should be used with topical retinoids, and **BP**

# Adolescent: Moderate Acne (Comedonal or Inflammatory/Mixed)

## Initial Treatment

**Topical Combination Therapy\***  
**Retinoid + Benzoyl Peroxide (BP)**  
 or  
**Retinoid + (BP + Antibiotic)**  
 or  
**(Retinoid + Antibiotic) + BP**

or

**Oral Antibiotic**  
 +  
**Topical Retinoid + BP**  
 or  
**Topical Retinoid + Antibiotic + BP**

Topical dapsons may be considered as single therapy or in place of topical antibiotic

### Considerations

Previous treatment/history	Managing Expectations/Side effects
Costs	Psychosocial Impact
Vehicle selection	Active scarring
Ease of use	Regimen Complexity

## Inadequate Response\*\*

**Change Topical Retinoid Concentration,  
 Type and/or Formulation  
 and/or  
 Change Topical Combination Therapy**

and/or

**Add or Change Oral Antibiotic**  
  
**FEMALES: Consider Hormonal Therapy<sup>†</sup>**

or

**Consider Oral Isotretinoin<sup>†</sup>**

**<sup>†</sup>Consider dermatology referral.**

**\*Topical fixed-combination prescriptions available**

**\*\*Assess adherence**



# Adolescent: Mild Acne (Comedonal or Inflammatory/Mixed Lesions)

## Initial Treatment

**Benzoyl Peroxide (BP)  
or  
Topical Retinoid**

**or**

### Topical Combination Therapy\*

**BP + Antibiotic**

**or**

**Retinoid + BP**

**or**

**Retinoid + Antibiotic + BP**

Topical dapsons may be considered as single therapy or in place of topical antibiotic

## Inadequate Response\*\*

**Add BP or Retinoid,  
if not already prescribed**

**or**

**Change Topical Retinoid Concentration,  
Type and/or Formulation**

**or**

**Change Topical Combination Therapy**

## Considerations

<b>Previous treatment/history</b>	<b>Managing Expectations/Side effects</b>
<b>Costs</b>	<b>Psychosocial Impact</b>
<b>Vehicle selection</b>	<b>Active scarring</b>
<b>Ease of use</b>	<b>Regimen Complexity</b>

**\*Topical fixed-combination prescriptions available**

**\*\*Assess adherence**

**Adolescent: Severe Acne  
(Inflammatory/Mixed and/or Nodular Lesions)**

**Initial Treatment<sup>†</sup>**

**Inadequate Response<sup>\*\*†</sup>**

**Combination Therapy\***

**Oral Antibiotic**  
 +  
**Topical Retinoid + Benzoyl Peroxide (BP)**  
 +/-  
**Topical Antibiotic**

Topical dapsona may be considered in place of topical antibiotic

**Consider Changing Oral Antibiotic**

**AND**

**Consider Oral Isotretinoin**

**FEMALES: Consider Hormonal Therapy**

**Considerations**

<b>Previous treatment/history</b>	<b>Managing Expectations/Side effects</b>
<b>Costs</b>	<b>Psychosocial Impact</b>
<b>Vehicle selection</b>	<b>Active scarring</b>
<b>Ease of use</b>	<b>Regimen Complexity</b>

**<sup>†</sup>Consider dermatology referral.**

**\*Topical fixed-combination prescriptions available**

**Assess adherence; consider change of topical retinoid**

# Acne Algorithm

	Mild Acne (Comedonal or Inflammatory/Mixed Lesions)	Moderate Acne (Comedonal or Inflammatory/Mixed Lesions)	Severe Acne (Inflammatory/Mixed and/or Nodular Lesions)
Initial Treatment	Benzoyl Peroxide (BP) or Topical Retinoid OR Topical Combination Therapy <ul style="list-style-type: none"> <li>Retinoid + BP or</li> <li>BP + Antibiotic or</li> <li>Retinoid + Antibiotic + BP</li> </ul>	Topical Combination Therapy <ul style="list-style-type: none"> <li>Retinoid + BP or</li> <li>Retinoid + Antibiotic + BP</li> </ul> OR Oral Combination Therapy Oral Antibiotic + Retinoid + BP	Oral Combination Therapy Oral Antibiotic + Retinoid + BP +/- Topical Antibiotic
Inadequate Response  Assess Adherence!	<ul style="list-style-type: none"> <li>Add BP or Retinoid, if not already prescribed</li> <li>or</li> <li>Change Topical Retinoid concentrations, type and/or formulation</li> <li>or</li> <li>Change Topical Combination therapy</li> </ul>	<ul style="list-style-type: none"> <li>Change Topical Retinoid concentrations, type and/or formulation</li> <li>or</li> <li>Change Topical Combination therapy</li> <li>and/or</li> <li>Add or change Oral Antibiotic</li> <li>or</li> <li>Consider Isotretinoin (Accutane)</li> <li>♀: Consider Hormone OCPs</li> </ul>	<ul style="list-style-type: none"> <li>Consider Dermatology referral</li> <li>Consider changing oral Antibiotic</li> <li>AND</li> <li>Consider Isotretinoin (Accutane)</li> <li>♀: Consider Hormone OCPs</li> </ul>
Therapy Dosing	Topical Retinoids: Adapalene (0.1% cream, lotion or gel, or 0.3% gel). Tretinoin (0.025, 0.05, 0.1% cream or gel) —Should give in the PM (photosensitivity) Benzoyl Peroxide: (5%-10%). Use in AM if using Tretinoin; staining of sheets/clothes/towels Topical Antibiotics: Cleocin (Clindamycin Phosphate) topical solution QD-BID Topical Combination Therapies (May not be covered by insurance)		
	Benzoyl Peroxide + Antibiotic <ul style="list-style-type: none"> <li>BP + Clindamycin</li> <li>BP + Erythromycin</li> </ul>	<ul style="list-style-type: none"> <li>May require refrigeration</li> <li><i>P. acnes</i> bacterial resistance to erythromycin is well-known</li> </ul>	
	Retinoid + BP <ul style="list-style-type: none"> <li>BP 2.5% + Adapalene 0.1% gel</li> <li>BP 2.5% + Adapalene 0.3% gel</li> </ul>	<ul style="list-style-type: none"> <li>Approved 9 &amp; up</li> <li>Approved 12 &amp; up</li> </ul>	
	Retinoid + Antibiotic <ul style="list-style-type: none"> <li>Tretinoin 0.025% gel + Clindamycin phosphate 1.2%</li> </ul>	<ul style="list-style-type: none"> <li>Requires additional benzoyl peroxide to prevent antibiotic resistance</li> </ul>	
	Oral Antibiotics: <ul style="list-style-type: none"> <li>Doxycycline 50-100 mg Daily or BID or Minocycline 50-100 mg Daily or BID.</li> <li>Take with lots of water and stay upright for 5-10 minutes prior to taking (avoid pill esophagitis). Photosensitivity precautions (less with Minocycline)</li> </ul> Oral Hormones (OCPs): Orthocyclen, Yaz, Yasmine. Must be counseled on side effects of OCPs NOTE: Accutane should only be prescribed by, and at the discretion of, dermatology specialists		
Education	Set Realistic Expectations <ul style="list-style-type: none"> <li>Topical therapies typically take 6-8 weeks to start seeing results</li> </ul> Review Proper Application of Topical Therapies <ul style="list-style-type: none"> <li>Apply a pea-sized amount to the entire face, distributing it several spots and spreading and rubbing it in completely (less is more)</li> <li>If it leaves a film, too much was probably applied</li> </ul> Discuss Expected Side-Effects <ul style="list-style-type: none"> <li>Redness, drying and irritation are typical with the perception of worsening (especially with BP &amp; retinoids within 2 weeks) after start</li> <li>Patients should use a combination moisturizer + sunscreen with SPF&gt;50</li> </ul>		
Consider Derm Referral	<ul style="list-style-type: none"> <li>Signs of hirsutism, acanthosis nigricans and/or menstrual irregularities with acne (PCOS)</li> <li>Child &lt;9 years old</li> <li>Lack of satisfactory response to treatment <b>after 8-12 weeks</b></li> <li>Accutane is being considered (the final decision to initiate Rx rests with the specialist)</li> <li>Tender cysts or nodules where intralesional corticosteroid injection is being considered</li> <li>Scar-inducing cysts or nodules present or scarring is actively occurring despite treatment</li> </ul>		

Eichenfield LF, Krakowski AC, Piggott C, et al. Evidence-based recommendations for the diagnosis and treatment of pediatric acne. 2013.

	<b>Mild Acne</b> (Comedonal or Inflammatory/Mixed Lesions)	<b>Moderate Acne</b> (Comedonal or Inflammatory/Mixed Lesions)	<b>Severe Acne</b> (Inflammatory/Mixed and/or Nodular Lesions)
<b>Initial Treatment</b>	Benzoyl Peroxide (BP) <b>or</b> Topical Retinoid  <b>OR</b> <u>Topical Combination Therapy</u> <ul style="list-style-type: none"> <li>• Retinoid + BP <b>or</b></li> <li>• BP + Antibiotic <b>or</b></li> <li>• Retinoid + Antibiotic + BP</li> </ul>	<u>Topical Combination Therapy</u> <ul style="list-style-type: none"> <li>• Retinoid + BP <b>or</b></li> <li>• Retinoid + Antibiotic + BP</li> </ul> <b>OR</b> <u>Oral Combination Therapy</u> Oral Antibiotic + Retinoid + BP	<u>Oral Combination Therapy</u> Oral Antibiotic + Retinoid + BP +/- Topical Antibiotic

<b>Inadequate Response</b>  Assess Adherence!	<ul style="list-style-type: none"> <li>• Add BP or Retinoid, if not already prescribed</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>• Change Topical Retinoid concentrations, type and/or formulation</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>• Change Topical Combination therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Change Topical Retinoid concentrations, type and/or formulation</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>• Change Topical Combination therapy</li> </ul> <b>and/or</b> <ul style="list-style-type: none"> <li>• Add or change Oral Antibiotic</li> <li>• Consider Isotretinoin (Accutane)</li> <li>• ♀: Consider Hormone OCPs</li> </ul>	<ul style="list-style-type: none"> <li>• Consider Dermatology referral</li> <li>• Consider changing oral Antibiotic</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>• Consider Isotretinoin (Accutane)</li> <li>• ♀: Consider Hormone OCPs</li> </ul>
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## Therapy Dosing

Topical Retinoids: Adapalene (0.1% cream, lotion or gel, or 0.3% gel). Tretinoin (0.025, 0.05, 0.1% cream or gel)  
Should give in the PM (photosensitivity)

Benzoyl Peroxide: (5%-10%). Use in AM if using Tretinoin; staining of sheets/clothes/towels

Topical Antibiotics: Cleocin (Clindamycin Phosphate) topical solution QD-BID

Topical Combination Therapies (*May not be covered by insurance*)

Benzoyl Peroxide + Antibiotic <ul style="list-style-type: none"> <li>BP + Clindamycin</li> <li>BP + Erythromycin</li> </ul>	<ul style="list-style-type: none"> <li>May require refrigeration</li> <li><i>P.acnes bacterial resistance</i> to erythromycin is well-known</li> </ul>
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Retinoid + Antibiotic <ul style="list-style-type: none"> <li>Tretinoin 0.025% gel + Clindamycin phosphate 1.2%</li> </ul>	<ul style="list-style-type: none"> <li>Requires additional benzoyl peroxide to prevent antibiotic resistance</li> </ul>

Oral Antibiotics:

- Doxycycline 50-100 mg Daily or BID **or** Minocycline 50-100 mg Daily or BID.
- Take with lots of water and stay upright for 5-10 minutes prior to taking (avoid pill esophagitis). Photosensitivity precautions (less with Minocycline)

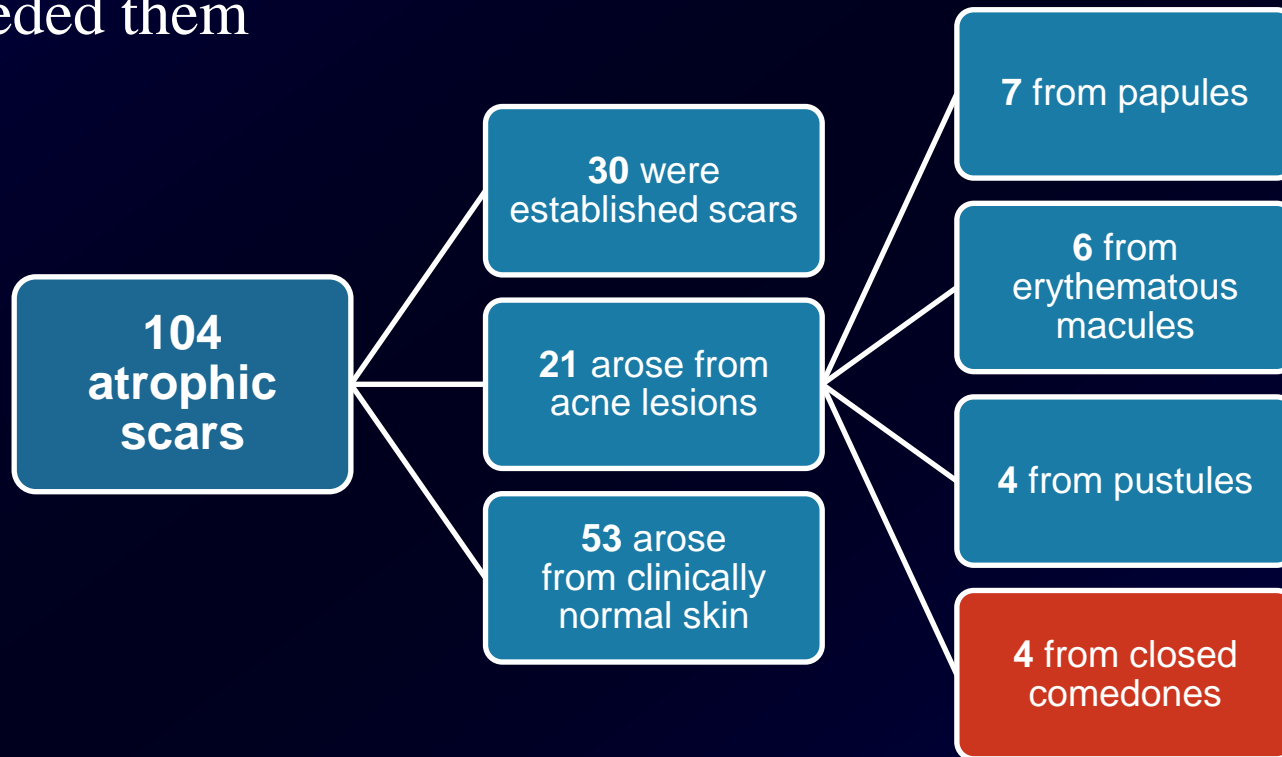
Oral Hormones (OCPs): Orthocyclen, Yaz, Yasmine. Must be counseled on side effects of OCPs

NOTE: Accutane should only be prescribed by, and at the discretion of, dermatology specialists

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# Scarring: Not just an old kids process

- 22 patients with mild to moderate acne of acne lesions that preceded them



Patel MJ et al. SID Annual Meeting; May 5-8, 2010; Atlanta, GA. Abstract 344.

# Acne Guidelines: Recommendation Highlights

- **Oral antibiotics** are appropriate for moderate to severe inflammatory acne at any age
- Second generation tetracyclines (doxycycline, minocycline) are **sometimes preferred** to tetracycline because of ease of use, fewer problems with absorption, and less frequent dosing.



# Acne Guidelines: Hormonal Therapy

- **Combined oral contraceptives (COCs)**: may be useful as second-line therapy in regimens of care in pubertal females with **moderate to severe acne**
- Tobacco use; family history of thrombotic events; migraine with aura should be assessed
- **Re: bone growth and bone density**: many recommend **withholding OCs** for acne until **one year after** onset of menstruation

# Isotretinoin

- Isotretinoin is recommended for severe, scarring, and/or refractory acne in adolescents and may be utilized in younger patients
- Extensive counseling particularly regarding the avoidance of pregnancy, as well as careful monitoring of potential side effects and toxicities, is recommended

# Isotretinoin

- Bone effects:
  - Bone mineralization changes:  
inconsistent data; not associated with increased fractures
  - Hyperostoses: very uncommon for acne
  - Premature epiphyseal closure: **rare**  
Single case report for isotret for acne
  - **IBD**: Controversial..but counseling reasonable

# Acne Guidelines: Recommendation Updates

- Topical retinoids are prescription or OTC
- Adapalene 0.1% gel (Differin) granted OTC status

## Filling in Pediatric Acne Practice Gaps: A Prospective Multicenter Study of Case-Based Education

Stephanie Feldstein, M.D.<sup>a,b</sup>, Maryam Afshar, M.D.<sup>a</sup>, Andrew C. Krakowski, M.D.<sup>c</sup>, and Lawrence F. Eichenfield, M.D.<sup>a,\*</sup>

### Table 2

Average participant self-reported knowledge of and confidence in using the American Acne and Rosacea Society/American Academy of Pediatrics (AARS/AAP) recommendations, before the intervention and at 3-month follow-up, rated on a five-point Likert Scale, where 1 is poor and 5 is excellent

	Preintervention (N = 150)	Three months postintervention (N = 62)	<i>p</i> value
Knowledge of acne guidelines	2.4	3.5	<.0001*
Confidence in using acne guidelines	2.5	3.7	<.0001*

# Filling in Pediatric Acne Practice Gaps: A Prospective Multicenter Study of Case-Based Education

Stephanie Feldstein, M.D.<sup>a,b</sup>, Maryam Afshar, M.D.<sup>a</sup>, Andrew C. Krakowski, M.D.<sup>c</sup>, and Lawrence F. Eichenfield, M.D.<sup>a,\*</sup>

**Table 3**  
Errors in management of pediatric acne on the case-based examination, which at least 5% of providers made

Management error	Number of providers (%)		
	Preintervention (N = 149)	Three months postintervention (N = 62)	p value
Moderate facial acne			
Failure to include a retinoid	26 (17)	2 (3)	.046*
Use of a topical or oral antibiotic without benzoyl peroxide	23 (15)	4 (6)	.046*
Moderate face and body acne			
Failure to include a retinoid	19 (13)	1 (2)	.027*
Use of a topical or oral antibiotic without benzoyl peroxide	26 (17)	2 (3)	.003*
Severe acne			
Failure to initiate combination therapy before starting isotretinoin	50 (34)	18 (29)	.845
Failure to include a topical retinoid as part of combination therapy	7 (5)	0 (0)	.248

## Key Question:

- Can a program targeting pediatricians to utilize clinical practice guideline-based care, composed of an educational program and an electronic medical record ordering tool, decrease the utilization of specialty referrals to dermatology for acne care and improve the acne care by the primary care providers?

# Design

- 116 Pediatricians in the CPCMG group
  - All had access to EMR
- Educational training conference on acne treatment guidelines
- Order tool embedded in EMR
- Pediatrician survey



# Retrospective data collection

- Chart review of patients with acne-coded visit
  - December 31, 2016 – April 30, 2017
  - December 31, 2015 – April 30, 2016
  - Included all patients  $> 7$  YO and  $< 21$  YO
  - Reason for referral, post-intervention

# Results

Acne coded visits: **Increased 17.7%**

- Odds ratio of 1.18 (95% CI 1.08-1.28;  $p < 0.001$ )
- The ordering tool (SmartSet) was used 546 times by the pediatricians (43.03% )
- $p = 0.003$ ).
- Results of a pediatrician survey on work burden showed a **decreased burden of acne care** after the intervention, with **67.8%** assessing the work as minimal

# EMR Ordering Tool

## » RCHN Acne Express Lane

+ Add SmartSet Collapse All

This guideline was developed in conjunction with Dr. Lawrence Eichenfield, Chief of Pediatric and Adolescent Dermatology at Rady Children's Hospital, San Diego and vice chair of the Department of Dermatology at UCSD School of Medicine. This guideline is based on the expert recommendations for management of pediatric acne of the American Acne Rosacea Society and the American Academy of Pediatrics.

This Guideline is meant to support clinical assessment and medical decision-making. It is not intended or meant to replace the provider's professional judgment or establish a professional standard of care. This Guideline should be modified based on the provider's professional judgment in considering individual patient's needs.

[Acne classification photographs](#)

[Acne Algorithm PDF](#)

## Mild Acne

Collapse

 Search

### Treatment Options

Choose one option

- \$ Monotherapy - Benzoyl Peroxide Wash
- \$ Monotherapy- Tretinoin (generic for Retin-A)
- \$\$ Monotherapy- Adapalene (generic for Differin)
- \$ Tretinoin (generic for Retin-A) + Benzoyl Peroxide Wash
- \$\$ Adapalene (generic for Differin)+ Benzoyl Peroxide wash
- \$\$\$ Adapalene-Benzoyl Peroxide (Epiduo)

## Moderate Acne

Collapse

 Search

### Treatment Options

## Moderate to Severe Acne (OR significant chest/back involvement)

Collapse

 Search

### Treatment Options

## Alternative Regimens for Severe Acne

Collapse

 Search

### Treatment Options

## Additional acne medications

Collapse

 Search

### Treatment Options

## Treatment Options ▾

### Diagnosis ⤴

Collapse

 Search

### Diagnosis ⤴

- Acne vulgaris [L70.0]
- Encounter for initial prescription of contraceptive pills [Z30.011]

### Level of Service ⤴

Collapse

 Filter

### Level of Service ⤴

- (99212) PR OFFICE OUTPATIENT VISIT 10 MINUTES [99212]
- (99213) PR OFFICE OUTPATIENT VISIT 15 MINUTES [99213]
- (99202) PR OFFICE OUTPATIENT NEW 20 MINUTES [99202]
- (99203) PR OFFICE OUTPATIENT NEW 30 MINUTES [99203]

### Follow Up ⤴


Collapse

 Filter

### Follow Up ⤴

- 2-3 months (if starting or changing acne medications)
- 6 months (if stable and desire "tune-up" visit)
- 1 year (maximum interval for stable acne)

 Wal-Mart Pharmacy 2177 - SAN DIEGO, CA - 3382 MURPHY CANYON ROAD

 858-571-6971

 Associate  Edit Multiple  Providers

  
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THANK YOU



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