

## MINOCYCLINE for acne

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of MINOCYCLINE for acne.

### BLACK

The NHS England document 'Items which should not routinely be prescribed in primary care: Guidance for CCGs' contains the following advice.<sup>1</sup>

Recommendation	<ul style="list-style-type: none"> <li>&gt; Advise CCGs that prescribers in primary care should not initiate minocycline for any new patient with acne.</li> <li>&gt; Advise CCGs to support prescribers in de-prescribing minocycline in all patients with acne and, where appropriate, ensure the availability of relevant services to facilitate this change.</li> </ul>
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
Annual spend in Pan Mersey area (Epatch Jan. 2020)	£13,796
Background and Rationale	<p>Minocycline is a tetracycline antibiotic that can be used for many indications but is mainly used in primary care for acne.</p> <p>Minocycline is mainly used for acne however there are various safety risks associated with its use.</p> <p><a href="#">NICE CKS</a> advises <i>Minocycline is not recommended for use in acne as it is associated with an increased risk of adverse effects such as drug induced lupus, skin pigmentation and hepatitis.</i></p> <p>A PrescQIPP CIC review found there is no evidence to support the use of one tetracycline over another in terms of efficacy for the treatment of acne vulgaris and alternative once daily products are available<sup>2</sup>.</p>
Further Resources and Guidance for CCGs	<p><a href="#">NICE Clinical Knowledge Summaries- Acne vulgaris</a></p> <p><a href="#">Patient information leaflets</a></p>

**Note:** Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

## MINOCYCLINE for acne

### Recommendations<sup>2</sup>

- > Identify and review patients currently prescribed minocycline for the treatment of acne vulgaris and stop therapy if antibiotics are no longer appropriate or needed.
- > Where antibiotic therapy is appropriate switch to the preferred product based on local preferences. As with all switches, these should be tailored to the individual patient.
- > Start new patients requiring oral antibiotic treatment for acne vulgaris on locally preferred product.

### Treatment options<sup>3</sup>

Refer to Pan Mersey Antimicrobial Guide and Management of Infections in Primary Care Skin Care for treatment advice and potential switch options:

#### > **First line: Self care**

Self-care advice: wash with mild soap or cleanser and lukewarm water not more than twice a day; avoid vigorous scrubbing and excessive use of makeup and cosmetics; benzoyl peroxide is a useful topical over-the-counter preparation, refer to minor ailments scheme if appropriate.

#### > **Second line: 6 – 8 weeks single topical treatment**

benzoyl peroxide 5% (Acnecide®) OD – BD

OR topical retinoid\* (Differin®) thinly OD

If topical treatment ineffective or acne is moderate to severe, oral antibiotics are preferred.

Consider swab in failure of clinical response

#### > **Third line: 12 weeks dual treatment**

- topical benzoyl peroxide with clindamycin (Duac®) OD

- OR topical benzoyl peroxide with retinoid\* (Epiduo®) OD

- OR topical second line treatment co-prescribed with oral antibiotics

#### **DO NOT USE TOPICAL AND ORAL ANTIBIOTICS TOGETHER**

If treatment failure/severe: add oral antibiotic, consider referral

- > Tetracycline\* 500 mg BD for 6 - 12 weeks OR

- > Doxycycline\* 100 mg OD for 6 - 12 weeks OR

- > Lymecycline\* 408 mg OD for 6 - 12 weeks

\***Avoid in Pregnancy** Severe acne, cases unresponsive to prolonged antibiotics, the presence of scarring or psychological problems should be referred to a dermatologist.

### References

1. NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCG Version 2, June 2019. NHS England and NHS Improvement.
2. <https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf> Accessed 30/10/2019
3. PresQIPP bulletin B60 Minocycline use in acne vulgaris <https://www.prescqipp.info/media/3438/b60-minocycline-21.pdf> Accessed 30/10/2019 (subscription required).
4. [Pan Mersey Antimicrobial Guide and Management of Infections in Primary Care Skin Care](#) Accessed 30/10/2019