Government of **Western Australia**
Department of **Health**

Enhanced Access Community Pharmacy Pilot

Mild to moderate acne

Clinical practice guideline

Service restricted to patients aged 12 years or over.

Ineligibility for treatment as part of a prescribing service does not preclude a patient from accessing services provided as part of usual pharmacy care.

The information and content in this clinical practice guideline do not constitute medical advice, diagnosis, or treatment recommendations for individual patients. Pharmacists must exercise professional discretion and judgement consistent with their qualifications and legislative authority. This guideline does not override the responsibility of the pharmacist to undertake clinical assessments and to make decisions appropriate to the circumstances of the individual and the relevant standards of care, in consultation with the patient and/or their parent/caregiver. This clinical practice guideline may only be used by pharmacists who have been approved by the Department of Health to participate in the Enhanced Access Community Pharmacy Pilot (EACPP) and are authorised to prescribe under the *Medicines and Poisons Regulations 2016* (WA). This document alone does not provide an authorisation for a pharmacist to prescribe.

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Refer when

- The patient is aged below 12 years (does not preclude a patient from accessing usual pharmacy care)
- Unclear diagnosis
- The patient is planning a pregnancy or could be pregnant
- The patient is taking a medicine that can cause or aggravate acne
- A female patient has PMOS (polyendocrine metabolic ovarian syndrome, previously referred to as polycystic ovarian syndrome - PCOS) or present with signs of hirsutism, obesity, and/or menstrual irregularity
- Quality of life is significantly affected
- Acne is classified as severe, cystic or scarring, or the patient has a family history of scarring acne
- The patient requires > 6 months of oral antibiotic therapy
- Inadequate response to optimal treatment.

Treat and concurrently refer

- Nil criteria.

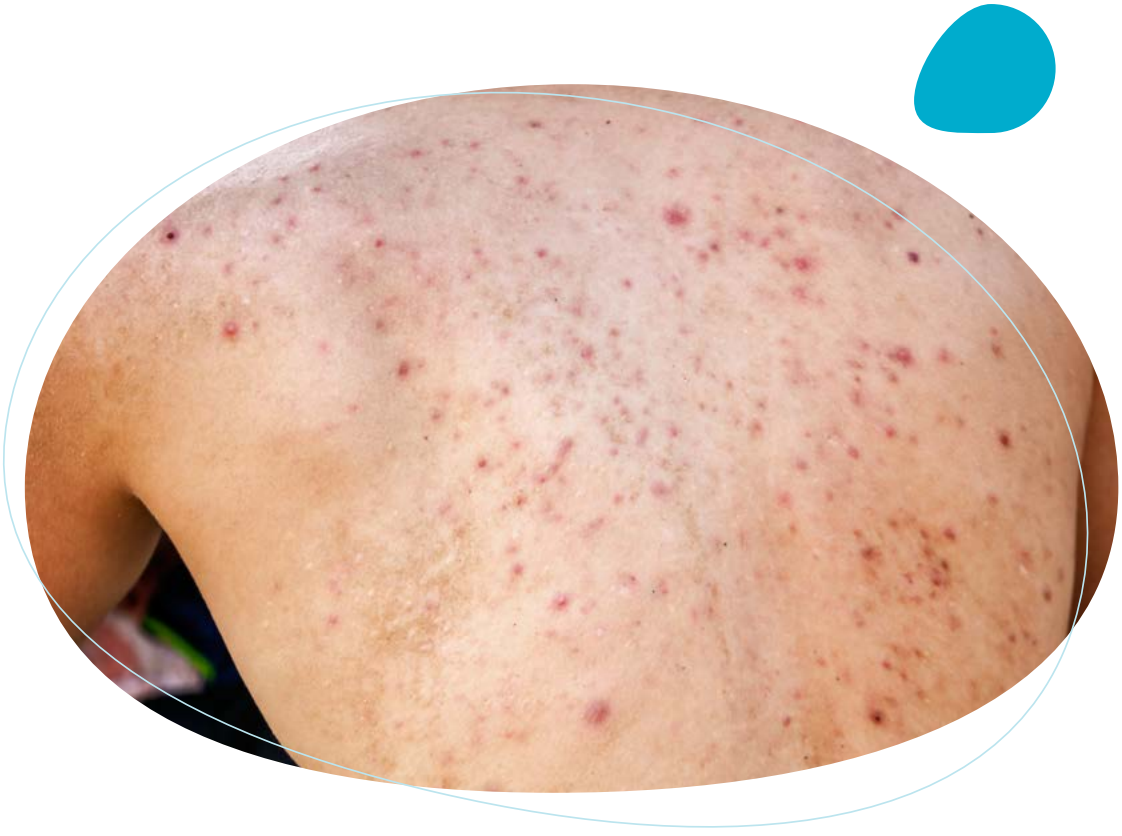
Key points

- Acne is common in adolescents (typically more severe in males) but may affect older adults, particularly women in their 30s and 40s[1-3]. The onset of acne often peaks during puberty[1, 2, 4].
- Adult female acne may be different from typical adolescent acne, suggesting possible endocrinological abnormalities including PMOS[5].
- Acne can have significant impacts on a person's social, emotional and mental wellbeing, and can result in permanent physical scarring. Early and effective treatment is important, even for mild presentations[2, 4, 6].

Refer when

Refer the patient to an appropriate healthcare provider (including emergency services, if required) in the following situations:

- the patient is aged below 12 years
- unclear diagnosis
- the patient is planning a pregnancy or is pregnant
- the patient is taking a medicine that can cause or aggravate acne
- a female patient has PMOS (polyendocrine metabolic ovarian syndrome, previously referred to as polycystic ovarian syndrome - PCOS) or present with signs of hirsutism, obesity, and/or menstrual irregularity
- quality of life is significantly affected
- acne is classified as severe, cystic or scarring, or the patient has a family history of scarring acne
- inadequate response to optimal treatment
- the patient requires > 6 months of oral antibiotic therapy.



Treat (if clinically appropriate) and concurrently refer

Nil criteria.

Patient history and assessment

Patient history

Obtain sufficient information from the patient to assess the safety and appropriateness of any recommendations and medicines.

The patient history should consider:

- age
- pregnancy and lactation status (if applicable), including plans to become pregnant
- onset, duration, nature, location, and severity of lesions
- underlying medical conditions, including PMOS
- hormonal changes and signs of androgenisation in women, including hirsutism, obesity, and menstrual irregularity
- current and recently ceased treatments (including prescribed medicines, vitamins, herbs, other supplements, and over-the-counter medicines)
- drug allergies/adverse reactions and/or sensitivities to treatments
- current management strategies for acne, including hygiene, skin care regimens, and products (cosmetic, complementary, over-the-counter, and scheduled medicines/products)
- response to prior therapy or management strategies
- aggravating factors (e.g. occupation and exposure to comedogenic factors)
- emotional and social impacts of acne.

Reminder

Pharmacists can access a range of clinical information in a patient's My Health Record, including details about current and past medication history, allergies, and current medical conditions.

Examination

Clinical features

Acne is characterised by a mixed eruption of lesions on the face, neck and/or trunk, where severity can be classified according to the Therapeutic Guidelines: Acne (Diagnosis and classification of acne)[2].

Other conditions with similar signs and symptoms that may require consideration and referral for investigation and/or treatment are included in the Therapeutic Guidelines: Dermatology (Acne - Diagnosis and classification of acne)[2].

Develop management plan

Pharmacists must ensure that they are prescribing medicines according to the specified sections of the current online version of the Therapeutic Guidelines.

Pharmacist management of mild to moderate acne involves:

- **non-pharmacological measures:**
  - advice regarding skin care and minimising exposure to aggravating factors in accordance with the Therapeutic Guidelines: Dermatology (Acne - General measures for acne)[2]
- **pharmacotherapy:**
  - in accordance with the Therapeutic Guidelines: Dermatology (Acne)[2], specifically [NB1]:
    - over-the-counter topical products
    - topical retinoids (and combination products with benzoyl peroxide)
    - topical antibiotics (and combination products with benzoyl peroxide or retinoids)
    - oral antibiotics.

NB1: Isotretinoin is not able to be prescribed by pharmacists.

Additional information for consideration

Antibiotic therapy should not be used long-term (topical or oral)[2]:

- the Australian Medicines Handbook recommends limiting treatment with oral antibiotics to 3 to 6 months when possible[7]
- the use of topical clindamycin should be limited to 3 months[8]
- oral and topical antibiotics should be discontinued when inflammatory lesions have adequately resolved, but may be resumed if inflammation reoccurs[2,7]
- antibiotics should not be switched in a patient who is responding to therapy[7].

Women of childbearing age should not be treated with teratogenic topical or oral medicines for acne unless they are taking appropriate measures to prevent pregnancy and are advised to continue to do so until an appropriate time period has elapsed to ensure metabolic clearance of the teratogenic substance. Refer to the WA Enhanced Access Community Pharmacy Pilot Hormonal Contraception Service Guideline .

Confirm management is appropriate

Consult the Therapeutic Guidelines, Australian Medicines Handbook and other resources to confirm that management is appropriate, including for:

- contraindications and precautions
- drug interactions
- pregnancy and lactation.

Reminder

The prescribing and use of antibiotics should be consistent with the principles described in the Therapeutic Guidelines: Antibiotic. Pharmacists should carefully assess whether antibiotic therapy is clinically indicated, and if so, consider local antimicrobial resistance patterns and relevant clinical factors when selecting therapy.

Communicate agreed management plan

Comprehensive advice and counselling (including supporting written information when required) should be provided to the patient regarding:

- individual product and medicine use
- non-pharmacological measures and strategies to assist adherence to therapies
- how to manage adverse effects
- when to seek further care and/or treatment
- when to return for follow-up.

Patients may have been exposed to confusing, conflicting and/or misleading information related to acne management and products. Pharmacists should be judicious in their recommendation of supplements, cosmetics, and hygiene products[4].

It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources and information provided to patients (and/or parents/caregivers), and to ensure compliance with all copyright conditions.

The agreed management plan should be shared with members of the patient's multidisciplinary healthcare team, with the patient's consent.

General advice

At the time of initial consultation, patients (and/or parents/caregivers) should be advised to see an appropriate healthcare provider if:

- inadequate response to treatment, including if > 6 months of oral antibiotic treatment is required
- the acne worsens or repeatedly relapses
- new signs or symptoms develop (e.g. scarring)
- quality of life is significantly affected
- adverse effects cannot be managed in the pharmacy setting
- they become pregnant.

Inconsistent use of medication and insufficient duration of treatment is a common reason for treatment failure. The patient should be advised that most treatments take between 6 to 12 weeks of consistent and correct use to start to be visibly effective[4].

Clinical review

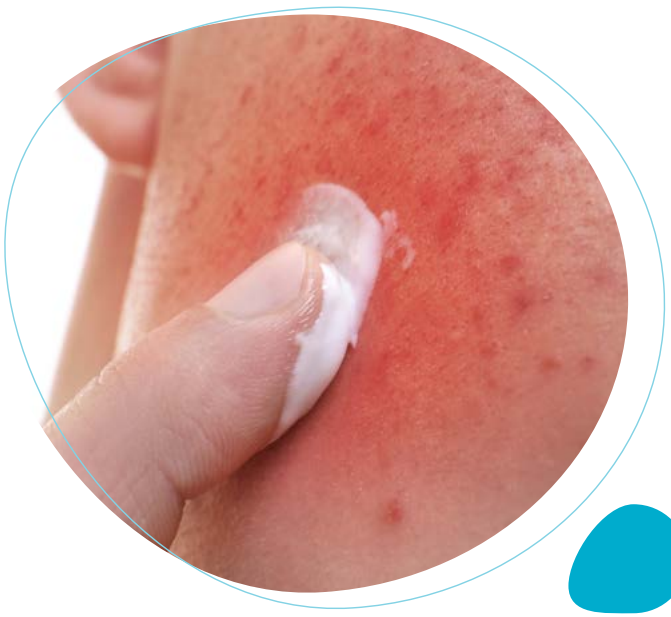
Clinical review with the pharmacist (or the patient's chosen healthcare provider) should occur in line with recommendations in the Therapeutic Guidelines:

- patients should return for a follow up consultation 6 weeks after commencing a new therapy
- for patients continuing therapy, follow-up should be individualised to the patient's clinical presentation, response to treatment, and therapeutic goals.

Pharmacists should prescribe a quantity of medicine (including repeats) that aligns with the expected duration of therapy, ensuring sufficient supply until the patient's next review. The total quantity prescribed should not exceed 12 months supply (including repeats). Oral antibiotics should not exceed 6 months supply and topical clindamycin should be limited to 3 months.

Patient resource

- HealthDirect: Acne



Pharmacist resources

- Clinician Assist WA: Acne
- Therapeutic Guidelines: Dermatology (Acne)
- Australian Medicines Handbook:
  - Drugs for acne
  - Antibacterials
  - Antibacterials (skin)
- Australian Pharmaceutical Formulary and Handbook (APF): Treatment guideline for pharmacists (Acne)
- DermNet NZ: Acne
- The Australasian College of Dermatologists – A-Z of Skin: Acne Vulgaris
- All about acne: Health Professionals

References

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Feedback

To provide feedback on this clinical practice guideline, please email DOH.EACPP@health.wa.gov.au

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Produced by Clinical Excellence Division

CED-015081 AUG'26