ACNE Pharmacotherapy Comparison Chart

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Basic Care

- D/C acnegenic moisturizers/substances; Use oil free makeup
- D/C manual lesions manipulation Avoid stress, astringents, scrubs
- Shaving: shave area lightly, only once & follow grain of hair growth
- Wash face: preferably once daily & no more than BID with… mild soap (e.g., Glycerin Bar, Petrophyllic, Pears, Aveeno, Dove & Olay) and water or soapless cleanser (e.g., Cetaphil, Spectro Jel)
- Avoid Soaps: such as Dial, Irish Spring, Ivory, & Zest that are more irritating, & associated with erythema, dryness, & itching [1]
- Moisturizers – in dry seasons (e.g. Complex-15 Moisturizing Lotion)
- Sunlight: evidence lacking [2]; may be helpful for some; however, long-term exposure ↑ risk of skin cancer.
- Diet: chocolate=MYTH; individualize diet recommendations

Suggested Step-wise Approach for Initial Therapy[3,4,5,6,7,8,9] {Step-down in treatment intensity for maintenance following remission}

Severity of Acne: Mild → Severe

Isotretinoin Accutane, Clarus {Avoid topicals as ↑ drying effect & not tolerated}

Systemic antibiotics◊ ± Topicals {Resistance concerns: systemic ABX "pulse therapy" for more severe/inflammatory acne}

Women: Oral Contraceptives (COCs)◊ or Diane 35◊ {Spironolactone◊ may be an alternative}; ± Topicals

If papulopustular (inflammatory) +/- comedonal: **Add topical ABX to BP** [10](may need lower BP strength to ↓ dryness); ± retinoid e.g. combo topical products (Benzamycin, Clindoxyl / BenzaClin) ± retinoid* OR Stievamycin. To maintain, may step down to retinoid.

If comedonal (white-blackheads): Start **topical retinoid** {tretinoin 0.025-0.05% has cost advantage; adapalene less irritating}; may add BP.

1) General measures (discontinue drying agents); 2) Initiation of **Benzoyl Peroxide (BP) 2.5% or 5% H_2O-based** gel e.g. Panoxyl Aquagel or 4% Solugel; or lotion {if starting at 2.5%, consider increase to 5% H_2O-based BP; acetone- or alcohol-based gel option if oily skin.} Patient education important!!!

Severity	MILD	MODERATE	SEVERE
Description[11]	< 20 comedones (whitehead/blackhead), or <15 inflammatory papules, or a lesion count <30	15-50 papules & pustules with comedone; cysts are rare; Total lesion count may range from 30-125	Primarily nodules & cysts; also present are comedones, papules & pustules or total lesion count of > 125. Scarring.

GENERAL APPROACH for topical therapies: **Oily** skin → Use solution or gel; **Dry** skin → Use cream or lotions. **Potency** of a given drug in various vehicles: Solution > gel > cream / lotion. Apply to affected areas, not just lesions!!!

Context: affects 85% of those age 12-24; duration varies ~4+ yrs. **Concerns include**: scarring, pain, self esteem, social life, suicide. **Contributing factors**: hormonal, mechanical, contact, environmental, emotions, drugs. Family hx predictive of acne severity/duration.

Acne - TOPICALS [12,13,14]

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	Generic/TRADE g=generic avail. -Strength/forms, Pregnancy Category [15]	Side effects (SE)/ Contraindications CI	Response Time Allow at least 8 wks!	√ = therapeutic use / ☒= Disadvantage / Comments / Drug Interactions DI / Monitor M	USUAL DOSE	$ per pkg
Antibacterial, Keratolytic	**Benzoyl Peroxide** = BP (≤ 5% OTC) H2O-based: **Solugel**▼✗ 4%, 8% gel; **Benzac**^ **AC**▼ or **W**▼ 5%✗, 10% gel; **Desquam X** 10%▼✗ gel; **Panoxyl Aquagel**▼✗ 2.5%, 5% gel **Proactiv** soln 2.5%✗⊗ (System: cleanser, toner, lotion, $$$) Alcohol-based: **Benzagel** 5%▼✗, 10% gel; **Panoxyl** 5%▼✗, 10%▼, 15%▼, 20%▼ gel Acetone-based: **Acetoxyl**▼✗ 2.5, 5, 10% gel Lotion: **Oxy 5**▼✗ 2.5%; **Benoxyl 5%**▼✗, 10%▼; **Benzagel 5**▼. Select list above - see references for a more complete list **C**	**Common**: contact dermatitis[50%], dryness[8%] & peeling[20%] appear after a few days; erythema[14%]; burning [1%]; & pruritus[2%]; may **bleach** hair/clothes; odor on clothing & bed sheets. {Temporary reduction in application may help.} Irritation: ↑ conc. = ↑ irritation H_2O-based < alcohol=acetone-based **Serious**: Allergic reactions & contact sensitization dermatitis[1-2%]	8-12 weeks for noted improvement; 2-4 weeks: clinical worsening may occur before improvement	√**1st line medication** for mild-moderate acne vulgaris as monotherapy; **low cost** √In combination with other agents for mod-severe acne; helps prevent ABX resistance! √Benzac AC gel for sensitive/dry skin & Benzac W (Water) for oily/normal skin. ☒ BP >5% no more efficacious than 2.5-5% & more irritation (but covered on some drug plans) ☒ Washes & Soaps least effective → little residual contact time DI: **↑ skin irritation or drying effect** – concomitant topical medication, medicated abrasive soaps & cleansers, soaps & cosmetics with strong drying effect; products with high concentrations of alcohol, astringents, spices or lime; isotretinoin **BP's oxidizing action degrades antibiotics or retinoids:** space admin times! {Or use premixed combination products such as Clindoxyl, BenzaClin, Benzamycin} To **reduce irritation** initially apply **q2-3days** then ↑ frequency as tolerated or apply for 2 hrs for 4 nights, 4hrs for 4 nights, & then leave on all night if tolerated.	Apply to entire affected area QHS or BID 2.5% or 5%; H20 based generally better tolerated {if 2.5% ineffective, then ↑to 5%.} OTC: 2.5, 4, & 5% Rx: 8, 10, 15, 20%	OTC: 10-15 Rx: 15-25 18[bar]
	Less Useful: **Soap**: Panoxyl 5%▼✗, 10%▼; **Wash**: Benzac W 5%▼✗, 10%; Benzagel 5%▼✗; Desquam X 5%▼✗, 10%▼✗; Panoxyl					
Retinoid	**TRETINOIN** = TRE **Retin-A** 0.01% crm, 0.025% crm, 0.05% crm, 0.1%☎ crm, 0.01% gel, 0.025% gel; **Stieva-A** 0.01% crm, 0.025% crm, 0.05% crm, 0.1%☎ forte crm, 0.01% gel, 0.025% gel, 0.05% gel, 0.025% soln; **Vitamin A Acid** 0.01% crm, 0.025% crm, 0.05% crm, 0.1%☎ crm, 0.01% gel, 0.025% gel, 0.05% gel **{0.025-0.05% useful/tolerated}** {**Pregnancy**: Motherisk deems fairly safe} **C** **ADAPALENE** = ADA **Differin** 0.1% crm & gel (XP 0.3% gel ⊗✗) **C** **TAZAROTENE** = TAZ **Tazorac** 0.05 & 0.1% crm, gel **X**	**Common**: erythema, dryness, burning, photosensitization (less with adapalene) **Irritation**: TAZ > TRE* >ADA *(except Retin-A Micro) {TAZ often reserved for tough skin areas, or a desire for strong therapy despite irritation} **Serious**: rare true contact allergy CI eczema; pregnancy; sunburn may be less with adapalene -may wish to stop for 1 week before a sunny vacation	~12 weeks for max response; {continue till no new lesions} 2-4 weeks: clinical worsening may occur	√**1st line medication for mild-moderate comedonal** (blackheads/whiteheads) acne √**Tretinoin** 0.025-0.05% has cost advantage; **Adapalene** 0.1% has less irritation advantage After successful course, consider step-down to less frequent (q2-3 night) maintenance tx ☒Use sunscreen SPF 15-30 esp. for TRE & TAZ {Retisol A: SPF-15+ tretinoin 0.01%, 0.025%, 0.05%, 0.1% $40/45g cr⊗✗} DI: **↑ skin irritation or drying effect**– concomitant topical medication, medicated abrasive soaps & cleansers, soaps & cosmetics with strong drying effect; products with high concentrations of alcohol, astringents, spices or lime; isotretinoin √ ↓ noninflammatory & inflammatory lesions counts by 38-71%[16] Retin-A Micro▼✗ 0.04% gel, 0.1% gel $35 emollient, less penetrating/irritation (may be useful near eyes?; anti-aging?) Renova⊗✗ 0.05% crm indicated for fine wrinkles, mottled hyperpigmentation & roughness of skin (not acne)	QHS Apply 30-45 min after wash; start low conc.[TRE 0.025%]; apply **q2-3 nights** initially to ↓SE. •May give **ADA** in **AM** less photosensitivity •TAZ may be effective with <5 min contact, thus reducing irritation	TRE: 16[25g] 21[20g] Micro ADA: 40[45g] TAZ: 54[30g]
Antibiotic	**Clindamycin** = CLI; Topical Soln **Dalacin T,** g 10mg/ml; **Clindets** 1%⊗✗; CLI 1% Cream & SPF-15 **Clindasol** ⊗✗ **Erythromycin** = ERY **Erysol**⊗✗ 2% gel contains SPF-15 sunscreen **B**	**Common**: less irritating than BP & TRE, erythema, peeling, itching, dryness & burning[17] **Serious**: PMC rare CI CLI – previous colitis, regional enteritis, ulcerative colitis, PMC	8-12 weeks for noted improvement	√Most effective for inflammatory lesions. Stop when/if no further inflammation. **Use in combination with BP to prevent bacterial resistance !!!**[18,19,20] √Most effective when used in combination with BP or topical retinoids[21,22,23,24] {CLI may be preferred over ERY for prolonged effect &/or less resistance} Expert Opinion	Dalacin T: BID Clindets: BID ERY: OD-BID	24[60ml] 48[60s] Clindets 26[25g]
Combination	**Benzamycin**⊗ = BP 5%/ERY 3% gel * **BenzaClin**⊗, **Clindoxyl**⊗ = BP 5%/CLI 1% gel * -50g Pump **Stievamycin**✗▼ gel = TRE+ERY **Mild** TRE 0.01%/ERY 4%, **Regular** TRE 0.025%/ERY 4%, **Forte** TRE 0.05%/ERY 4% **C**	As for individual ingredients above. {for Neomedrol corticosteroid: burning sensation, itching, irritation, dryness, folliculitis, acneiform eruptions, hypopigmentation; rare true contact allergy} [BP/CLI combination no better than BP alone for non-inflammatory acne McKeage]	2-4 weeks for noted improvement; 8-10 weeks for optimal results	√BP combined with ERY or CLI has not shown resistance[17] Similar or ↑ efficacy.[18,25] •Refrigerate Benzamycin (3 month expiry); Clindoxyl at room temp (4 mo. expiry) ☒ Combinations that are not generally recommended for long-term acne treatment: Neo-Medrol Acne Lotion⊗✗ NEOSPORIN 0.25%/ METHYLPREDNISOLONE 0.25%; OD-BID; may exacerbate acne $24 75ml Sulfacet-R Lotion⊗ = SS 10%/Sul 5%; BID-TID; acne:less efficacious; useful: acne rosacea $33 25g (tinted preparation may be useful as camouflage)	Benzamycin: qHS-BID* BenzaClin: qHS-BID* Clindoxyl: qHS-BID* Stievamycin: QHS	60[46.6g] 58[50g] 53[45g] 22[25g]
	Salicylic Acid = SA▼✗ 0.5, 1, 2 & 3.5% **Oxy, Clearasil, Neutrogena, others** → ☒Not commonly recommended (less potent than equal strength BP); option if retinoid intolerance e.g. skin irritation				OD or BID	10-15

✗=Non-form Sk ☎=Exception Drug Status Sk ⊗=not covered by NIHB ▼=covered by NIHB Δ=change **ABX**=antibiotic **crm**=cream **DI**=drug interaction **H_2O**=water **MET**=methylprednisolone **NEO**=neomycin **OTC**= over-the-counter **PMC**= Pseudomembranous colitis **SS**=sodium sulfacetamide **Sul**=sulfur **Rx**=prescription ◊Adjunctive BP ± Retinoids ± topical Antibiotics is beneficial ^Benzac AC: ACrylates Polymer =microscopic beads that absorb excess oil while releasing a small amount of glycerine to moisturize the skin.

***Practical Tip for Combo Tx:** Give BP/ABX at night (avoid BP staining of clothing during day); may follow with adapalene in AM (minimal sun concern). Tea tree oil 5%: 1 small trial showed efficacy but relatively slow onset.[26]

Generic/TRADE g=generic avail. Strength/forms, pregnancy category[15]	Side effects (SE)/ Contraindications CI	Response time	√ = therapeutic use / ☒= Disadvantage / Comments / Drug Interactions DI / Monitor M	INITIAL; USUAL DOSE	$ 90 days
Oral Antibiotics	**√ Indicated for moderate-severe acne; acne on the chest, back, or shoulders; in pts with inflammatory disease in whom topical combinations have failed or are not tolerated; in moderate acne with tendency for scarring or substantial post-inflammatory hyperpigmentation. Lack of Response**: may relate to resistance, especially with ERY; less with TET, DOX, MIN				
Antibiotics					
Tetracycline = TET, g 250mg cap D	**Common**: GI upset, vaginal candidiasis, photosensitivity (DOX>TET>MIN)[dose-dependent] MIN: hyperpigmentation of skin (rare bluish skin) & mucous membranes, lightheadedness, dizziness, **vertigo**, ataxia, drowsiness & fatigue **GI upset: TET > DOX = MIN** **Serious**: rare azotemia, pseudotumor cerebri (benign intracranial hypertension) MIN: rare lupus-like reaction, autoimmune hepatitis & hypersensitivity syndrome (some suggest **avoid**[27]) CI Children < 9, severe renal or hepatic dysfunction; DOX: myasthenia gravis [possible association with muscle weakness]	Allow 8-12 weeks for optimal response. "Pulse tx": Use po ABX 2-4 months & follow-up with topical ABX + BP. Shorter courses ↓ development of resistance	√TET has a 50-60% rate of improvement in inflammatory lesions[28] after 8 wks √DOX, MIN & TET: equally effective [lesion count-][53,29,30,31]. (MIN >antimicrobial effect)[32] √DOX: advantage of daily dosing without the severe SEs or cost of MIN. ☒Absorption of TET is ↓ by food & dairy– take on **empty** stomach ☒Use Sunscreen SPF 15-30 {photosensitivity less of a problem with doxycycline at 100mg/day} ☒NO TCN before sleep b/c pills may lodge in the esophagus & cause ulceration ☒DOX has cross resistance with TET, not MIN DI: ↓GI absorption: Fe^{++}, BIS, Al^{++}, Ca^{++}, Mg (separate dose by 2 hr); ↑INR: warfarin; **ABX**: may ↓ birth control pills effectiveness; isotretinoin [(intracranial HTN/hemorrhage)] M: MIN: consider LFTs & antinuclear factor baseline & q3-4 months	500mg bid initial; 250-500mg od **ac if** maintenance	34^{500bid} $21^{500/d}$ $15^{250/d}$
Doxycycline = DOX, g **Doxycin** 100 mg cap, tab D				100mg od (ac best, but may take cc)	60
Minocycline✆ = MIN, g **Minocin** 50 & 100mg cap D				100mg od initial, 50mg od if maintenance May give with food	$118^{100/d}$ $64^{50/d}$
Erythromycin = ERY, g **Eryc, Erybid**, others 250, 333 & 500mg, others B	**Common**: GI: N, V, D, vaginal candidiasis **Serious**: rare estolate-induced cholestatic jaundice **CI:** ERY estolate – pre-existing liver disease		√67% ↓ of inflammatory lesion & 22% ↓ of noninflammatory lesions [33 in 8 weeks] ☒Not first line ABX because of ↑ Resistance & GI effects DI: inhibits CYP1A2 & 3A4: ↑ levels of: carbamazepine, cyclosporine, theophylline & warfarin	500mg bid initial, 250-500mg od maintenance	84^{500bid} $45^{500/d}$ $26^{250/d}$
Trimethoprim, g = TRI **Proloprim** 100 & 200mg tab C	**Common**:GI upset; rash [3%] usually self limiting **Rare**: hepatic/renal toxicity, agranulocytosis & TEN		√3rd line agent; may be effective and useful when other antibiotics can not be used May worsen megaloblastic anemia due to **folate** deficiency	200 bid to 300mg bid	90 129
Anti-androgenic					
Combination Oral Contraceptives (COCs) **Tri-Cyclen** EE 35ug+ Norgestimate 0.18-0.215-0.25mg **Alesse** EE 20ug+Levo 0.1mg **Diane 35/Cyestra-35** ▼x { EE 35ug + cyproterone (CPA) 2mg } **Yasmin** EE30ug+drospirenone 3mg	**Refer to Oral Contraceptive RxFiles chart** (e.g. CI: smoking, migraine with aura…) **Common**: Breakthrough bleeding, headache **Serious**: hepatotoxicity [cyproterone: rare], venous thromboembolism [(3.4 / 10,000 woman-yrs in 1st yr)] Diane 35 lacks indication in Canada for contraception although has this indication in other countries e.g. Australia.	3-6 months for optimal response. Acne may worsen early in cycle.	√For females with moderate to severe acne + seborrhoea ± hirsutism ± androgenic alopecia ± late onset acne ± requiring contraception (overall >50% improvement) √All COCs beneficial likely due to estrogen's effect on SHBG [sex hormone binding globulin], resulting in an anti-androgen effect.[34] Evidence for superiority of one progestin over another is conflicting.[35] **Yasmin** as efficacious as Tri-cyclen[36] & Diane 35 [37] {Yaz [EE 20ug+drospirenone 3mg]: new in Canada & also has official acne indication} ☒ Relapses are common after discontinuation of treatment[38] DI: Oral antibiotics may ↓ contraceptive efficacy {significance controversial}	OD x21 day, x7 days off / cycle Tri-cyclen or Alesse, Aviane Yasmin Cyestra 35 / Diane 35	60 60, 45 g 60 85 g / 100 ▼x
Spironolactone, g **Aldactone** 25 & 100mg tabs C/D	**Common**: Menstrual irregularity, mild GI upset, headache, ↑ K+, gynecomastia, breast tenderness CI Anuria, acute renal insufficiency, significant impairment of renal function, or hyperkalemia.	2-3 months for optimal response	√Used to treat late onset acne in **adult women** when other treatments have been ineffective, not tolerated or contraindicated M: Potassium (lytes): baseline & q1month	25-200mg daily Usual: 50mg od or 100mg po od	23 - 31
Retinoid					
Isotretinoin = ISO, g **Accutane** [1-888-762-4388] **Clarus** [1-877-776-7711] CNS,ears, eyes,heart X 10 & 40mg caps, ⊗ soybean/peanut oil ♀:**Test for pregnancy twice before** (once at initial assessment & the other within **11 days prior** to initiating), **during** (monthly) **& 1 month after d/c** ◆**2 reliable contraception forms are recommended,** unless abstinence is chosen method**;** Initiate after 2-3 days of next normal menstrual period ◆Not a major issue for males/sperm Web: www.clarusclearprogram.com	**Common**: dryness of the mucous membranes [lips[93%], mouth[33%], eyes[35%], nose[80%; nose bleeds 20%]], peeling of fingertips[20%], dry skin[80%], itching[41%]; hair loss, thirst[30%], rash/red face[34%], headache[13%], myalgia, back pain[5%]; ↑chol[~20% ↑ over baseline], ↑LDL[>15% ↑ from baseline], ↑TG[>5.7 mmol/L in 25% pts], ↑pancreatitis, ↓HDL[~15% from baseline]. **Dryness** worse in 1st 8 weeks;⇨ treat with **lip balm**, temporary removal of contact lens; **eye lubricants**, Vaseline or **nasal** moisturizers [e.g. Rhinaris/Secaris] helpful **Sun Sensitivity**: caution ⇨use sunscreen[SPF ≥15] **Minor aches**⇨treat with acetaminophen or NSAIDs (SE dose related; consider lower dose, slow titration)[39,13] **Serious**: abrupt ↓ night vision (D/C ISO); depression & suicide (controversial: no direct evidence [but monitor])[40]; IBD CI Hepatic/renal dysfx, hypervitaminosis A, ↑↑ lipids; peanut allergy DI: COCs, methotrexate, TCNs, Vitamin A	2-3 months for optimal response. Usually 3-4 months for complete suppression. Improvement persists after 1-2 months of stopping! {T1/2=10-20h}	√**Role**: severe nodulocystic acne, acne associated with scarring, failure to respond to or inability to tolerate systemic antibiotics &/or hormonal therapy, significant psychological distress because of acne, acne fulminans, gram-negative folliculitis, or pyoderma faciale [41] **{If severely inflamed acne, initial ↓dose** can ↓initial flare!**} Recommend** in **≥12yrs** √Remission rates as high as 70-89%[42,43,44]; 55-80% long-term remission after 1 course √Most effective therapy for mod-severe inflammatory acne[45] [↓sebum, comedone formation, P. acnes, inflam] √Lesions localized on the face, upper arms & legs tend to clear more rapidly than trunk[46] ☒ **Initial acne flare up** may occur during the 1st 2 months of tx (in ~6% of patients) [47] (If acne flare up is severe, D/C ISO & restart at 0.1mg/kg/d & slowly ↑ to 0.5mg/kg/d; or give prednisone 0.5-1mg/kg/d x 2-3 wks with a gradual taper) ☒ **Relapse**: wait ≥ 8wks after completion (usual 4-5 months before considering retreatment) ◆Delay follow-up topical retinoid for ~4months after stopping ISO; dry-sensitive skin persists! M: CBC, LFTs [(transient↑)], LDL, Triglyceride: 0,1 & q3mon, Pregnancy tests**, mood {Link: FORM}	**0.5mg/kg/d** divided OD-BID **CC** x4wks then **1mg/kg/d x3-7 months**[48] (Max: 2mg/kg/d) -e.g. **60kg (40mg caps)** 40mg od x 1 mon, then alternating 40mg on day 1 & 80mg on day 2 x4-5mon **60kg (10mg caps)** 20mg bid x 1 mo, then 30mg bid x 4-5 months Lower-dose options?[49,43,50,51] Not generally recommended.	Pk size: 30 tabs; Suggest limit to 1 month supply 510 / 5months 40mg caps 970 / 5months 10mg caps
	Total optimal cumulative dose = **120-150** mg/kg/course: >150mg/kg/course no further benefit; <120mg/kg/course ↑ rates of postreatment relapse (eg. 60kg = 7,200mg - 9,000mg per course, ~ 5 month therapy course). **Avoid:** other acne topicals due to dryness & Vitamin A supplements due to ↑ toxicity.				

χ=Non-formulary Sk ☎=Exception Drug Status SK ⊗=not covered by NIHB ▼=covered by NIHB ✆ prior approval by NIHB ⊗=soybean **ABX**=antibiotic **ac**=before meals **Al**=aluminum **BIS**=bismuth **Ca**=calcium **cc**=with food **chol**=cholesterol **D**=diarrhea **EE**=ethinyl estradiol **Fe**=iron **GI**=stomach **IBD**=Inflammatory bowel dx **K+**=potassium **Levo**=levonorgestrel **Mg**=magnesum **mon**=month **N**=nausea **temp**=temporary **SE**=side effect **TEN**=toxic epidermal necrolysis **TG**=triglyceride **TCNs**=tetracyclines **V**=vomiting **wt**=weight {Chemical peels [glycolic & SA] useful to correct scarring}

Other Meds: **Clindamycin (oral)** & **Bactrim** not commonly used → pseudomembranous colitis & TEN, respectively[47]; **Azithromycin** 250mg 3x/wk is being used in acne, but studies are preliminary [32]; **Prednisone** 2.5-7.5mg or **dexamethasone** 0.125-0.5mg qhs for congenital adrenal hyperplasia or temporary benefit in severe inflammatory acne; **Flutamide** 250-375mg/d for hirsute females x 1-6 months [but potential hepatic toxicity] & **Triamcinolone** 0.25-0.5mg injected into inflammatory cysts for acute cosmetic purposes.

Other Topical Meds: Dapsone gel marginally effective. **Sulfur & Resorcinol** less efficacious than above meds; **Azelaic Acid** [not avail. in Canada]. **Drug induced**: Anabolic [steroids], androgens [in women], COCs [high in progestin], corticosteroids, corticotrophin [ACTH], bromides, cetuximab, chlorides, coal tar [topical], crystal meth, cyanocobalamin, cyclosporine, dantrolene, erlotinib, gabapentin, gefitinib, gold [salts], halothane, iodides, lithium [salts], panitumumab, Provera/Norplant[52], phenobarbital, phenytoin, psoralens, quinidine, quinine.

Other acne drugs

	Salicylic Acid = SA▼x Oxy, Clearasil, Neutrogena, others Gels, lotions, toners, cleansers, sticks, pads, washes & astringents 0.5, 1, 2 & 3.5% C	Common: less irritating than BP, burning, stinging, pruritius & erythema Serious: rare systemic salicylate toxicity: nausea, vomiting, diarrhea, dizziness, loss of hearing, lethargy, psychic disturbances & hyperpnea ?protect from sun 8-12 weeks for noted improvement	√Used with topical retinoids to treat mild comedonal acne or 2nd line monotherapy agent[3] (also for seborrhea & psoriasis) ☒Not commonly recommended (less potent than equal strength BP) D: ↑ skin irritation or drying effect: Abrasive or medicated soaps or cleansers; Acne preps (e.g., BP, Resorcinol, Sulfur, Tretinoin); alcohol-containing topicals (After-shave lotions, perfumed toiletries, cosmetics/soaps with a strong drying effect); Isotretinoin OD or BID, 3-6% is keratolytic , OTC: $10-15

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Benzoyl peroxide products: Adasept B.P. .5 acne gel; Clean & Clear Continuous Control = BP 5% lotion = WATER based; CLEAN & CLEAR PERSA-GEL = BP 5% gel = WATER BASED; OVERNIGHT ACNE CONTROL LOTION = BP 3% lotion = WATER based; CLEAR ACNE TREATMENT CREAM = BP 5% cream = WATER based; CLEAR PORE ON-THE SPOT ACNE TREATMENT, VANISHING = BP 2.5% lotion; CLEAR SKIN TREATMENT REPAIRING LOTION = BP 3.7% lotion; CLEAR ZONE ACNE SYSTEM SKIN PURIFYING MOISTURIZER = BP 3.5% lotion; CLEARASIL STAYCLEAR ACNE TREATMENT CREAM BP PLUS - VANISHING = BP 5% cream; CLEARZ - IT = BP 5% lotion; CLINIQUE ACNE SOLUTIONS CLEARING MOISTURIZER = BP 2.5% lotion; CLINIQUE ACNE SOLUTIONS EMERGENCY LOTION = BP 5% lotion; DERMACNE LOTION TRAITMENT 5% = BP 5% lotion; DERMALOGICA SPECIAL CLEARING BOOSTER = BP 5% lotion; LIFE ACNE MEDICATION = BP 5% gel; MEDICATED ACNE GEL 5% = BP 5% gel; NATURE'S CURE ACNE TREATMENT = BP 5% cream; OBAGI CLENZIDERM ACNE GEL = BP 5% gel; OXY 5 COVER UP FORMULA = BP 5% cream; OXY 5 SENSITIVE SKIN VANISHING LOTION = BP 2.5% lotion; OXY 5 VANISHING FORMULA = BP 5% lotion; OXYDERM LOT 20% = BP 20% lotion - Schedule F; OXYDERM LOTION 10% = BP 10% lotion - Schedule F; OXYDERM LOTION 5% = BP 5% lotion; PURE PEFECTION CLASSIC REPLENISHING CLEANSER = BP 2.5% cream; PURE PERFECTION CLASSIC RENEWING CREME = BP 2.5% cream; RODAN & FIELDS/PROACTIV SOLUTION:RENEWING CLEANSER = BP 2.5% lotion; RODAN & FIELDS/PROACTIV SOLUTION:REPAIRING LOTION = BP 2.5% lotion; SPECTRO ACNECARE DEEP PORE VANISHING LOTION = BP 5% lotion; SPECTRO ACNECARE VANISHING LOTION FOR SENSITIVE SKIN = BP 2.5% lotion; CLEAR ZONE ACNE SYSTEM SKIN PURIFYING WASH = BP 3.5% liquid (WASH); PANOXYL CREAMY WASH 4% = BP 4% (WASH)

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Health Canada Sept/07 is advising consumers not to use BuXie PaiDu XiaoDou Su is used as an acne treatment and was found to contain the prescription drug rifampicin (rifampin).

iPLEDGE (The iPLEDGE program is a computer-based risk management program designed to further the public health goal to eliminate fetal exposure to isotretinoin through a special restricted distribution program approved by the FDA. The program strives to ensure that: No female patient starts isotretinoin therapy if pregnant & No female patient on isotretinoin therapy becomes pregnant . This enhanced program is a SINGLE pregnancy risk management program for prescribing and dispensing all isotretinoin products (brand and generic products). The iPLEDGE program requires registration of all wholesalers distributing isotretinoin, all healthcare professionals prescribing isotretinoin, all pharmacies dispensing isotretinoin, and all male and female patients prescribed isotretinoin. This program is designed to create a verifiable link between the negative pregnancy test and the dispensing of the isotretinoin prescription to the female patient of childbearing potential. The iPLEDGE program requires that all patients meet qualification criteria and monthly program requirements. Before the patient receives his/her isotretinoin prescription each month, the prescriber must counsel the patient and document in the iPLEDGE system that the patient has been counseled about the risks of isotretinoin. There are also additional qualification criteria and monthly requirements for female patients of childbearing potential. As part of the ongoing risk management of isotretinoin products, it is crucial that a female of childbearing potential selects and commits to use two forms of effective contraception simultaneously for one month before, during, and for one month after isotretinoin therapy. She must have 2 negative urine or blood (serum) pregnancy tests with a sensitivity of at least 25 mIU/ml before receiving the initial isotretinoin prescription. The first pregnancy test is a screening test and can be conducted in the prescriber's office. The second pregnancy test must be done in a CLIA-certified laboratory according to the package insert. Each month of therapy, the patient must have a negative result from a urine or blood (serum) pregnancy test conducted by a CLIA-certified laboratory prior to receiving each prescription. https://www.ipledgeprogram.com/

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November 8, 2006 -- Medicis and Dow Pharmaceutical Sciences, Inc. announced that the U.S. Food and Drug Administration ("FDA") has approved Ziana(TM) (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel. Ziana(TM) Gel is the first and only combination of clindamycin and tretinoin approved for once daily use for the topical treatment of acne vulgaris in patients 12 years or older.

November 8, 2006 -- QLT Inc. announced positive results of a Phase IV clinical trial of Aczone(TM) dapsone in more than 50 patients with G6PD deficiency that was performed to meet a post-approval commitment requested by the FDA. Mar/08 FDA removes G6PD screening & labeling requirements from the label. June 6/08 /CNW/ - QLT Inc. (NASDAQ: QLTI; TSX: QLT) announced today that Health Canada has completed its review of QLT USA, Inc.'s labeling supplement (SNDS) for Aczone(R) and has removed the glucose-6-phosphate dehydrogenase (G6PD) screening and blood monitoring requirements.

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