

## South East London Area Prescribing Committee Position Statement

Reference	022
Intervention	Minocycline for the treatment of acne
Date of Decision	January 2020
Date of Issue	February 2020
Recommendation	RED – suitable for prescribing and supply by hospital only (new patients)
Further Information	<ul> <li>Minocycline is included in updated guidance from NHS England on low priority products as a medicine less suitable for routine prescribing in primary care.</li> </ul>
	• Do not start any new patients on minocycline for the treatment of acne.
	There is no evidence to support the use of one tetracycline over another in terms of efficacy for the treatment of acne vulgaris.
	Minocycline is a last line tetracycline option for skin infections where the others have failed, are contraindicated or not tolerated.
	<ul> <li>NICE CKS states the adverse effects associated with minocycline use, including:</li> <li>Early-onset dose related toxicity reactions resulting in single organ dysfunctions</li> <li>Hypersensitivity reactions (such as pneumonitis, eosinophilia, nephritis)</li> <li>Skin pigmentation</li> <li>Hepatotoxicity</li> </ul>
	<b>Existing Patients:</b> All patients currently receiving minocycline for acne in primary care should be reviewed for the need of on-going therapy.
	If oral therapy with a systemic antibiotic is required switch to either:
	- Doxycycline 100mg once daily
	- Lymecycline 408mg once daily
	On-going therapy should be reviewed after 3 months of treatment.
	<b>Note:</b> Some SEL CCGs restrict the use of lymecycline therefore please follow local CCG antibiotic guidance for preferred choice.
	Links to local antibiotic guidelines:
	<ul> <li>Southwark &amp; Lambeth antibiotic guidance</li> <li>Bexley, Lewisham and Greenwich antibiotic guidance</li> <li>Bromley antibiotic guidance (requires login)</li> </ul>
Shared Care/Transfer of care document required	Not applicable

Cost Impact for agreed patient group	The total spend on minocycline therapy between July 2018 - June 2019 across the 6 SEL CCGs was $\sim$ £14.5K.
Usage Monitoring & Impact Assessment	<ul> <li>Acute/Mental health Trusts:         <ul> <li>Monitor and audit use and report back to APC when required.</li> </ul> </li> <li>CCGs:         <ul> <li>Monitor ePACT 2 data. Monitor exception reports from GPs if inappropriate</li> </ul> </li> </ul>
<b>F</b> . 1 <b>b</b> . 1	transfer of prescribing to primary care is requested.
Evidence Reviewed	<ul> <li>Minocycline use in acne Vulgaris – Bulletin 60, PrescQIPP. January 2014: <u>https://www.prescqipp.info/media/3438/b60-minocycline-21.pdf</u> last accessed: 17/10/19.</li> <li>Items which should not routinely be prescribed in primary care: Guidance for CCGs, NHS Clinical Commissioners and NHS England: <u>https://www.england.nhs.uk/wp-content/uploads/2019/08/items-</u><u>which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</u> last accessed: 14/10/19</li> <li>Community Dermatology Guidelines for GPs in Bromley, Southwark &amp; Lambeth, June 2019: <u>https://www.southwarkccg.nhs.uk/members-</u><u>zone/Commissioning/medicines-management/prescription- guidance/Dermatology/Dermatology%20Guidelines%20- %20%20July%20%202019.pdf</u> last accessed 17/10/19.</li> <li>NICE Clinical Knowledge Summaries- Acne vulgaris: https://cks.nice.org.uk/acne-vulgaris last accessed 25/11/19.</li> </ul>

## NOTES:

- a) Area Prescribing Committee recommendations, position statements and minutes are available publicly via the <u>APC webpages</u>.
- b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) Not to be used for commercial or marketing purposes. Strictly for use within the NHS.