

Prescribing Policy Statement – Minocycline for acne vulgaris

Minocycline is **not** recommended for the treatment of acne vulgaris in Mid Essex as other tetracyclines are more cost-effective with better safety profiles.

NHS England has recommended that minocycline is not initiated in primary care and that minocycline is de-prescribed where possible in patients who are currently prescribed minocycline for acne vulgaris.

There are safety concerns with minocycline which have been known for some time:

- Early onset dose-related toxicity reactions resulting in single organ dysfunctions.
- Hypersensitivity reactions (presenting as pneumonitis, eosinophilia, nephritis and serum sickness- like syndrome).
- Autoimmune disorders including systemic lupus erythematosus-like syndrome, the risk of which increases with duration of use.
- Skin pigmentation which in some cases may be irreversible.
- Hepatotoxicity.

Guidance for clinicians

Recommendations:

- Patients who are currently prescribed minocycline for acne vulgaris should be reviewed. If oral therapy is still required, change to lymecycline 408mg once daily, or doxycycline 100mg once daily as per [local guidelines](#).
- For new patients requiring oral antibiotic treatment for acne vulgaris, prescribe as follows:
 - First line: lymecycline 408mg or doxycycline 100mg once daily as per local guidelines.
- Oral antibiotics should not be used alone; they should always be used in combination with a topical retinoid or benzoyl peroxide.
- An adequate dose of an oral antibiotic must be given for 3 months before deciding a patient has failed to respond. If there is no improvement, another oral antibiotic must be used.

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