Acne management
Adjudication Guideline

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Daman	Pharmacy Standards & Governance	N/A

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1. Abstract

1.1 For Members

Acne is a skin problem that starts when oil and dead skin cells clog up pores. Some people call it blackheads, blemishes, whiteheads, pimples, or zits. Just a few red spots, or pimples, are a mild form of acne. Severe acne can mean hundreds of pimples that can cover the face, neck, chest, and back or it can be bigger, solid, red lumps that are painful (cysts).

Acne is commonly classified as mild, moderate and severe or inflammatory & non-inflammatory. Acne may be treated with a combination of remedies including over-the counter skin care acne medications, and chemical or laser procedures.

Treatment of acne is considered to be cosmetic in nature, and is not covered for all plans administered by Daman, except in cases of infected acne and severe cystic acne where it is considered medically necessary.

1.2 For Medical Professionals

Based on the general exclusion of Daman's various policies, treatment of acne is considered to be cosmetic in nature, and is not covered for any health insurance plan administered by Daman unless proven otherwise to be medically necessary.

Daman considers treatment of the following types of acne medically necessary, if the treatment rendered is not targeted towards treating the signs and symptoms which are cosmetic in nature:

- Infected acne (if the treatment rendered is targeted towards treating the infection
- Severe cystic acne

Isotretinoin (systemic) is a schedule drug- used for management of infected acne- always requires authorization.

Isotretinoin tablets should only be prescribed by dermatologist.

Pretreatment Isotretinoin (systemic) laboratory tests are covered as per the international best practice.

2. Scope

This guideline highlights Daman's adjudication policy on the treatment of acne for all health insurance plans administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Daman considers treatment of the following types of acne medically necessary, if the treatment rendered is not targeted towards treating the signs and symptoms which are cosmetic in nature:

- Infected acne (if the treatment rendered is targeted towards treating the infection)
- Severe cystic acne

3.2 Diagnosis and assessment

Diagnosis and assessment of acne begin with confirming characteristic lesions (comedones, papules, pustules, nodules) on typical sites such as the face, chest, and back, and ruling out mimickers like rosacea or folliculitis. Clinicians then grade severity using a structured scale (e.g., mild, moderate, severe, or tools like the Comprehensive Acne Severity Scale), based on lesion type, number, and distribution, including truncal involvement. A focused history explores age of onset, menstrual pattern, signs of hyperandrogenism, aggravating factors (cosmetics, occlusion, medications, stress, diet), prior treatments and adherence, and psychosocial impact such as embarrassment or mood changes. Physical examination should document scarring, dyspigmentation, and features suggesting endocrine disease (e.g., hirsutism, obesity, Cushingoid changes).

3.3 Pharmaceutical Management

The topical and oral treatment tables below provide a visual map of first line and second line therapies for acne, organized by drug class, examples, and the types of acne they target. The topical table highlights how different agents (antibiotics, benzoyl peroxide, keratolytics like salicylic acid, retinoids, and fixed retinoid/BPO combinations) are positioned mainly for mild to moderate comedonal and inflammatory acne, and for ongoing maintenance once control is achieved. The oral table shows systemic options used when disease is more extensive or severe: it shows which antibiotics are first-, second-, and third-line for moderate-to-severe inflammatory acne, when gram negative coverage is needed, and where oral isotretinoin fits as high impact therapy for severe nodulocystic or refractory acne. Together, the tables are meant to guide clinicians in matching drug choice to acne severity, lesion type, and risk benefit profile.

3.3.1 Topical Products

Topical class	Examples	Main acne type targeted	Typical role
Topical antibiotics	Clindamycin gel/solution; erythromycin gel/solution	Mild–moderate **inflammatory** acne (papules, pustules)	Always in combination (with BPO ± retinoid); not for monotherapy
Non-antibiotic antibacterial	Benzoyl peroxide (2.5–5% gels, washes)	Mild–moderate **inflammatory** acne	First-line antibacterial; often combined; helps prevent resistance
Keratolytic	Salicylic acid (0.5–2% gels/cleansers)	Mild **comedonal** acne (blackheads, whiteheads)	Adjunct for mixed comedonal/inflammatory acne
Topical retinoids	Tretinoin; adapalene; tazarotene	**Comedonal** acne; also mild–moderate inflammatory	First-line for comedones; core of maintenance therapy
Fixed combo retinoid + BPO	Adapalene 0.1% / BPO 2.5% gel	**Moderate mixed** acne (comedonal + inflammatory)	Broad mechanism coverage; rapid onset; antibiotic-sparing
Other topical agents	Azelaic acid	Mild–moderate inflammatory + comedonal; PIH-prone or sensitive skin	Alternative/adjunct, especially when pigmentation is a concern

3.3.2 Oral therapy

Oral therapy class	Examples	Line of therapy	Main acne type used for	Key notes / contraindications
Tetracycline-class	Doxycycline	First-line	Moderate–severe papulopustular **inflammatory acne** (face/trunk)	Avoid in children <8 years, pregnancy, lactation; combine with topical retinoid/BPO, not as monotherapy
Macrolide	Erythromycin	First-line (special groups)	Moderate–severe inflammatory acne; severe acne in pregnancy; younger patients	Useful when tetracyclines contraindicated; rising resistance; always combine with topical therapy
Tetracycline-class	Tetracycline	First-line alternative	Moderate–severe inflammatory acne	Requires empty stomach and no concomitant iron/calcium; less convenient, so not preferred first-line
Tetracycline-class	Minocycline	Second-line	Moderate–severe inflammatory acne when first-line agents fail or are not tolerated	As effective as doxy/tetracycline but more CNS and immune adverse effects (drug-induced lupus, autoimmune hepatitis)
Sulfonamide combo	Cotrimoxazole (TMP–SMX)	Third-line	Refractory inflammatory acne after failure/intolerance of first- and second-line antibiotics	Effective but risk of SJS/TEN, bone marrow suppression; contraindicated in G6PD deficiency; use only with careful risk–benefit discussion
Other systemic antibiotics	Amoxicillin–clavulanate; ciprofloxacin	Special situations	**Gram-negative folliculitis** complicating long-term tetracycline/erythromycin	Used to treat overgrowth of gram-negative organisms; not routine acne therapy

Oral therapy class	Examples	Line of therapy	Main acne type used for	Key notes / contraindications
Oral retinoid	Isotretinoin	High-impact systemic therapy	Severe nodulocystic/conglobate acne; severe acne unresponsive to adequate oral antibiotics + topical retinoid/BPO; acne with scarring or major psychosocial impact	Teratogenic; requires pregnancy avoidance and monitoring (LFTs, lipids, mood); avoid combination with oral tetracyclines due to pseudotumor cerebri risk; can use lower-dose regimens in persistent moderate adult acne

- Hormonal therapy with COCs may be used as second-line systemic treatment for females aged 14 years and older with moderate-to-severe acne, when contraception is desired and there are no contraindications to estrogen.

- Spironolactone is off label and will be considered case by case evaluation through off label channel.

3.4 Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Documentation on severity assessment scales is request for streamlined approval process for request regarding Acne Management.

Specific Severity Assessment Scales
The IGA scale includes the following categories based on lesion counts and types:

- **Grade 0 (Clear):** Absence of active disease with no inflammatory or noninflammatory lesions
- **Grade 1 (Almost clear):** Rare noninflammatory lesions with no more than one small i nflammatory lesion
- **Grade 2 (Mild):** Some noninflammatory lesions with no more than a few inflammatory lesions (papules/pustules only; no nodular or cystic lesions)
- **Grade 3 (Moderate):** Many noninflammatory lesions predominate with some inflamm atory lesions (papules/pustules) but no more than one nodular/cystic lesion
- **Grade 4 (Severe):** Many noninflammatory and inflammatory lesions, with many come dones and papules/pustules, 5 or fewer nodular/cystic lesions
- **Grade 5 (Very severe):** Highly inflammatory lesions predominate with a variable num ber of comedones, many papules/pustules, and >5 nodular/cystic lesions

3.5 Non-Coverage

Based on the general exclusion of Daman's various policies, treatment of acne is considered to be cosmetic in nature and is not covered for any health insurance plan administered by Daman unless proven otherwise to be medically necessary.

3.6 Payment and Coding Rules

Please apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code description
MNEC-004	Service is not clinically indicated based on good clinical practice
PDL-O1	Service(s) is (are) not covered
NCOV-003	Diagnosis(es) is (are) not covered
CODE-O1O	Clinician ID cannot bill this drug
MNEC-005	Service/Supply may be appropriate, but too frequent
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender

5. Appendices

5.1 References

- https://www.uptodate.com/contents/treatment-of-acnevulgaris?search=acne%20treatment&source=search_result&selectedTitle=1~150&usage_type=default &display_rank=1#H4114226234
- https://www.aad.org/.../Quality%20care%20and%20guidelines/Acne-guideline.pdf
- https://bestpractice.bmj.com/topics/en-us/101/treatment-algorithm
- Isotretinoin 20 mg soft capsules - Summary of Product Characteristics (SmPC) - (emc) | 10556

5.2 Revision History

Date	Version No.	Change(s)
01/07/2013	V1.0	New Template
15/07/2014	V2.0	Disclaimer updated as per system requirements Restored original effective date
09/01/2019	V3.0	Content update
6/12/2024	V4.0	Release of new template
23/04/2026	V5.0	Change reference number under Pharmaceutical
1/07/2026	V6.0	Diagnosis and assessment Pharmaceutical management

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