

NSW PHARMACIST PRACTICE STANDARDS FOR ACNE

CONTENTS

- A. APPROVED MEDICINES**
- B. GENERAL REQUIREMENTS**
- C. ADVERSE EVENTS**
- D. PATIENT ASSESSMENT FLOWCHART**
- E. SUPPLEMENTARY INFORMATION AND NOTES**
- F. PATIENT CONSENT**
- G. PATIENT ELIGIBILITY AND REFERRAL CRITERIA**
- H. BACKGROUND**
- I. PATIENT ASSESSMENT**
- J. MANAGEMENT AND TREATMENT PLAN**
- K. CLINICAL DOCUMENTATION AND COMMUNICATION**
- L. RESOURCES**
- M. ACKNOWLEDGMENTS**
- N. REFERENCES**

A. APPROVED MEDICINES

Approved Medicines are listed in the [NSW Health Authority](#) (dated 5 August 2025) are:

- a. Adapalene 0.1-0.3% (topical)
- b. Tretinoin 0.025% (topical)
- c. Trifarotene 0.005% (topical)
- d. Clindamycin 1% (topical)

B. GENERAL REQUIREMENTS

Pharmacists must hold general registration under the Health Practitioner Regulation National Law and have successfully completed the training requirements detailed in the [NSW Health Authority](#) (dated 5 August 2025).

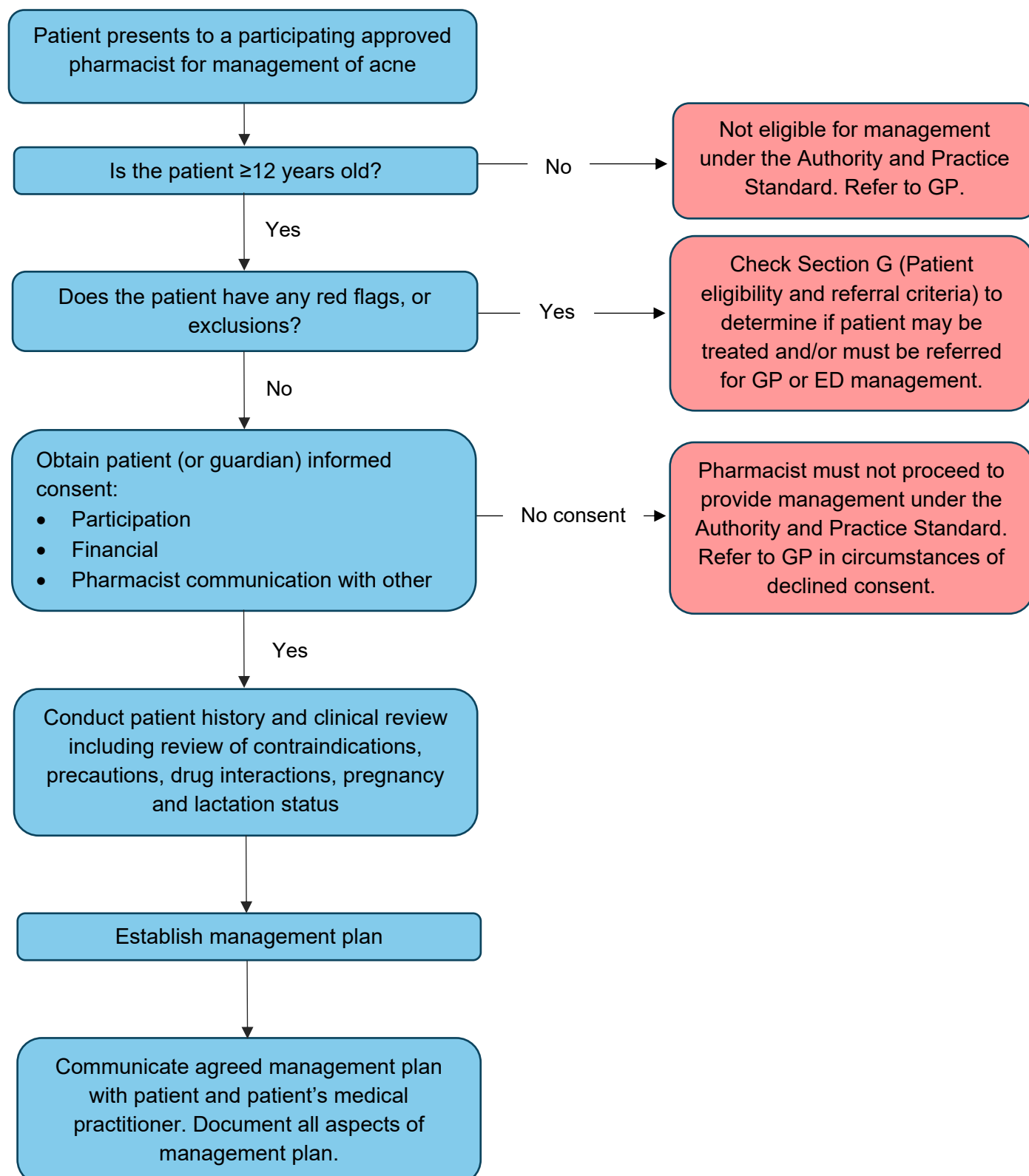
C. ADVERSE EVENTS

If the treating pharmacist becomes aware of an uncommon, unexpected or serious adverse event following treatment with an Approved Medicine, this should be reported to the Therapeutic Goods Administration. This should be conducted via the usual processes, by reporting online at <https://aems.tga.gov.au/>.

Additionally, you must notify the patient's usual general practitioner (if they have one).

D. PATIENT ASSESSMENT FLOWCHART

The following flowchart should be used in consultations to assess the eligibility, identity and govern supply of suitable treatments, and guide associated referral requirements.



E. SUPPLEMENTARY INFORMATION AND NOTES

This supplementary information provides guidance for pharmacists managing patients with acne under the Community Pharmacy Acne Service. It is to be used together with the training modules and other resources provided by education providers.

Key points

- The Practice Standard provides the framework for appropriately trained approved pharmacists to manage eligible patients under the [NSW Health Authority](#) (dated 5 August 2025).
- To receive management for Acne under this service, the patient must fulfill the eligibility requirements set out under Part G of the Practice Standard. Patients who have requested the service but are not eligible for management should be referred to their regular medical practitioner or health service.
- Pharmacists can supply up to a total of 6 weeks of therapy.
- Pharmacists must only supply formulations listed in the Authority.
- Patients must be physically present in the pharmacy to be eligible for management.
- Patients are required to have a consultation with an approved pharmacist before a medication can be supplied under the Authority.
- Pharmacists must make a full clinical record of the consultation and the details of all consultations and outcomes must be recorded using secure digital software. Records must be stored securely for minimum seven (7) years or, in the case of health information collected while the patient was under the age of 18 year, until the patient has attained the age of 25 years.
- Pharmacists must exercise professional discretion and judgement when applying the information within this Practice Standard. The Practice Standard does not override the responsibility of the pharmacist to make decisions appropriate to the circumstance of the individual, in consultation with their patient.

F. PATIENT CONSENT

Informed clinical and financial consent must be obtained from the patient prior to providing care under this practice standard.

The pharmacist must seek the patient's consent to share a record of the consultation and any subsequent consultations (including adverse events) with the patient's usual treating medical practitioner or medical practice, where the patient has one. If the patient consents to the disclosure, the record must be shared within a week following the consultation.

G. PATIENT ELIGIBILITY AND REFERRAL CRITERIA

- Patients must be aged 12 years and older to be eligible for the service.

- Patients who meet any of the urgent referral criteria below are not eligible for this service and require immediate referral to their regular medical practitioner, health service, or Emergency Department (ED) as indicated in the table. Note that these are not exhaustive lists.
- Patients who require non-urgent referral to GP or healthcare provider are to be referred (in accordance with the usual referral processes).
- Pharmacists must apply clinical judgement and refer any patient considered appropriate for medical care for any reason.
- Pharmacists must consult the Therapeutic Guidelines and other relevant references to confirm management is appropriate, including for:
 - Contraindications and precautions
 - Drug interactions
 - Pregnancy and lactation.

	Referral criteria	Treat	Referral
Details of presenting complaint	A clear diagnosis of acne vulgaris cannot be made	No	GP
	The patient is below 12 years of age	No	GP
	The acne is classified as moderate-severe, cystic or scarring, or the patient has a family history of scarring acne	No	GP
	The patient is planning a pregnancy or is pregnant	No	GP
	The patient is of childbearing age and is requiring a teratogenic medication and is not using effective contraception	No	GP
	A female patient with poly cystic ovarian syndrome (PCOS) or presents with signs of androgenisation including hirsutism, obesity, and/or menstrual irregularity	No	GP
	The patient is taking a medicine that can cause or aggravate acne	No	GP
	The condition is having a marked negative psychological, emotional or social effect on the patient	No	GP
	Signs of inflammation/worsening of acne in response to therapy initiated by pharmacist after 6 weeks as part of this service	No	GP
	If there is no change to baseline and acne is comedonal/non inflammatory at the initial 6-week review, an alternative agent may be used with review in a further 6 weeks. If there is no improvement after the subsequent 6-week review, no further therapy can be provided, and the pharmacist must refer to GP.	No	GP
	The patient has an inadequate response to therapy initiated by a pharmacist after 3 months as part of this service	No	GP

H. BACKGROUND

- Acne vulgaris (acne) is a common skin condition that is characterized by development of papules, pustules, or nodules on the face, neck, back and chest.
- Acne results from the blockage and inflammation of the hair follicle and associated sebaceous gland.
- Acne mainly affects adolescents, particularly those aged 16-18 years, and young adults, but can also impact infants, children and adults.

- Acne can develop due to increased sebum production, inflammation, increased acne bacteria, and cell build-up. Acne can also be triggered by hormonal changes, drugs, genetics, application of occlusive cosmetics, stress, diet, occupation and being overweight.
- Acne can have significant psychological impact and contribute to social and emotional functioning. Management of acne includes patient education about the chronicity of the condition, discussion of expectations of a cure, and sensitivity surrounding the significant negative emotional, social and psychological impacts (including deterioration of self-confidence, self-esteem, and potential to lead to depression and suicide) of the disease. Refer patients immediately to medical care if any psychological distress is suspected.

I. PATIENT ASSESSMENT

A patient history and examination that is tailored to the patient's presentation is required to inform the management approach, including appropriate referral. The prompts provided below are not exhaustive, pharmacists should maintain an open mind and be aware of cognitive bias.

PATIENT HISTORY

Sufficient information must be obtained from the patient to assess the safety and appropriateness of management. The My Health Record should be reviewed where appropriate and available.

The patient history should include:

- Age (including age of onset)
- Onset, duration, nature, location, and severity of lesions
- Underlying medical conditions (such as polycystic ovarian syndrome [PCOS])
- Pregnancy and lactation status
- Plans to become pregnant
- Menstrual history (frequency, irregularity, and association with acne flares)
- Signs of androgenisation in women (including hirsutism, and obesity)
- Joint, bone, or systemic symptoms (in severe acne, these patients require referral)
- Current and recently commenced medications (including prescribed medication, vitamins, herbs, supplements and over-the-counter medication)
- Drug allergies, adverse effects and/or sensitivities to medications (and other topical products)
- Family history of acne
- Current and past management strategies for acne (including hygiene, skin care regimens, products [including prescribed medication, over-the-counter, and cosmetic]) used
- Response to previous acne management
- Acne aggravating factors (such as occupation and exposure to comedogenic factors)

- Psychologic impacts of acne (including self-esteem, self-confidence, embarrassment, anxiety, depressions, and suicidal ideation)

EXAMINATION

- Acne is diagnosed by identifying typical lesions such as closed and open comedones, inflammatory papules and pustules, and inflamed nodules in a characteristic distribution such as the face, chest, shoulders, back, or upper arms.
- Lesion classifications:
 - Non-inflammatory: open (blackheads) and closed (whitehead) comedones
 - Inflammatory: pustules, red papules, nodules and cysts
 - Resolving: macules and scars.
- For an accurate diagnosis of acne, comedones, pustules and papules must be present. If the patient does not have comedones and has only pustules or papules, acne is unlikely.
- As per the Therapeutic Guidelines, Acne severity can be defined by morphology, extent and impact on quality of life:
 - Mild acne: few comedones, pustules and papules, but no scarring. Lesions are often confined to the forehead, nose and chin (the 'T-section' of the face).
 - Moderate-severe acne: numerous comedones, pustules and papules, with some nodules but no scarring. Lesions affect extensive areas of the face and sometimes the trunk. In severe cases nodules, cysts and scarring are present, lesions may be confined to the face, but also commonly affect the trunk. These patients need to be referred to a medical practitioner for management.
- Patients who are suffering from psychological impact or a decreased quality of life due to acne are classified into higher severity regardless of the morphological severity categories listed above.
- Acne is often confused with other diseases such as folliculitis, keratosis pilaris, milia.
- Patients presenting with moderate or severe acne require referral to a medical practitioner and are beyond the scope of this practice standard.
- Further detail regarding diagnosis and classification of acne can be found at [Therapeutic Guidelines: Acne \(Diagnosis and classification of acne\)](#).

J. MANAGEMENT AND TREATMENT PLAN

Pharmacist management of acne involves:

- General measures
 - Advice regarding skin care and minimising exposure to aggravating factors, in accordance with the [Therapeutic Guidelines: Acne \(General](#)

[measures for acne](#)) and the Australasian College of Dermatologists: A-Z of Skin: Acne.

- Pharmacotherapy
 - In accordance with [Therapeutic guidelines: Acne](#):
 - Over-the counter topical acne products
 - Topical retinoids (and combination products with benzoyl peroxide)
 - Topical antibiotics (and combination products with benzoyl peroxide or retinoids).

Other specifications:

- Supply of oral antibiotics, spironolactone, the oral contraceptive pill or oral isotretinoin as mentioned in the Therapeutic Guidelines: Acne is not permitted under this practice standard.
- Australian state and territory law restricts the prescription of oral isotretinoin to specialist physicians and dermatologists.
- The exclusive use of topical clindamycin therapy is limited to 3 months.
- Presentations related to androgenisation and PCOS are required to be referred to a medical practitioner, pharmacists cannot initiate therapy for these patients.
- Pharmacists must advise women of childbearing age to use effective contraception to prevent pregnancy in any case where therapy with a teratogenic topical agent is being considered.
- Patients with a marked negative emotional and social effect require immediate referral to a medical practitioner.
- Many patients have been exposed to numerous sources of confusing, conflicting and misleading information related to acne management and products. Pharmacists should be judicious in their recommendations of supplements, cosmetic and hygiene products.

Comprehensive advice and counselling (including supporting written information when required) as per the Therapeutic Guidelines, Australian Medicines Handbook, and other relevant references should be provided to the patient regarding:

- Individual product and medicine use, including initial dosing, application, administration, maintenance and step-down therapy.
- How to manage adverse effects.
- Strategies to assist adherence to therapies.
- When to seek further care and/or treatment from a medical practitioner.

The agreed management plan must be documented in the patient electronic clinical record and shared with members of the patient's multidisciplinary team, in accordance with the Authority.

Where a patient has a My Health Record, the pharmacist must ensure the details of the supply are uploaded to My Health Record, unless requested otherwise by the patient.

FOLLOW-UP CARE AND REVIEW

Clinical review with the pharmacist:

- Patients should be advised to return for a follow up consultation at 6 weeks.
- If there are signs of inflammation/worsening of acne in response to therapy initiated by pharmacist after 6 weeks as part of this service, the pharmacist must refer the patient to their GP.
- If there is no change to baseline and acne is comedonal/non inflammatory at the initial 6-week review, an alternative agent may be used with review in a further 6 weeks. If there is no improvement after the subsequent 6-week review, no further therapy can be provided, and the pharmacist must refer to GP.
- If there is inadequate response to therapy after 3 months of treatment, the patient is required to be referred to a medical practitioner.
- Pharmacists must refer patients to medical care for any of the following reasons:
 - The acne worsens.
 - The condition is having a marked negative emotional effect on the patient.
 - They are experiencing serious or life-threatening adverse effects from treatment.
 - Adverse effects cannot be managed in the pharmacy setting.

K. CLINICAL DOCUMENTATION AND COMMUNICATION

- The pharmacist must make an electronic clinical record, and a record in a pharmacy dispensing system regarding the supply of any medications under these services, in accordance with the Authority.
- Where a patient has a My Health Record, the pharmacist must ensure the details of the supply are uploaded to My Health Record, unless requested otherwise by the patient.
- The agreed management plan should be shared with members of the patient's multidisciplinary healthcare team.

L. RESOURCES

Patient information/resources:

- It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources provided to patients.
- UpToDate: [Patient education: Acne \(The Basics\)](#).
- UpToDate: [Patient education: Acne \(Beyond the Basics\)](#).
- Emedicinehealth: [Acne](#).
- The Australasian College of Dermatologists: [Your guide to acne](#) (video).
- American Academy of Dermatology Association: [Acne: Tips for managing](#).

Pharmacist resources:

- Therapeutic Guidelines: [Acne](#).

- Australian Medicines Handbook: [Drugs for acne](#).
- Australian Family Physician (Royal Australian College of General Practitioners): [Acne: Best practice management](#).
- DermNet NZ: [Acne](#)
- The Australian College of Dermatologists: A-Z of Skin: [Acne Vulgaris](#).

M. ACKNOWLEDGEMENTS

NSW Health acknowledges and thanks Queensland Health for consent to use the *Queensland Community Pharmacy Scope of Practice Pilot: Mild to Moderate Acne – clinical Practice Guideline* as the basis for this Practice Standard.

N. REFERENCES

1. American Academy of Dermatology Association: Acne: Tips for managing; 2022 [cited 2025]. Available from: <https://www.aad.org/public/diseases/acne/skin-care/tips?NoAds>
2. Australian Medicines Handbook: Drugs for acne. Adelaide: Australian Medicines Handbook Pty Ltd; 2022 [cited 2025]. Available from: <https://amhonline.amh.net.au.acs.hcn.com.au/chapters/dermatological-drugs/drugs-acne?menu=vertical>
3. Cole, G. Acne. Emedicinehealth; [cited 2025]. Available from: https://www.emedicinehealth.com/acne/article_em.htm
4. Graber E. Acne vulgaris: Overview of management. UpToDate; 2024 [cited 2025]. Available from: https://www.uptodate.com.acs.hcn.com.au/contents/acne-vulgaris-overview-of-management?search=acne&source=search_result&selectedTitle=3%7E150&usage_type=default&display_rank=2
5. Huang T, Krassas G, Cook D. Acne Best practice management. Australian Family Physician. 2010;39(9).
6. Oakley A. Acne: DermNet New Zealand Trust; 2014 [cited 2025]. Available from: <https://dermnetnz.org/topics/acne>
7. See J. A-Z of skin: Acne Vulgaris. The Australasian College of Dermatologists; 2023 [cited 2025]. Available from: <https://www.dermcoll.edu.au/atoz/acne-vulgaris/>
8. The Australasian College of Dermatologists: Your guide to acne. YouTube; 2017 [cited 2025]. Available from: https://www.youtube.com/watch?v=TMMpKFzzOFI&list=PLN_IXZ2w-6oxHVwotbWXHykBRcV11k0Mf&index=3
9. Therapeutic Guidelines: Acne. Melbourne: Therapeutic Guidelines Limited; 2022. [cited 2025] Available from:
10. Therapeutic Guidelines: Dermatology (Acne). Melbourne: Therapeutic Guidelines Limited; 2022 [cited 2025]. Available from: https://tgldcdp.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Dermatology&topicfile=c_DMG_Considerations-in-the-use-of-topical-corticosteroids_topic_1&guidelinename=auto§ionId=c_DMG_Acne_topic_6#c_DMG_Acne_topic_6

11. Thiboutot D and Zaenglein A. Pathogenesis, clinical manifestations, and diagnosis of acne vulgaris. UpToDate; 2024 [cited 2025]. Available from: https://www.uptodate.com.acs.hcn.com.au/contents/pathogenesis-clinical-manifestations-and-diagnosis-of-acne-vulgaris?search=acne&topicRef=42&source=see_link
12. UpToDate: Patient education: Acne (Beyond the Basics); 2024 [cited 2025]. Available from: https://www.uptodate.com.acs.hcn.com.au/contents/acne-beyond-the-basics?search=acne&topicRef=15326&source=see_link
13. UpToDate: Patient education: Acne (The Basics); 2025 [cited 2025]. Available from: https://www.uptodate.com.acs.hcn.com.au/contents/acne-the-basics?search=acne&topicRef=39&source=see_link

Approved

A handwritten signature in black ink, appearing to read 'K Chant'.

Dr Kerry Chant AO PSM

**Chief Health Officer and Deputy Secretary
Population and Public Health**

5 AUGUST 2025