**GP Checklist prior to referral for isotretinoin**

The dermatology department in University Hospital Southampton developed a new referral proforma for the the refferral of patients with acne to the dermatology department. The aims of these guidelines are to ensure recommendations by the MHRA are met and that the patients referred meet the necessarily criteria for isotretinoin before referral so as to prevent delays to treatment, additional clinic appointments and patient frustration.

NICE guideline (ng198) defines acne vulgaris as:

mild to moderate; this includes people who have 1 or more of:

• any number of non-inflammatory lesions (comedones)

• up to 34 inflammatory lesions (with or without non-inflammatory lesions)

• up to 2 nodules.

moderate to severe; this includes people who have either or both of:

• 35 or more inflammatory lesions (with or without non-inflammatory lesions)

• 3 or more nodules.

1. This medication can only be used for **severe acne resistant to adequate courses of standard therapy**

2. In most cases the patient should **have failed at least two 12 week courses of different oral antibiotics** (lymecycline 408 mg once daily, doxycycline 100 mg once daily, or if these are not tolerated/effective erythromycin 500 mg twice a day or Trimethoprim 200 or 300 mg twice daily) **in combination with a topical treatment** (fixed combination of topical adapalene with benzoyl peroxide (e.g. Epiduo) or topical azelaic acid (e.g. Finacea or Skinoren)? NICE guidelines

3. Isotretinoin has rarely been associated with the development of mood disturbance, anxiety, depression and suicidal disturbance. **Dermatologists will be unable to commence isotretinoin if there are concerns about a patient’s mental health.** This can lead to delays while waiting for input from primary care or requests for referrals to psychiatric services to evaluate the mental health before starting treatment.

4. **MHRA advises that patient should be counselled about the risk of psychiatric side effects with this medication prior to referral** (although the referral would not be rejected if this has not taken place)

5. In order to prevent delays to treatment linked to a patient's mental health and in an attempt to determine the appropriateness of this medication, **a request for information on an individual's mental health is included within this proforma.**

6. A recent MHRA review advises discussion about the very small risk of sexual dysfunction prior to referral, hence the addition to this pro-forma (the referral will still be accepted if this not has not been discussed)

7. In order for a female patient/patient with a uterus of child-bearing age to be started on this medication they are **required to be on contraception for four weeks prior to starting therapy, throughout the course of therapy and for five weeks afterwards.** Patients who are not on contraception should strongly be considered for this prior to review in the dermatology clinic in order to prevent delay.

8. **Patients that do not wish to go on to isotretinoin or do not meet the criteria can be treated according to the NICE guidance pathway, rather than routinely being referred to dermatology.** https://www.nice.org.uk/guidance/ng198