Village Pharmacy & Compounding

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Acne Medications by Class

how each one works

Acne treatment can look like a long list of unrelated products, but nearly every prescription falls into one of a handful of classes, each attacking a different driver of acne. This guide maps those classes, explains what each one actually does, and shows which medications — commercial and compounded — fall into each. Always follow your prescription label first.

The classes, and what each one actually does

CLASS	HOW IT WORKS	PRODUCTS WE STOCK, SOURCE, OR COMPOUND
Topical retinoids	Vitamin A derivatives that normalize how skin cells shed inside the follicle, so pores stop plugging. They treat blackheads and whiteheads directly, calm inflammation, and are the backbone of most maintenance plans.	Tretinoin (Retin-A, Retin-A Micro, Altreno), tazarotene (Arazlo, Tazorac, Fabior), adapalene, trifarotene (Aklief) — plus custom-strength compounded tretinoin.
Benzoyl peroxide	Releases oxygen free radicals that kill *C. acnes* bacteria directly. Bacteria do not develop resistance to it, which is why it is paired with antibiotics so often. Mildly unplugs pores as well.	Benzoyl peroxide washes and gels; Epiduo Forte (with adapalene), Twyneo (with tretinoin), Cabtreo (with clindamycin and adapalene), Epsolay.
Topical antibiotics	Reduce bacterial load and inflammation in the follicle. Used alongside benzoyl peroxide rather than alone, because solo use drives bacterial resistance.	Clindamycin, Veltin (clindamycin + tretinoin), Cabtreo, Amzeeq (minocycline foam), Zilxi.
Topical dapsone	A sulfone with both anti-inflammatory and antibacterial activity. Often chosen for inflammatory acne in adult women and for skin that cannot tolerate a retinoid every night.	Aczone (dapsone gel).
Azelaic acid	Antibacterial, comedolytic, and anti-inflammatory at once — and it also fades the brown marks acne leaves behind by interfering with pigment production.	Finacea gel and foam; compounded azelaic and kojic acid pigment creams.
Oral tetracyclines	Systemic anti-inflammatory and antibacterial action for moderate to severe inflammatory acne. Intended as a bridge — typically three to four months — while a topical regimen takes hold, not as long-term therapy.	Doxycycline (Doryx, Targadox), sarecycline (Seysara), minocycline, Oracea.
Hormonal / anti-androgen	Androgens drive sebum production. This class blocks that signal — either systemically or, newer, right at the receptor in the skin. Especially useful for jawline and lower-face acne that flares cyclically.	Spironolactone (oral), Winlevi (clascoterone, topical androgen receptor inhibitor), combined oral contraceptives such as Yaz.
Oral isotretinoin	Shrinks the sebaceous gland itself and addresses all four drivers of acne at once. The only class that regularly produces long-term remission. Requires iPLEDGE enrollment, monthly monitoring, and strict pregnancy prevention.	Isotretinoin (Accutane, Claravis, Zenatane, and others).
Compounded combinations	Two or three actives in one compatible preparation, at strengths no commercial product offers — fewer steps, better adherence, and an option when a commercial base causes irritation.	Combination acne gels, custom-strength tretinoin, niacinamide and clindamycin blends, preservative-free and fragrance-free bases.

How they get combined

Acne has four drivers — plugged follicles, excess sebum, *C. acnes* bacteria, and inflammation — and most regimens attack more than one. A typical build looks like a retinoid for the plugging, benzoyl peroxide for the bacteria, and something anti-inflammatory or hormonal layered on when the picture calls for it.

The pairing rule. Whenever an antibiotic is prescribed — topical or oral — it should be used with benzoyl peroxide. That combination sharply reduces the risk of resistant bacteria, and it is why so many commercial products come pre-combined.

The timeline

Almost every acne therapy is slower than patients expect. Early improvement usually appears around six to eight weeks; twelve weeks is the fair point to judge whether a regimen is working. Stopping at week three because nothing has changed is the single most common reason a good plan fails.

Some patients see things worsen briefly in the first few weeks of a retinoid as deeper plugs surface. That is expected and temporary. Dryness and flaking early on are also expected — use a bland moisturizer, and if your skin is raw rather than dry, call us before you quit.

Safety points worth knowing

- **Sun sensitivity.** Retinoids and tetracyclines both increase it. Daily broad-spectrum sunscreen is part of the prescription, not an add-on — particularly in South Florida.
- **Benzoyl peroxide bleaches fabric.** White towels and pillowcases only.
- **Pregnancy.** Oral isotretinoin is absolutely contraindicated. Topical and oral retinoids, tetracyclines, and spironolactone are avoided as well. Azelaic acid and topical clindamycin are commonly chosen instead — confirm any regimen with your prescriber if you are pregnant, trying, or breastfeeding.
- **Less is not slower.** Applying a pea-sized amount to the whole face is correct. Doubling up causes irritation, not faster clearing.

Where Village fits

Access is the part that usually goes wrong. Many of the products above carry high copays or need a prior authorization, and patients simply never fill them. We run an expansive benefits review, apply every copay card and manufacturer program you qualify for, and work with your dermatologist's office on the approval path — and we stock the branded topicals that are hard to find elsewhere.

When a commercial product is not the answer, we compound: the exact strength, the right combination, or a base without the preservative or fragrance that irritated your skin. Ask a pharmacist — we are glad to walk through where your regimen fits in the map above.