Basildon and Brentwood Clinical Commissioning Group

PRIMARY CARE ROSACEA TREATMENT PATHWAY

Thurrock Clinical Commissioning Group

Subtype 1
Erythematotelangiectatic rosacea
Flushing and persistent central facial erythema with or without telangiectasia.

Self-care advice-see below.

Brimonidine (Mirvaso®) gel not recommended for prescribing (see policy statement).

Subtype 2
Papulopustular rosacea
Persistent central facial erythema with transient, central face papules or pustules, or both.

Subtype 3
Phymatous rosacea
Thickening of the skin is seen with irregular surface nodularities, and enlargement. May occur on the nose (rhinophyma), chin, forehead, cheeks, or ears.

Refer to dermatologist

Subtype 4
Ocular rosacea
Characterised by ocular involvement, including inflammation of different parts of the eye and eyelid.

Consider:
- Eyelid hygiene measures
- Artificial tears or ocular lubricants (for dry eyes)
- Oral antibiotics-see below

Refer to ophthalmologist if ocular symptoms are severe or resistant to treatment

Self-care advice
- Avoid trigger factors
- Use a daily sunscreen
- Self-purchase emollient for dry skin

Papules and pustules

Mild to moderate

Moderate to severe

Topical treatments
1st Line
Metronidazole 0.75% cream (Rosiced®) applied thinly twice daily for 6-9 weeks, then consider
2nd Line
Azelaic acid (Finacea®) 15% gel Applied twice daily for 6-9 weeks (*consider 1st line for patients with sensitive skin or at times of the year where the skin maybe be more sensitive i.e. summer)*

Success ↓ ↑ Relapse

Stop treatment

Review in 3-4 months, if no benefit, stop and start oral antibiotics. If some benefit, consider combination treatment (topical + oral antibiotic)

Topical treatment (see mild to moderate) + oral antibiotics
Oxytetracycline 500mg twice daily (licensed)
OR
Doxycycline 100mg once a day
OR
Erythromycin 500 mg twice daily
OR
Lymecycline 408 mg once daily
Review in 3-4 months. If no response, consider an alternative antibiotic. If some response, continue treatment for 6 months. Discontinue after 6 months if rosacea has resolved.

Success ↓ ↑ Relapse

Stop treatment

If little or no benefit after 6 months of oral antibiotics (either alone or in combination)

Refer to dermatologist

Maintenance (may be necessary)
- This may be continuous (e.g. a reduced dose of oral treatment for 2–6 months followed by a 'drug holiday').
- Intermittent (e.g. using a topical treatment on alternate days or twice a week).
- 'Stepping down' from oral to topical treatment.

For full prescribing information including cautions, contraindications and side effects refer to the most up to date summary of product characteristics (SPC) for each medication at www.medicines.org.uk

Title	Primary care rosacea treatment pathway
Reference	NICE Clinical Knowledge Summaries Rosacea – Acne https://cks.nice.org.uk/rosacea-acne
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