**Primary Care Rosacea Treatment Pathway**

**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 nodularity, 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

---

**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 may be more sensitive i.e. summer)

**Topical treatment (see mild to moderate) + oral antibiotics**

Oxytetracycline 500mg twice daily (licensed)
OR
Doxycycline 100mg once a day
OR
Erythromycin 500mg twice daily
OR
Lymecycline 408mg once daily

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

**Moderate to severe**

**Success**

Relapse

Stop treatment

**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](http://www.medicines.org.uk)