Treatment Guideline for Chronic Spontaneous Urticaria (Australia)

Whilst the pathway shaded in green is approved by TGA/PBS, ASCIA recommends that some patients may benefit from omalizumab who have a lower UAS, as supported by clinical trial data.

**Chronic Spontaneous Urticaria**

- **Corticosteroids**  
  Short-term rescue only  
  25-50mg  
  5-10 days max

- **Non-sedating antihistamines**  
  Up to 4x dose

- **If inadequate response**  
  UAS ≥16  
  (clinical trial criteria)

  - Add short term trials of ranitidine+/-montelukast+/-doxepin  
    Evidence weak  
    (TGA requirement)

  - If no response  
    UAS >28  
    (TGA requirement)

  - Add Omalizumab 300mg monthly 6 month trial

  - If no response  
    CEASE

  - Consider ciclosporin trial if not contra indicated

- **If responding to Omalizumab:**  
  Consider reducing the dose if there is a response after 6 months  
  - 3 month trial 150mg monthly  
  - trial cessation; provision to recommence if recurrence (UAS ≥16)

*Chronic urticaria is not a registered indication, however these drugs are commonly used for this indication in Australia.*