Treatment Guideline for Chronic Spontaneous Urticaria (New Zealand)

Referral to a specialist should be considered for patients treated according to the pathway shaded blue. Treatment in the pathway shaded green is only to be administered under the supervision of a specialist.

**Chronic Spontaneous Urticaria**

- **Second-generation (non-sedating) H1-antihistamines**
  - Add Corticosteroids  
    - Short-term rescue only
  - If insufficient control, increase dose of H1-antihistamine (up to 4x standard dose)
    - If insufficient control, add on ciclosporin to H1-antihistamine
      - If insufficient control (b) stop ciclosporin
        - If insufficient control (a) add on omalizumab to H1-antihistamine*

*Add on to antihistamines: In patients ≥ 12 years with a UAS7 ≥20; and a DLQI ≥10; or an UCT of ≤ 8.
  a. Patient has been taking high-dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (>20 mg prednisone per day for at least 5 days) in the previous 6 months; OR the patient has developed significant adverse effects whilst on ciclosporin.
  b. Patient has been taking high-dose antihistamines (e.g. four times standard dose) and ciclosporin (>3 mg/kg per day) for at least 6 weeks; OR the patient had developed significant adverse effects whilst on corticosteroids or ciclosporin.