ASCIA 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**

- **Add corticosteroids**
  - Short-term rescue only

- **Second-generation (non-sedating) H1-antihistamines**

- **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**
  - (*)

- **Consider referral to specialist**

- **Administer under the supervision of a specialist**

*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.

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