Commissioning statement

Unlicensed use of omalizumab for severe chronic inducible urticarias

LSCMMG supports use of omalizumab in unlicensed indications of severe chronic inducible urticarias (solar urticaria, cold and heat urticaria, symptomatic dermographism, delayed pressure urticaria and cholinergic urticaria) in adults as an option as add-on therapy only if the following conditions are met:

- the severity of the condition is assessed by objective scoring, for example, weekly urticaria activity score (UAS7) of 28 or more, Urticaria Control Test (UCT) below 12, Angioedema Control Test (AECT) below 10 and Dermatology Life Quality Index (DLQI) of more than 10; or objective severity testing methods and provocation threshold testing such as phototesting (solar urticaria), TempTest® (cold and heat urticaria), FricTest®/calibrated dermographometer (symptomatic dermographism), and pulse controlled ergometry (cholinergic urticaria)
- the person's condition has not responded to standard treatment with H1-antihistamines[1]
- omalizumab is stopped at or before the 4th dose if the condition has not responded (DLQI does not reduce below 6, UAS7 does not reduce below 6, UCT does not improve to 12 or above, AECT does not improve above 10)
- omalizumab is stopped at the end of a course of treatment (6 doses) if the condition has responded, to establish whether the condition has gone into spontaneous remission, and is restarted only if the condition relapses
- omalizumab is administered under the management of a secondary care specialist in dermatology, immunology or allergy.

This guidance was written to align with GMMMG guidance: https://gmmmg.nhs.uk/wp-content/uploads/2023/11/Omalizumab-for-CIndU-Commissioning-Statement-final-version-1.0.pdf

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[1] British Association of Dermatologists guidelines for management of people with chronic urticaria https://academic.oup.com/bjd/article/186/3/398/6705777?login=false