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An Algorithm to Guide the Rational, Evidence-Based Use of Omalizumab in the Treatment of Chronic Urticaria[☆]



Aproximación a un uso racional y reglado de omalizumab en la urticaria crónica

Omalizumab is a monoclonal anti-IgE antibody currently used in the treatment of chronic spontaneous urticaria (CSU) as a third-line option in cases refractory to treatment with the licensed dose of the first-line treatment or up to 4 times that dose. The introduction of omalizumab into the therapeutic arsenal for CSU brought about a real revolution in the management of this condition. However, the dose recommended in the Summary of Product Characteristics—based on the results of pivotal studies carried out as part of the approval process—is 300 mg/mo for a period of up to 6 months. In the present issue, the Catalan-Balearic working group presents a treatment algorithm to guide the use of omalizumab in the management of CSU. They discuss the various aspects of management related to the rational and evidence-based use of this drug, including candidate population, monitoring tools (Urticaria Activity Score 7 [UAS7] and Urticarial Control Test [UCT]), starting dose and dose adjustment as well as the definition of response and response time.¹

In a novel approach, the authors of the algorithm propose the use of an increased dose of 450 or 600 mg every 4 weeks if the licensed doses do not achieve adequate control of

disease activity—defined as a UAS7 of 6 or less. A study by the Catalan workgroup showed that 21% of patients require the increased dose to achieve a UAS7 of 6 or less and that 7% did not achieve disease control even with the higher dose. The predictors of partial response to 300 mg and the need for higher doses included prior treatment with ciclosporin, obesity, and age under 57 years.²

This algorithm is of particular interest to dermatologists working in clinical practice.

Reference

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