
**GUIDANCE FOR MANAGING URTICARIA PATIENTS ON OMALIZUMAB DURING THE
CORONAVIRUS PANDEMIC**

This is a very fluid situation and guidance may change

Please note that any BAD advice and guidance produced as a result of COVID-19 would still require authorisation by Trusts which indemnify members. Most will be guided by available evidence and responsible medical opinion, and that any deviation from standard practice needs to be documented clearly and the reasons stated.

In the face of COVID-19 and the need to keep people away from hospital as far as we are able, you may wish to consider the following, where possible:

- The first two injections of omalizumab need to be given in hospital due to the (small) risk of anaphylaxis.
- However, patients can be taught to self-inject at the second visit to continue at home if they are competent and confident enough to do so and provided local HomeCare or other similar services can cope with the demand. This is earlier than specified in the product information. Training will usually have to be in-house.
- New patients with completed score sheets can be assessed initially on the phone and should return their score sheets by post or email before their 5th dose is due, to assess eligibility for completing the initial 6-month course of treatment.
- Monitoring is not required. No face-to-face follow up appointments are needed.
- If there are problems in providing the first doses in hospital, it may be best to defer omalizumab treatment until COVID-19 restrictions are lifted. However, giving long-term oral corticosteroids in doses above 20 mg daily, or using other immunosuppressive agents, is not recommended as a substitute for home therapy with omalizumab, to minimize the risk of increasing vulnerability to severe COVID-19 virus infection.