High Incidence of Telaprevir-associated Severe Rash Leading to Discontinuation

To the Editor,

Telaprevir postmarketing experience is accumulating after more than one year of use since approval by the FDA. The clinical trials had revealed skin rash as one of the most characteristic side effects of telaprevir. Although mild-to-moderate rash was frequent, only was severe enough to cause discontinuation in 5–7% of patients in those trials.^{1–4} In my practice, the incidence of severe telaprevir-associated rash has been much

early into treatment have the same mechanism as late rashes. The higher incidence of severe rash in our series is not explained by disparity in the proportion of females since it was comparable to the trials (29–45%).^{1–4} Given the negative consequences of severe rash (risks to the patients, treatment failure, increased costs), it would be helpful to be able to predict it based on factors. Additional data from larger series are awaited.

Table 1 Characteristics of patients who developed severe telaprevir-associated severe rash leading to discontinuation.

	Race	Age/sex	HIV	Metavir fibrosis score	Day rash onset	Associated symptoms	Stop day TVR	HCV Rx outcome
1	White	58/F	(–)	F3	1	Mucose involvement	6	TVR → BOC
2	Black	55/F	(–)	F3–F4	3	Systemic involvement	3	TVR → BOC
3	Black	63/M	(–)	F2	6	No	8	TVR → BOC
4	Black	60/M	(+)	F4	60	No	79	Continue PegIFN + RBV
5	White	54/M	(–)	F3	56	No	77	Continue PegIFN + RBV
6	White	59/M	(–)	F3	40	No	47	Continue PegIFN + RBV

TVR: telaprevir; BOC: boceprevir; pegIFN: pegylated interferon; RBV: ribavirin; F: female; M: male.

higher. The first thirty-three patients treated with telaprevir along with pegylated interferon and ribavirin were evaluated. Of them, 23 (70%) were male; 16 (48.5%) white, 15 (45.5%) black, 1 (3%) Native American and 1 (3%) Asian; three were HIV-co-infected; and the age range was 28–70 yearsold. Severe rash was defined as that involving more than 50% of body surface or rash with the appearance of major systemic signs or symptoms. Out of the 33 patients, three (9.3%) developed a severe telaprevir-associated severe rash leading to telaprevir discontinuation within the first week of therapy (cases 1–3 of Table 1). Of note, severe rash within the first few days of telaprevir was more frequent among females (2/10, 20%) compared to males (1/23, 4.3%). Three other patients developed severe rash between weeks 6–12 (cases 4–6 of Table 1). All in all, the total incidence of severe rash leading to telaprevir discontinuation was 18% (6/33). The allergic reaction resolved after telaprevir discontinuation in all cases. Additional information is included in Table 1. Therefore, this severe side effect was much more frequent in this small series than previously reported. It is unclear if the high incidence of rash in females within the first week of therapy, which in the two cases had manifestations beyond the skin, represents a true association or it is a spurious finding. It is unknown if drug allergic reactions

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<http://dx.doi.org/10.1016/j.jceh.2012.12.002>