Table 2 – Recommendations from various sources regarding genetic screening to prevent cutaneous adverse drug reactions

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Allele	Source	Recommendations	Ref.
	·	ANTICONVULSANTS	
Carbamazepine			
HLA-A*31:01	Canadian Pharmacogenomics Network for Drug Safety (2014)	Genotype patients of all ancestries prior to prescribing carbamazepine. Use alternative medications if HLA-A*31:01-positive, accounting for cross-reactivities.	[1]
	Clinical Pharmacogenetics Implementation Consortium (2018)	Avoid use of carbamazepine in HLA-A*31:01-positive patients.	[2]
HLA-B*15:02	U.S. Food and Drug Administration (2007)	Genotype patients of Asian descent prior to prescribing carbamazepine. HLA-B*15:02-positive patients should not be treated with carbamazepine or anticonvulsants associated with SJS/TEN unless the expected benefit outweighs risks.	[3,4]
	Health Canada (2008)	Consider genotyping genetically at-risk patients.	[5]
	Hong Kong (2008)	Genotyping prior to prescribing carbamazepine was implemented as a system-wide mandatory policy in 2008. Carbamazepine is to be prescribed only for HLA-B*15:02-negative patients.	[6,7]
	UK Medicines and Healthcare Products Regulatory Agency (2008)	Genotype patients of Han Chinese, Hong Kong Chinese, or Thai ethnic origin prior to prescribing carbamazepine. HLA-B*15:02-positive patients should not be prescribed carbamazepine unless benefits clearly outweigh risks.	[8]
	Taiwan National Health Insurance (2010)	Since 2010, national health insurance covers expense of genotyping for HLA-B*15:02 in patients initiating carbamazepine.	[9]
	Singapore Health Sciences Authority (2013)	Genotyping prior to prescribing carbamazepine is considered the standard of care. Avoid use of carbamazepine in carriers of HLA-B*I 5:02. A 75% subsidy for genotype testing is provided for low-income patients.	[10,11]
	Clinical Pharmacogenetics Implementation Consortium (2014, 2018)	Avoid using carbamazepine in HLA-B*15:02-positive patients.	[2,12]
	Canadian Pharmacogenomics Network for Drug Safety (2014)	Genotype patients from ethnic populations where HLA-B*15:02 is prevalent (e.g. Chinese, Thai, Indian, Malay, Filipino, Indonesian) prior to prescribing carbamazepine. Use alternative medications if HLA-B*15:02 positive, accounting for cross-reactivities.	[1]
	Thailand (2014)	Since 2014, genotyping for HLA-B*15:02 covered under national universal healthcare system.	[13]
Oxcarbazepine			
HLA-B*15:02	Clinical Pharmacogenetics Implementation Consortium (2018)	Avoid use of oxcarbazepine in HLA-B*15:02-positive patients.	[2]
Phenytoin			
CYP2C9*3	Clinical Pharmacogenetics Implementation Consortium (2014)	Consider dose reduction and adjustment of maintenance doses of phenytoin according to therapeutic drug monitoring for CY2C9*2 and CYP2C9*3-positive patients.	[14]
HLA-B*15:02	Singapore Health Sciences Authority (2013)	Avoid prescribing if patient is HLA-B*15:02-positive.	[10]

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Allele	Source	Recommendations	Ref.
	ANTIRETROVIRALS, NUCL	EOSIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS	
Abacavir			
HLA-B*57:01	U.S. Food and Drug Administration (2008)	All patients should be screened for HLA-B*57:01 prior to initiating abacavir. Avoid use of abacavir in HLA-B*57:01-positive patients.	[15]
	European Medicines Agency (2009)	Genotype patients irrespective of ethnic origin prior to initiating abacavir. Avoid use of abacavir in HLA-B*57:01-positive patients.	[16]
	Clinical Pharmacogenetics Implementation Consortium (2012)	Genotype all abacavir-naive patients before initiating abacavir. Avoid use of abacavir if patient is HLA-B*57:01-positive or has signs/symptoms of hypersensitivity.	[17]
	X	ANTHINE OXIDASE INHIBITORS	
Allopurinol			
HLA-B*58:01	Clinical Pharmacogenetics Implementation Consortium (2012, 2016)	Avoid prescribing allopurinol to HLA-B*58:01-positive patients.	[18,19]
	2012 American College of Rheumatology Guidelines for Management of Gout (2012)	Consider genotyping subpopulations at higher risk for severe AHS (e.g. Koreans with stage 3 or worse CKD, and all Han Chinese and Thai patients) prior to prescribing allopurinol.	[20]
	Taiwan Department of Health (2012)	Genotype for HLA-B*58:01 prior to use of allopurinol.	[19]
	Singapore Health Sciences Authority (2016)	Consider genotyping patients with pre-existing risk factors for allopurinol-induced SCAR such as renal impairment.	[21]
	Hong Kong Department of Health Drug Office (2016)	Consider genotyping patients with pre-existing risk factors for allopurinol-induced SCAR such as renal impairment.	[22]

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