**TABLE 3. RECOMMENDATIONS FOR OXCARBAZEPINE THERAPY BASED ON *HLA-B* GENOTYPE**

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| Genotype | Implication | Therapeutic recommendation | Classification of recommendation | Considerations for other aromatic anticonvulsants |
| *HLA-B\*15:02* negative | Normal risk of oxcarbazepine-induced SJS/TEN | Use oxcarbazepine per standard dosing guidelines. | Strong | N/A |
| *HLA-B\*15:02* positive | Greater risk of oxcarbazepine-induced SJS/TEN | If patient is oxcarbazepine-naïve, do not use oxcarbazepine. | Strong | Other aromatic anticonvulsantsa have weaker evidence linking SJS/TEN with the *HLA-B\*15:02* allele; however, caution should still be used in choosing an alternative agent. |
|  |  | The latency period for drug-induced SJS/TEN is short with continuous dosing and adherence to therapy (~4-28 days), and cases usually occur within three months of dosing; therefore, if the patient has previously used oxcarbazepine consistently for longer than three months without incidence of cutaneous adverse reactions, cautiously consider use of oxcarbazepine in the future. | Optional | Previous tolerance of oxcarbazepine is not indicative of tolerance to other aromatic anticonvulsants.a |

N/A = not applicable; SJS = Stevens-Johnson syndrome; TEN = toxic epidermal necrolysis

aAromatic anticonvulsants include carbamazepine, oxcarbazepine, eslicarbazepine, lamotrigine, phenytoin, fosphenytoin, and phenobarbital.