

# Remdesivir Use in COVID-19 Patients: Cutaneous Adverse Effect or Disease Manifestation?

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Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), responsible for coronavirus disease 2019 (COVID-19), infections and hospitalizations are rising in the United States (US).<sup>1</sup> On October 22, 2020, the US Food and Drug Administration (FDA) approved Veklury (remdesivir) to shorten symptom duration and recovery time in hospitalized COVID-19 patients.<sup>2</sup> As hospitalizations climb, remdesivir utilization will increase.

Ten-day remdesivir trials report cutaneous manifestations (rash in 7.55% (4/53) of compassionate use patients) requiring drug discontinuation in one patient (maculopapular rash and elevated hepatic enzymes).<sup>3</sup> A randomized, double-blind trial in China observed similar results (rash in 7% (11/155) of the remdesivir group).<sup>4</sup> Undescribed rash appeared as an adverse remdesivir effect under the emergency use authorization prior to FDA approval, which has been expanded to include hypersensitivity reactions in the package insert.<sup>5</sup>

Complicating the recognition, diagnosis, and treatment of remdesivir cutaneous toxicity is the lack of data documenting the distribution, timing, and morphology of the rash.<sup>6</sup> Remdesivir is an adenosine nucleoside analog. Nucleoside/tide analogs (NA) have been associated with adverse cutaneous reactions including life-threatening Stevens-Johnson syndrome and toxic epidermal necrolysis.<sup>7,8</sup> Dermatologists should be aware of potential cutaneous toxicity in remdesivir-treated patients.

Cutaneous manifestations of COVID-19 cloud the recognition of remdesivir adverse reactions. Distinguishing between disease toxicity and adverse drug reaction will be critical. Table 1 summarizes limited, peer-reviewed data on cutaneous manifestations of COVID-19 and reactions from select NA. As remdesivir utilization increases among COVID-19 patients, dermatologists must document and report cutaneous adverse reactions to augment current literature and lead clinical decision-making.

## DISCLOSURES

Dr. Dellavalle is an editor or reviewer for a number of academic journals. Dr. Dellavalle receives editorial stipends, expense reimbursement for meetings, or royalties from a number of academic publications.

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**TABLE 1.**

**Summary of Cutaneous Manifestations Observed in COVID-19 Compared to Adverse Drug Reactions from Nucleoside and Nucleotide Analog Treatment Based on Current Peer-Reviewed Literature**

Cutaneous Manifestations	
COVID-19 Morphology	Nucleoside/Nucleotide Analogs
Maculopapular eruptions <sup>9</sup>	Stevens-Johnson syndrome <sup>7,8</sup>
Pseudo-chilblain lesions <sup>9</sup>	Toxic epidermal necrolysis <sup>7,8</sup>
Urticaria <sup>9</sup>	Morbilliform/maculopapular exanthematous eruptions <sup>8</sup>
Monomorphic disseminated vesicles <sup>9</sup>	Hyperpigmentation of the skin, nails, or oral mucosa <sup>8</sup>
Acral vesicular-pustulous lesions <sup>9</sup>	Lichenoid eruption <sup>8</sup>
Livedo <sup>9</sup>	Erythema multiforme <sup>8</sup>
Petechiae <sup>10</sup>	Urticaria <sup>8</sup>
Erythema multiforme <sup>9</sup>	--

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