MANAGEMENT OF GLATIRAMER (COPAXONE) REACTIONS: EXPERIENCE WITH DESENSITIZATION. Inamdar SR, Rensel M, Hsieh F, Katz H, Rambasek T, Radojicic C, Lang DL. Cleveland Clinic Foundation, Cleveland OH. University of Mississippi Medical Center, Jackson MS.

Rationale: Glatiramer is an immunomodulatory subcutaneous daily medication for multiple sclerosis (MS). During therapy, patients may develop an immediate reaction associated with urticaria, flushing, chest symptoms, dyspnea, throat constriction, and dizziness. If symptoms are unusual or sustained, patients are referred to Allergy/Immunology. We describe our experience.

Methods: Retrospective chart review of patients prescribed glatiramer by an MS clinic.

Results: 195 patients were reviewed. Ten patients had events symptomatically resembling IgE mediated reactions. Of the four patients not referred, 3 had immediate severe symptoms requiring ED visits. Antihistamines and injection modification had little effect on symptoms, resulting in glatiramer discontinuation. Six individuals were referred for Allergy/Immunology consultation. Anti-histamines partially alleviated urticaria and pruritus in 3 patients. One patient was negative to prick (full strength) and intradermal (1/100) testing. She tolerated a glatiramer challenge and resumed her injections. Five patients had reactions on intradermal testing at 1/10 or 1/100 dilutions. Normal controls also had wheal formation, indicating a possible irritant effect. 4/5 patients underwent desensitization; one refused. One desensitized patient developed delayed urticaria (>12 hours) and suspended her medication. She had been unresponsive to antihistamines. All others are continuing Copaxone up to two years later.

Conclusions: Approximately 5% of patients experienced possible IgE mediated reactions. Skin testing to glatiramer has utility, although its negative predictive value is undetermined. Individuals with wheal/flare reaction to glatiramer may be successfully desensitized. Benefit on antihistamines may be associated with improved desensitization outcomes. Patients referred to Allergy were better able to maintain glatiramer as therapy.