This pharmacogenetic information is based on best evidence compiled from guidelines and databases including FDA, PharmGKB, Clinical Pharmacogenetics Implementation Consortium (CPIC) and Dutch Pharmacogenetics Working Group (DPWG).
Please refer to the Methods, Limitations, and Liability Disclaimer at the end of this report.

## Medication Summary

The Medication Summary is a list of medications with evidence for the use of pharmacogenetic information, organized by their therapeutic area. Medications are further organized based on drug-gene interactions. Health care providers should consider the information contained in the Medication Report before making any clinical or therapeutic decisions.

A Mild or no known interaction
2 Moderate gene-drug interaction
3 Serious gene-drug interaction; should be evaluated carefully and alternative medications should be considered

| Analgesia | ...Autoimmune | Gastroenterology | ...Mental Health |
| :---: | :---: | :---: | :---: |
| A - | 1 - | 1 - | 1 |
| Alfentanil | Tacrolimus | Dronabinol | Chlordiazepoxide |
| Carisoprodol | Cancer | Metoclopramide | Clobazam |
| Celecoxib | 1 - | Ondansetron | Clonazepam |
| Codeine | Erdafitinib | 2 | Clorazepate |
| Fentanyl | Tamoxifen | Dexlansoprazole | Desipramine |
| Flurbiprofen | Cardiovascular | Lansoprazole | Diazepam |
| Hydrocodone |  | Omeprazole | Donepezil |
| Ibuprofen |  | Pantoprazole | Flurazepam |
| Meloxicam | Atorvastatin | Infection | Fluvoxamine |
| Morphine | Carvedilol |  | Lorazepam |
| Piroxicam | Clopidogrel | 2 | Nitrazepam |
| Tenoxicam | Flecainide | Efavirenz | Nortriptyline |
| Tramadol | Fluvastatin | Voriconazole | Oxazepam |
| 2 | Lovastatin | Mental Health | Paroxetine |
| Imipramine | Metoprolol |  | Phenytoin |
| Autoimmune | Nebivolol | Alprazolam | Protriptyline |
|  | Pitavastatin | Amoxapine | Risperidone |
| Cevimeline | Pravastatin | Amphetamine | Temazepam |
| Cyclosporine | Propafenone | Aripiprazole lauroxil | Triazolam |
| Siponimod | Propranolol | Atomoxetine | Venlafaxine |
|  | Simvastatin |  |  |
|  | 2 |  | Amitriptyline |


| ...Mental Health | Neurology | Other |
| :---: | :---: | :---: |
| 2 - | 1 - | 1 |
| Aripiprazole | Brivaracetam | Avatrombopag |
| Asenapine | Clobazam | Elagolix |
| Brexpiprazole | Clonazepam | Eliglustat |
| Cariprazine | Desipramine | Eltrombopag |
| Chlorpromazine | Deutetrabenazine | Flibanserin |
| Citalopram | Diazepam | Lofexidine |
| Clomipramine | Donepezil | Meclizine |
| Clozapine | Fosphenytoin | Oral contraceptives |
| Doxepin | Galantamine |  |
| Escitalopram | Nortriptyline |  |
| Flupentixol | Phenytoin |  |
| Fluphenazine | Tetrabenazine |  |
| Haloperidol | Valbenazine |  |
| Iloperidone | Venlafaxine |  |
| Imipramine | 2 - |  |
| Loxapine | Amitriptyline |  |
| Lurasidone | Rheumatology |  |
| Methotrimeprazine | 1 |  |
| Molindone | Celecoxib |  |
| Olanzapine Paliperidone | Flurbiprofen |  |
| Perphenazine | Ibuprofen |  |
| Pimozide | Meloxicam |  |
| Prochlorperazine | Piroxicam |  |
| Promethazine | Tenoxicam |  |
| Quetiapine | Urology |  |
| Sertraline | 1 |  |
| Thioridazine | Darifenacin |  |
| Trifluoperazine | Fesoterodine |  |
| Trimipramine | Mirabegron |  |
| Ziprasidone | Tamsulosin |  |
| Zuclopenthixol | Tolterodine |  |

## Uverview

This pharmacogenetic information is based on best evidence compiled from guidelines and databases including FDA, PharmGKB, Clinical Pharmacogenetics Implementation Consortium (CPIC) and Dutch Pharmacogenetics Working Group (DPWG).

This document includes:

1. Medication Summary: A list of medications organized by their therapeutic area of use and sorted based on their drug-gene interaction severity.
2. Medication Report: Provides information about factors affecting medication response.
3. Guidelines: A table of guidelines used to produce each interpretation.
4. References: Sources of information used to create this report.
5. Laboratory Report: Contains genetic test results in a technical table.

TreatGx and ReviewGx are clinical decision support tools that expand on the contents on this report.

## TreatG:

TreatGx is clinical decision support software for precision prescribing that identifies condition-specific medication options based on multiple patient factors.

## ReviewG:

Review $G x$ uses patient factors including pharmacogenetics to highlight medication safety issues, help optimize medications, and identify deprescribing opportunities.

## Components of the Medication Report

For all medications, clinical factors, medical conditions, lab values, drug-gene and drug-drug interactions may contribute to medication response and should be evaluated for each patient. The kidney and liver icon notations are intended for informational purposes only. The patient's kidney/liver function are not used for the purposes of displaying this information, and the potential interactions for that specific medication may not apply. TreatGx and ReviewGx help integrate this information to support precision prescribing and comprehensive medication management. The final genotype/phenotype call is at the discretion of the laboratory director. Medication changes should only be initiated at the discretion of the patient's healthcare provider after a full assessment.

## Example:



## Source/Evidence for Drug-Gene Interactions:

For each medication, a source is listed for each drug-gene interaction. This report prioritizes guidance from CPIC if the drug-gene pair is assigned a CPIC Level of A or B. This is the threshold that CPIC defines as having sufficient evidence for at least one prescribing action to be recommended. See cpicpgx.org/prioritization for a full explanation of CPIC Levels for Genes/Drugs.
Pharmacogenetic information from FDA-approved drug labels or the FDA Table of Pharmacogenetic Associations (https://www.fda.gov/medical-devices/precision-medicine/table-pharmacogenetic-associations) is included when available.
If there is no CPIC guideline (level A or B) or FDA guidance, other sources may be referenced, such as DPWG guidelines, PharmGKB clinical annotations, and in some instances, clinical studies. See https://www.pharmgkb.org/page/clinAnnLevels for a full explanation of PharmGKB levels of evidence. Use of any of this information is at the discretion of the health professional.

* Other clinical factors. medical conditions and drua-drua interactions mav contribute to medication response.
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Implication: CYP2D6 poor metabolizer: greatly reduced metabolism of Codeine may result in decreased response
3 Avoid Codeine use



## Medication Report

The Medication Report provides information on how pharmacogenetic results affect each medication.
Use TreatGx and ReviewGx to explore personalized medication treatment options, dosing information and medication optimization.

| Alfentanil | Phenotype | Genetic Test | Results | Source/Evidence |
| :---: | :---: | :---: | :---: | :---: |
| Alfenta | Typical response | OPRM1 rs1799971 A/A PharmGKB 3 <br> OPRM1 alleles indicate a typical response to Alfentanil |  |  |
| ReviewG\% | Implication: OPRM1 allele |  |  |  |
| Alprazolam | Phenotype | Genetic Test | Results | Source/Evidence |
| Xanax | Normal metabolizer | CYP2C9 | *1/*1 | $\begin{aligned} & \text { Case-control } \\ & \text { studies }^{13} \end{aligned}$ |
| ReviewG\% | Implication: | indicate typical risk of Alprazolam-related falls |  |  |
| Amitriptyline | Phenotype | Genetic Test | Results | Source/Evidence |
| Elavil | Normal metabolizer | CYP2D6 | $*_{1 / *}{ }^{1}$ | CPIC A ${ }^{16}$;FDA PGx |
| Levate |  |  |  | $\text { Table }^{35}$ |
| TreatG\% | Rapid metabolizer | CYP2C19 | *1/*17 | CPIC A ${ }^{16}$ |
| ReviewG\% | Implication: $\begin{array}{ll}\text { CYP2C19 rapid } \\ \text { may affect re }\end{array}$ | metabolizer: increased metabolism of Amitriptyline ponse or adverse drug reactions |  |  |
|  | 2 Consider an alternative drug not predominantly metabolized by CYP2C19 |  |  |  |
| Amoxapine | Phenotype | Genetic Test | Results | Source/Evidence |
| ReviewG\% | Normal metabolizer | CYP2D6 | *1/*1 | FDA PGx Table ${ }^{35}$ |
|  | Implication: | do not indicate changes from recommended dose |  |  |
| Amphetamine | Phenotype | Genetic Test | Results | Source/Evidence |
| Adzenys | Normal metabolizer | CYP2D6 | *1/*1 | FDA PGx Table ${ }^{35}$ |
| TreatG ${ }_{\circ}$ ReviewG: | Implication: CYP2D6 all | do not indicate chan | es from r | ed dose |
| Aripiprazole | Phenotype | Genetic Test | Results | Source/Evidence |
| Abilify | Normal metabolizer | CYP2D6 | *1/*1 | DPWG (PharmGKB |
| Aristada TreatG:\% | Increased risk of adverse drug reactions |  |  | $\begin{aligned} & \text { 1A) }{ }^{8} \text {;FDA PGx } \\ & \text { Table } 35 \end{aligned}$ |
| ReviewG:\% |  | ANKK1 rs1800497 | A/G | PharmGKB 3 |
|  | Implication: $\begin{array}{ll}\text { ANKK1 alle } \\ & \text { CYP2D6 all }\end{array}$ | ndicate an increased risk of hyperprolactinemia |  |  |
|  |  | do not indicate chan | es from r | ed dose |
| Aripiprazole lauroxil | Phenotype | Genetic Test | Results | Source/Evidence |
| Aristada | Normal metabolizer | CYP2D6 | *1/*1 | FDA PGx Table ${ }^{35}$ |
| ReviewG:\% | Implication: CYP2D6 alle | do not indicate chan |  | ded dose |

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| Atomoxetine | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Strattera | Normal metabolizer | CYP2D6 (Activity | $* 1 / * 1$ | CPIC A4;FDA PGx |
| TreatG |  | Score) | Table |  |
| ReviewG | Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |


| Atorvastatin | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Lipitor | Normal function | SLCO1B1 | $* 1 / * 1$ | CPIC A ${ }^{5}$;FDA PGx |
| TreatG $\%$ | Implication: | SLCO1B1 alleles indicate typical exposure to Atorvastatin |  |  |


| Avatrombopag | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Doptelet <br> ReviewG: | Normal metabolizer | Implication: | CYP2C9 alleles do not indicate changes from recommended dose Table ${ }^{35}$ |  |
| Brexpiprazole | Phenotype |  | Genetic Test | Results |


| Brivaracetam | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Briviact | Rapid metabolizer | CYP2C19 | $* 1 / * 17$ | FDA PGx Table ${ }^{35}$ |
| Brivlera | Implication: | CYP2C19 alleles do not indicate changes from recommended dose |  |  |

## ReviewG:\%

Implication: CYP2C9 alleles indicate typical risk of Bromazepam-related falls


| Carvedilo | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Coreg | Normal metabolizer | CYP2D6 | $* 1 / * 1$ | FDA PGx Table ${ }^{35}$ |
|  | Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |

TreatG:
ReviewG $\%$

| Celecoxib | Phenotype | Genetic Test | Results | Source/Evidence |
| :---: | :---: | :---: | :---: | :---: |
| Celebrex - 0 | Normal metabolizer | CYP2C9 (Star Alleles) *1/*1 |  | $\begin{aligned} & \text { CPIC A }{ }^{32} \text {;FDA PGx } \\ & \text { Table }{ }^{35} \end{aligned}$ |
| $\square$ | Implication: C | CYP2C9 alleles do not indicate changes from recommended dose |  |  |
| TreatG: ReviewG: |  |  |  |  |
| Cevimeline | Phenotype | Genetic Test | Results | Source/Evidence |
| Evoxac | Normal metabolizer | CYP2D6 | *1/*1 | FDA PGx Table ${ }^{35}$ |
| ReviewG\% | Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |


| Chlordiazepoxide | Phenotype | Genetic Test | Results | Source/Evidence |
| :---: | :--- | :--- | :--- | :--- |
| Librium <br> ReviewG $\%$ | Normal metabolizer | CYP2C9 | $* 1 / * 1$ | Case-control |
|  | Implication: | CYP2C9 alleles indicate typical risk of Chlordiazepoxide-related falls |  |  |


| Chlorpromazine | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| TreatG $\% \%$ | Increased risk of adverse drug ANKK1 rs1800497 | $\mathrm{A} / \mathrm{G}$ | PharmGKB 3 |  |
| ReviewG $\% \%$ | reactions |  |  |  |$\quad$| Implication: | ANKK1 alleles indicate an increased risk of weight gain and <br> hyperprolactinemia |  |
| :--- | :--- | :--- |


| Citalopram | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Celexa | Rapid metabolizer | CYP2C19 | ${ }^{*} 1 / * 17$ | CPIC A ${ }^{15}$;FDA PGx |
|  |  |  | Table ${ }^{35}$ |  |

TreatG $\%$ ReviewG\%

CYP2C19 rapid metabolizer: increased metabolism of Citalopram to less active compounds
Lower plasma concentrations of active drug may reduce response
Consider an alternative drug not predominantly metabolized by CYP2C19

| Implication: | CYP2C19 rapid metabolizer: increased metabolism of Citalopra <br> to less active compounds |
| :--- | :--- |
|  | Lower plasma concentrations of active drug may reduce respon |
| 2 | Consider an alternative drug not predominantly metabolized by |


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| :---: | :---: | :---: | :---: | :---: |
| Onfi | Rapid metabolizer | CYP2C19 | ＊1／＊17 | FDA PGx Table ${ }^{35}$ |
| Sympazan | Normal metabolizer | CYP2C9 | ＊1／＊1 | Case－control studies ${ }^{13}$ |
| ReviewG：\％ | Implication：CYP2C9 and CYP2C19 alleles indicate a typical response to Clobazam |  |  |  |
| Clomipramine | Phenotype | Genetic Test | Results | Source／Evidence |
| Anafranil ReviewG：\％ | Normal metabolizer | CYP2D6 | ${ }^{*} 1 /{ }^{*} 1$ | $\begin{aligned} & \text { CPIC } A^{16} \text {;FDA PGx } \\ & \text { Table }{ }^{35} \end{aligned}$ |
|  | Rapid metabolizer | CYP2C19 | ＊1／＊17 | CPIC A ${ }^{16}$ |
|  | Implication： C | CYP2C19 rapid metabolizer：increased metabolism of Clomipramine may affect response or adverse drug reactions |  |  |
|  | 2．Consider an alternative drug not predominantly metabolized by CYP2C19 |  |  |  |


| Clonazepam | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Klonopin | Normal metabolizer | CYP2C9 | ${ }^{*} 1 /{ }^{*} 1$ | Case－control |
| Rivotril |  |  |  | studies ${ }^{13}$ |

TreatG \％

| Clopidogrel | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Plavix <br> TreatG $\%$ <br> ReviewG： | Rapid metabolizer | Implication： | CYP2C19 alleles do not indicate changes from recommended dose |  |
| Clorazepate | Phenotype |  | Genetic Test | Results |


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PATIENT INFORMATION
NAME：John Doe
DOB：01／Feb／1958
SEX AT BIRTH：Male

SPECIMEN DETAILS
BARCODE：IHM＿002
SAMPLE ID：Doe 001
TYPE：Buccal Swab
COLLECTED：20／Nov／2023

| ーyレルコアטי＂ル | －＇儿口ucyp | いいルいル ルコ | いいつuto |  |
| :---: | :---: | :---: | :---: | :---: |
| Neoral | Poor metabolizer | CYP3A5 | ＊3／＊3 | PharmGKB 3 |
| Sandimmune ReviewG：\％ | Implication： | do not indicat | from | ded dose |


| Darifenacin | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Enablex | Normal metabolizer | CYP2D6 | ${ }^{1 / *} 1$ | FDA PGx Table ${ }^{35}$ |
|  | Implication： | CYP2D6 alleles do not indicate changes from recommended dose |  |  |

TreatG：
ReviewG\％

| Desipramine | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Norpramin <br> TreatG <br> ReviewG | Normal metabolizer | Implication： | CYP2D6 alleles do not indicate changes from recommended dose |  |
|  |  |  | CYP2D6 | ${ }^{*} 1 / * 1$ |


| Dexlansoprazole | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Dexilant | Rapid metabolizer | CYP2C19 | $*_{1 / * 17}$ | CPIC A 22 ；FDA PGx |
|  |  |  |  | Table 35 |

TreatG：
ReviewG\％
Implication：Optional CPIC recommendation：Initiate standard starting daily dose．Consider increasing dose by 50－100\％of the standard dose for the treatment of Helicobacter pylori infection and erosive esophagitis．

| Diazepam | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Diastat | Rapid metabolizer | CYP2C19 | $* 1 / * 17$ | FDA PGx Table |
| Valium | Normal metabolizer | CYP2C9 | $* 1 / * 1$ | Case－control |
| TreatG： | Implication： | CYP2C9 alleles indicate typical risk of Diazepam－related falls ${ }^{35}$ |  |  |
| ReviewG： |  |  | CYP2C19 alleles do not indicate changes from recommended dose |  |


| Donepezil | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Aricept | Normal metabolizer | CYP2D6 | ${ }^{1 / 1 / 1}$ | FDA PGx Table ${ }^{35}$ |
| TreatG $\%$ | Implication： | CYP2D6 alleles do not indicate changes from recommended dose |  |  |
| ReviewG $\% \%$ |  |  |  |  |


| Doxepin | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Silenor <br> Sinequan | Normal metabolizer | CYP2D6 | $* 1 / * 1$ | CPIC A ${ }^{16}$ ；FDA PGx |
|  | Rapid metabolizer | CYP2C19 | $* 1 / * 17$ | Table ${ }^{35}$ |

TreatG\％ ReviewG：

Implication：CYP2C19 rapid metabolizer：increased metabolism of Doxepin may affect response or adverse drug reactions

Consider an alternative drug not predominantly metabolized by CYP2C19



| Flupentixol | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Fluanxol | Increased risk of adverse drug | ANKK1 rs1800497 | A/G | PharmGKB 3 |
| reactions |  |  |  |  |

TreatG:
ReviewG:

| Fluphenazine | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Modecate | Increased risk of adverse drug <br> reactions | ANKK1 rs1800497 | A/G | PharmGKB 3 |
| TreatG $\%$ <br> ReviewG $\%$ | Implication: | ANKK1 alleles indicate an increased risk of weight gain and <br> hyperprolactinemia |  |  |
| Flurazepam | Phenotype |  | Genetic Test | Results |

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CYP2C9 alleles indicate typical risk of Flurazepam-related falls

PATIENT INFORMATION
NAME：John Doe
DOB：01／Feb／1958
SEX AT BIRTH：Male

SPECIMEN DETAILS
BARCODE：IHM＿002
SAMPLE ID：Doe 001
TYPE：Buccal Swab
COLLECTED：20／Nov／2023

|  | －＇儿，水ypu | ひールール いつ | ハーフиレ | ひールルしレッルいル |
| :---: | :---: | :---: | :---: | :---: |
| Ansaid | Normal metabolizer | CYP2C9（Star Alleles）＊1／＊1 |  | CPIC A ${ }^{32}$ ；FDA PGx |
| 0 |  |  |  | Table ${ }^{35}$ |
| TreatG\％ | Implication： | CYP2C9 alleles do not indicate changes from recommended dose |  |  |
| ReviewG： |  |  |  |  |
| Fluvastatin | Phenotype | Genetic Test | Results | Source／Evidence |
| Lescol | Normal metabolizer | CYP2C9 | ＊1／＊1 | CPIC A ${ }^{5}$ |
| $\square$ | Normal function | SLCO1B1 | ＊1／＊1 | CPIC $A^{5}$ |
| TreatG\％ | Implication： | s indicate typi | sure to |  |
| ReviewG：\％ |  | indicate typica | ure to Flu |  |
|  |  | ribing desired guidelines | dose and | ed on |


| Fluvoxamine | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Luvox | Normal metabolizer | CYP2D6 | ${ }^{*} 1 /{ }^{*} 1$ | CPIC B ${ }^{15}$ ；FDA PGx |
|  |  |  | Table ${ }^{35}$ |  |

TreatG：
Implication：CYP2D6 alleles do not indicate changes from recommended dose
ReviewG：

| Fosphenytoin | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Cerebyx | Normal metabolizer | CYP2C9 | $* 1 / * 1$ | CPIC A |
| Implication： | CYP2C9 normal metabolizer：normal metabolism of Fosphenytoin |  |  |  |
| ReviewG $\%$ |  |  | CYP2C9 less active compounds |  |


| Galantamine | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Razadyne | Normal metabolizer | CYP2D6 | ${ }^{1 / * 1}$ | FDA PGx Table ${ }^{35}$ |
|  | Implication： | CYP2D6 alleles do not indicate changes from recommended dose |  |  |

TreatG\％
ReviewG：

| Haloperidol | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Haldol | Increased risk of adverse drug | ANKK1 rs1800497 | A／G | PharmGKB 3 |
| TreatG $\%$ | reactions |  |  |  |
| ReviewG $G_{\%}$ | Implication： | ANKK1 alleles indicate an increased risk of weight gain and <br> hyperprolactinemia |  |  |


| Hydrocodone | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Hysingla | Normal metabolizer | CYP2D6 | $* 1 / * 1$ | CPIC B 6 |
| Zohydro | Implication： | CYP2D6 alleles do not indicate changes from recommended dose |  |  |

TreatG：
ReviewG $\%$
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CYP2D6 alleles do not indicate changes from recommended dose

PATIENT INFORMATION
NAME: John Doe
DOB: 01/Feb/1958
SEX AT BIRTH: Male

SPECIMEN DETAILS
BARCODE: IHM_002
SAMPLE ID: Doe_001
TYPE: Buccal Swab
COLLECTED: 20/Nov/2023


| Iloperidone | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Fanapt | Normal metabolizer | CYP2D6 | $* 1 / * 1$ | FDA PGx Table ${ }^{35}$ |
|  | Increased risk of adverse drug | ANKK1 rs1800497 | A/G | PharmGKB 3 |
| TreatG: | reactions |  |  |  |
| ReviewG:\% | Implication: | ANKK1 alleles indicate an increased risk of hyperprolactinemia |  |  |
|  |  |  | CYP2D6 alleles do not indicate changes from recommended dose |  |


| Imipramine | Phenotype | Genetic Test | Results | Source/Evidence |
| :---: | :---: | :---: | :---: | :---: |
| Tofranil | Normal metabolizer | CYP2D6 | ${ }^{*} /{ }^{*} 1$ | CPIC ${ }^{16}$; FDA PGx |
| TreatG\% |  |  |  | Table ${ }^{35}$ |
| ReviewG* | Rapid metabolizer | CYP2C19 | *1/*17 | CPIC A ${ }^{16}$ |

Implication: | CYP2C19 rapid metabolizer: increased metabolism of Imipramine |
| :--- |
| may affect response or adverse drug reactions | may affect response or adverse drug reactions

Consider an alternative drug not predominantly metabolized by CYP2C19

| Lansoprazole | Phenotype | Genetic Test | Results |
| :--- | :--- | :--- | :--- | Source/Evidence


| Lofexidine | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Lucemyra | Normal metabolizer | CYP2D6 | ${ }^{1 / 1 / 1}$ | FDA PGx Table ${ }^{35}$ |
|  | Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |

ReviewG:

| Lorazepam | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Ativan <br> ReviewG $\% \%$ | Normal metabolizer |  | CYP2C9 | ${ }^{*} 1 / * 1$ |

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Implication: CYP2C9 alleles indicate typical risk of Lorazepam-related falls

|  |  | いいルルル リゴ | ハーフレル |  |
| :---: | :---: | :---: | :---: | :---: |
| Altoprev | Normal function | SLCO1B1 | ＊ $1 / * 1$ | CPIC $A^{5}$ |
| 9 | Implication： | SLCO1B1 alleles indicate typical exposure to Lovastatin |  |  |
| TreatG |  | Consider prescribing desired starting dose and adjust based on disease－specific guidelines |  |  |

ReviewG\％

| Loxapine | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Adasuve | Increased risk of adverse drug <br> Loxapac | ANKK1 rs1800497 | A／G | PharmGKB 3 |
| TreatG： | reactions | Implication： | ANKK1 alleles indicate an increased risk of weight gain and <br> hyperprolactinemia |  |


| Lurasidone | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Latuda | Increased risk of adverse drug | ANKK1 rs1800497 | A／G | PharmGKB 3 |
| reactions | Implication： | ANKK1 alleles indicate an increased risk of hyperprolactinemia |  |  |

TreatG\％
ReviewG：


| Metoclopramide | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Metonia | Normal metabolizer | CYP2D6 | ${ }^{1 / * 1}$ | FDA PGx Table ${ }^{35}$ |
| Reglan | Implication： | CYP2D6 | alleles do not indicate changes from recommended dose |  |

TreatG：
ReviewG：
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PATIENT INFORMATION
SPECIMEN DETAILS
ORDERED BY
NAME：John Doe
BARCODE：IHM＿002
provider name
DOB：01／Feb／1958
SAMPLE ID：Doe＿001
SEX AT BIRTH：Male

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| :---: | :---: | :---: | :---: | :---: |
| Kapspargo Sprinkle | Normal metabolizer | CYP2D6 | ＊1／＊1 | DPWG（PharmGKB |
| Lopressor |  |  |  | 1A）${ }^{8}$ ；FDA PGx |
| Toprol－XL |  |  |  | Table ${ }^{35}$ |
| $\square$ | Implication： | do not indicat | s from | ed dose |

TreatG\％
ReviewG：

| Mirabegron | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Myrbetriq | Normal metabolizer | CYP2D6 | ${ }^{*} 1 / * 1$ | FDA PGx Table ${ }^{35}$ |
| Implication： | CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |

TreatG：
ReviewG\％

| Molindone | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Moban | Increased risk of adverse drug <br> TreatG $\because \circ \%$ | ANKK1 rs1800497 | A／G | PharmGKB 3 |
| ReviewG $\% \%$ | Implication： | ANKK1 alleles indicate an increased risk of weight gain and <br> hyperprolactinemia |  |  |


| Morphine | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Kadian | Typical response | OPRM1 rs1799971 | A／A | PharmGKB 3 ${ }^{6}$ |
| M－Eslon <br> Morphabond ER | Implication： | OPRM1 alleles indicate a typical response to Morphine |  |  |
| MS Contin |  |  |  |  |

TreatG：
ReviewG：

| Nebivolol | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Bystolic | Normal metabolizer | CYP2D6 | ${ }^{1} 1 / * 1$ | FDA PGx Table ${ }^{35}$ |
|  | Implication： | CYP2D6 alleles do not indicate changes from recommended dose |  |  |

TreatG $\%$
ReviewG $\%$

| Nitrazepam | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Mogadon Normal metabolizer CYP2C9 | ${ }^{* 1 / * 1}$ | Case－control |  |  |
| ReviewG $\%$ | Implication： | CYP2C9 alleles indicate typical risk of Nitrazepam－related falls ${ }^{13}$ |  |  |


| Nortriptyline | Phenotype | Genetic Test | Results | Source／Evidence |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Aventyl | Normal metabolizer | CYP2D6 | ＊1／＊1 | CPIC A ${ }^{16}$ ；FDA PGx Table ${ }^{35}$ |  |
| Pamelor |  |  |  |  |  |
| TreatG\％ | Implication：C | CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |
| incite <br> Incite Heal |  | $\begin{aligned} & \text { Results For John } \\ & 176007 \text { \| CAP: } 94 \end{aligned}$ | 3805 Old | oylestown，PA 18902 | Page： 14 of 33 |


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| :---: | :---: | :---: | :---: | :---: |
| Zyprexa <br> TreatG ${ }^{\circ}$ | Increased risk of adverse drug reactions | ANKK1 rs1800497 | A／G | PharmGKB 3 |
| ReviewG\％ | Implication：ANKK1 alleles | dicate an increased | k of hyp | mia |


| Omeprazole | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Losec | Rapid metabolizer | CYP2C19 | ${ }^{* 1 / * 17}$ | CPIC A A $^{22}$ ；FDA PGx |
| Olex |  | Table |  |  |
| Prilosec |  |  |  |  |


| Ondansetron | Phenotype | Genetic Test | Results | Source／Evidence |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Zofran | Normal metabolizer | CYP2D6 | ${ }^{*} 1 /{ }^{*} 1$ | CPIC A |  |
| Zuplenz | Implication： | CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |

## ReviewG：

| Oral contraceptives | Phenotype | Genetic Test | Results | Source／Evidence |
| :---: | :--- | :--- | :--- | :--- |
| ReviewG： | Typical risk of adverse drug <br> reactions | Factor V rs6025 | C／C | PharmGKB 1A |
|  | Typical risk of adverse drug <br> reactions | Factor II rs1799963 | G／G | PharmGKB 3 |
|  | Implication： | F2 and F5 alleles do not indicate changes from recommended dose |  |  |


| Oxazepam | Phenotype | Genetic Test | Results | Source／Evidence |
| :---: | :--- | :--- | :--- | :--- |
| ReviewG $\%$ | Normal metabolizer | CYP2C9 | ${ }^{*} 1 /{ }^{*} 1$ | Case－control <br> studies ${ }^{13}$ |


| Paliperidone | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Invega | Increased risk of adverse drug | ANKK1 rs1800497 | A／G | PharmGKB 3 |
| en | reactions |  |  |  |
| TreatG $\%$ | Implication： | ANKK1 alleles indicate an increased risk of hyperprolactinemia |  |  |
| ReviewG $\%$ |  |  |  |  |


| Pantoprazole | Phenotype | Genetic Test | Results | Source／Evidence |
| :---: | :---: | :---: | :---: | :---: |
| Pantoloc | Rapid metabolizer | CYP2C19 | ${ }^{*} 1 / * 17$ | CPIC A ${ }^{22}$ ；FDA PGx |
| Protonix |  |  |  |  |
| Tecta <br> TreatG： <br> ReviewG＊ | Implication：Moderate CPIC recommendation：Initiate standard starting daily dose．Consider increasing dose by $50-100 \%$ of the standard dose for the treatment of Helicobacter pylori infection and erosive esophagitis． |  |  |  |

PATIENT INFORMATION
NAME：John Doe
DOB：01／Feb／1958
SEX AT BIRTH：Male

SPECIMEN DETAILS
BARCODE：IHM＿002
SAMPLE ID：Doe 001
TYPE：Buccal Swab
COLLECTED：20／Nov／2023

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| :---: | :---: | :---: | :---: | :---: |
| Brisdelle <br> Paxil | Normal metabolizer | CYP2D6 | ＊ $1 / * 1$ | CPIC ${ }^{15}$ ；FDA PGx Table ${ }^{35}$ |
| Pexeva | Implication：CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |
| $\square$ |  |  |  |  |
| ReviewG\％ |  |  |  |  |
| Perphenazine | Phenotype | Genetic Test | Results | Source／Evidence |
| 7 | Normal metabolizer | CYP2D6 | ＊ $1 / * 1$ | FDA PGx Table 35 |
| TreatG ${ }_{\circ}^{\circ}$ | Increased risk of adverse drug reactions | ANKK1 rs1800497 | A／G | PharmGKB 3 |
|  | Implication：$\quad \begin{aligned} & \text { ANKK1 allele } \\ & \text { hyperprolact } \\ & \\ & \\ & \text { CYP2D6 alle }\end{aligned}$ | dicate an increased mia | of we |  |
|  |  | do not indicate chan | es from | ed dose |


| Phenytoin | Phenotype | Genetic Test | Results |
| :--- | :--- | :--- | :--- |
| Dilantin | Normal metabolizer | CYP2C9 | $* 1 / * 1$ |
| Tremyto ine Implication： CYP2C9 normal metabolizer：normal metabolism of Phenytoin to <br> Phenytek  less active compounds |  |  |  |
|  |  | CYP2C9 alleles do not indicate changes from recommended dose |  |

ReviewG：\％

| Pimozide | Phenotype | Genetic Test | Results | Source／Evidence |
| :---: | :---: | :---: | :---: | :---: |
| Orap | Normal metabolizer | CYP2D6 | ＊1／＊1 | FDA PGx Table ${ }^{35}$ |
| TreatG： ReviewG $\%$ | Increased risk of adverse drug reactions | ANKK1 rs1800497 | A／G | PharmGKB 3 |
|  | Implication：ANKK1 alleles indicate an increased risk of weight gain and hyperprolactinemia <br> CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |
|  |  |  |  |  |


| Piroxicam | Phenotype | Genetic Test | Results |
| :--- | :--- | :--- | :--- |


| Pitavastatin | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Livalo | Normal function | SLCO1B1 | $* 1 / * 1$ | CPIC A |
| Zypitamag | Implication： | SLCO1B1 alleles indicate typical exposure to Pitavastatin |  |  |
|  |  | Consider prescribing desired starting dose and adjust based on <br> disease－specific guidelines |  |  |

TreatG\％ ReviewG\％
incite $\left.\right|_{\mid} ^{I}$ health

PATIENT INFORMATION
SPECIMEN DETAILS
ORDERED BY
NAME: John Doe
BARCODE: IHM_002
provider name
DOB: 01/Feb/1958
SAMPLE ID: Doe_001
SEX AT BIRTH: Male


| Promethazine | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Phenadoz | Increased risk of adverse drug | ANKK1 rs1800497 | A/G | PharmGKB 3 |
| Promethegan | reactions |  |  |  |
| TreatG $\%$ | Implication: | ANKK1 alleles indicate an increased risk of weight gain and <br> ReviewG $\% \%$ |  |  |


| Propafenone | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Rythmol | Normal metabolizer | CYP2D6 | ${ }^{*} 1 /{ }^{*} 1$ | DPWG (PharmGKB |
| TreatG $\circ \circ$ |  |  |  | 1 A) ${ }^{8}$;FDA PGx |
| ReviewG* |  |  |  | Table ${ }^{35}$ |


| Propranolol | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Inderal | Normal metabolizer | CYP2D6 | $* 1 / * 1$ | FDA PGx Table ${ }^{35}$ |
| Innopran | Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |
| TreatG $\because \circ \%$ |  |  |  |  |
| ReviewG $\because \circ \%$ |  |  |  |  |


| Protriptyline | Phenotype | Genetic Test | Results | Source/Evidence |
| :---: | :--- | :--- | :--- | :--- |
| Vivactil | Normal metabolizer | CYP2D6 | ${ }^{1 / * 1}$ | FDA PGx Table ${ }^{35}$ |
| ReviewG:\% | Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |


| Quetiapine | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Seroquel | Increased risk of adverse drug <br> reactions | ANKK1 rs1800497 | A/G | PharmGKB 3 |
| TreatG | Implication: | ANKK1 alleles indicate an increased risk of hyperprolactinemia |  |  |

ReviewG:\%

| Risperidone | Phenotype | Genetic Test | Results | Source/Evidence |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Perseris | Normal metabolizer | CYP2D6 | *1/*1 | DPWG (PharmGKB |  |
| Risperdal |  |  |  | $1 \mathrm{~A})^{8}$ |  |
| 0 | Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |
| $\square$ |  |  |  |  |  |
| TreatG\% |  |  |  |  |  |
| ReviewG |  |  |  |  |  |
|  |  | Results For John 176007 \| CAP: 94 | 3805 Old Ea | Doylestown, PA 18902 | Page: 17 of 33 |

PATIENT INFORMATION
NAME：John Doe
DOB：01／Feb／1958
SEX AT BIRTH：Male

SPECIMEN DETAILS
BARCODE：IHM＿002
SAMPLE ID：Doe 001
TYPE：Buccal Swab
COLLECTED：20／Nov／2023

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| :---: | :---: | :---: | :---: | :---: |
| Crestor | Normal function | SLCO1B1 | ${ }^{*} 1 /{ }^{*} 1$ | CPIC A ${ }^{5}$ ；FDA PGx |
| Ezallor |  |  |  | Table ${ }^{35}$ |

Implication：SLCO1B1 alleles indicate typical exposure to Rosuvastatin

TreatG：\％
ReviewG：

| Sertraline | Phenotype |  | Genetic Test | Results |
| :--- | :--- | :--- | :--- | :--- |


| Simvastatin | Phenotype |  | Genetic Test | Results |
| :--- | :--- | :--- | :--- | :--- | Source／Evidence | Zocor | Normal function |
| :--- | :--- |
| Flolipid |  |

ReviewG：

| Siponimod | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Mayzent | Normal metabolizer | CYP2C9（Star Alleles）＊1／＊1 | FDA PGx Table ${ }^{35}$ |  |
| Rev | Implication： | CYP2C9 alleles do not indicate changes from recommended dose |  |  |
| ReviewG $\%$ |  |  |  |  |


| Tacrolimus | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Advagraf | Poor metabolizer | CYP3A5 | ${ }^{* 3 / * 3}$ | CPIC A3$;$ FDA PGX |
| Astagraf XL |  |  |  | Table ${ }^{35}$ |
| Envarsus XR | Normal metabolizer | CYP3A4 | $*_{1} /{ }^{*} 1$ | PharmGKB 1B <br> Prograf <br> Protopic |

ReviewG：\％
Implication：CYP3A5 alleles do not indicate changes from recommended dose
CYP3A4 alleles do not indicate changes from recommended dose
Use therapeutic drug monitoring to guide dose adjustments

| Tamoxifen | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Nolvadex | Normal metabolizer | CYP2D6（Activity | ${ }^{*} 1 /{ }^{*} 1$ | CPIC A1 $^{11}$ ；FDA PGx |
| Soltamox |  | Score） |  | Table $^{35}$ |

ReviewG：\％
Implication：CYP2D6 normal metabolizer：typical metabolism of Tamoxifen to endoxifen
Strong CPIC recommendation for breast cancer therapy：Initiate therapy with recommended standard of care dosing．Avoid moderate and strong CYP2D6 inhibitors．


ReviewG:

| Tetrabenazine | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Austedo | Normal metabolizer | CYP2D6 | ${ }^{*} 1 /{ }^{*} 1$ | FDA PGx Table ${ }^{35}$ |
| Nitoman | Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |
| Xenazine |  |  |  |  |

## ReviewG:\%

| Thioridaz ine | Phenotype | Genetic Test | Results | Source/Evidence |
| :---: | :---: | :---: | :---: | :---: |
| TreatG* | Normal metabolizer | CYP2D6 | *1/*1 | FDA PGx Table ${ }^{35}$ |
| ReviewG\% | Increased risk of adverse drug reactions | ANKK1 rs1800497 | A/G | PharmGKB 3 |
|  | Implication: ANKK1 alleles indicate an increased risk of weight gain and hyperprolactinemia <br> CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |
|  |  |  |  |  |


| Tolterodine | Phenotype | Genetic Test | Results | Source/Evidence |
| :---: | :--- | :--- | :--- | :--- |
| Detrol | Normal metabolizer | CYP2D6 | $* 1 / * 1$ | FDA PGx Table ${ }^{35}$ |
| Implication: | CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |

TreatG \%
ReviewG:

| Tramadol | Phenotype | Genetic Test | Results | Source/Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Conzip <br> Durela | Normal metabolizer | CYP2D6 | ${ }^{2} 1 / * 1$ | CPIC A ${ }^{6}$;FDA PGx |
| Ralivia |  |  |  | Table |
| Ultram |  |  |  |  |

TreatG:
ReviewG\%
incite $\left.\right|_{1} ^{I}$ health

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| :---: | :---: | :---: | :---: | :---: |
| Halcion | Normal metabolizer | CYP2C9 | ＊1／＊1 | Case－control studies ${ }^{13}$ |
| ReviewG： | Implication： | indicate typical | Triazolam | alls |


| Trifluoperazine | Phenotype |  | Genetic Test | Results |
| :--- | :--- | :--- | :--- | :--- |$\quad$ Source／Evidence |  | Increased risk of adverse drug | ANKK1 rs1800497 |
| :--- | :--- | :--- | A／G $\quad$ PharmGKB 3


| Trimipramine | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Surmontil <br> ReviewG $\%$ | Normal metabolizer | CYP2D6 | ${ }^{*} 1 / * 1$ | CPIC A ${ }^{16}$ ；FDA PGx |
|  | Rapid metabolizer | CYP2C19 | $* 1 / * 17$ | Table ${ }^{35}$ |

Implication：CYP2C19 rapid metabolizer：increased metabolism of Trimipramine may affect response or adverse drug reactions
Consider an alternative drug not predominantly metabolized by CYP2C19

| Valbenazine | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Ingrezza | Normal metabolizer | CYP2D6 | ${ }^{*} 1 /{ }^{*} 1$ | FDA PGx Table ${ }^{35}$ |
| ReviewG $\%$ | Implication： |  | CYP2D6 alleles do not indicate changes from recommended dose |  |


| Venlafaxine | Phenotype | Genetic Test | Results | Source／Evidence |
| :--- | :--- | :--- | :--- | :--- |
| Effexor XR | Normal metabolizer | CYP2D6 | ${ }^{1 / 1 / * 1}$ | DPWG（PharmGKB |
|  |  |  | 1 A）${ }^{8}$ ；FDA PGx |  |
| TreatG $\%$ |  |  | Table ${ }^{35}$ |  |
|  |  |  |  |  |

ReviewG＊

| Voriconazole | Phenotype | Genetic Test | Results | Source／Evidence |
| :---: | :---: | :---: | :---: | :---: |
| Vfend 9 | Rapid metabolizer | CYP2C19 | ＊1／＊17 | $\begin{aligned} & \text { CPIC A }{ }^{26} \text {;FDA PGx } \\ & \text { Table }{ }^{35} \end{aligned}$ |
| ReviewG： | Implication：${ }^{\text {C }}$ | metabolizer： mpounds <br> concentrations ernative drug | d metabo <br> drug m ominantly | riconazole <br> response <br> zed by |
| Vortioxetine | Phenotype | Genetic Test | Results | Source／Evidence |
| Trintellix <br> TreatG\％ <br> ReviewG\％ | Implication：CYP2D6 alleles do not indicate changes from recommended dose |  |  |  |

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| :---: | :---: | :---: | :---: | :---: |
| Coumadin Jantoven | Normal metabolizer | CYP2C9 | ＊ $1 / * 1$ | CPIC $A^{17}$ ；FDA PGx Table ${ }^{35}$ |
| TreatG：\％ <br> ReviewG＊ | Reduced response | VKORC1 | G／G | CPIC $A^{17}$ ；FDA PGx Table ${ }^{35}$ |
|  | Implication： The algorithm in TreatGx includes pharmacogenetics and other clinical factors in calculating initial warfarin dose |  |  |  |
| Ziprasidone | Phenotype | Genetic Test | Results | Source／Evidence |
| Geodon Zeldox | Increased risk of adverse drug reactions | ANKK1 rs1800497 | A／G | PharmGKB 3 |
| TreatG：\％ <br> ReviewG＊ | Implication：ANKK1 alleles indicate an increased risk of hyperprolactinemia |  |  |  |
| Zuclopenthixol | Phenotype | Genetic Test | Results | Source／Evidence |
| Clopixol TreatG： | Normal metabolizer | CYP2D6 | ＊ $1 / * 1$ | DPWG（PharmGKB $1 A)^{8}$ |
| Review ${ }^{\circ}$ | Increased risk of adverse drug reactions | ANKK1 rs1800497 | A／G | PharmGKB 3 |
|  | Implication： | dicate an increased mia | of we |  |
|  |  | do not indicate chan | es from | ed dose |

## Iable or AvaıIable Kererences

| Drug | Genetic Test | Sources |
| :---: | :---: | :---: |
| Alfentanil | OPRM1 rs1799971 | PharmGKB |
| Alprazolam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Amitriptyline | CYP2D6 | CPIC ${ }^{16}$; FDA ${ }^{35}$ |
| Amitriptyline | CYP2C19 | CPIC ${ }^{16}$ |
| Amoxapine | CYP2D6 | FDA ${ }^{35}$ |
| Amphetamine | CYP2D6 | FDA ${ }^{35}$ |
| Aripiprazole | CYP2D6 | DPWG ${ }^{8}$; DAA $^{35}$ |
| Aripiprazole | ANKK1 rs1800497 | PharmGKB |
| Aripiprazole lauroxil | CYP2D6 | FDA ${ }^{35}$ |
| Asenapine | ANKK1 rs1800497 | PharmGKB |
| Atomoxetine | CYP2D6 (Activity Score) | CPIC ${ }^{4}$; PA $^{35}$ |
| Atorvastatin | SLCO1B1 | CPIC ${ }^{5}$; PDA $^{35}$ |
| Avatrombopag | CYP2C9 | FDA ${ }^{35}$ |
| Brexpiprazole | CYP2D6 | DPWG ${ }^{8}$; DAA $^{35}$ |
| Brexpiprazole | ANKK1 rs1800497 | PharmGKB |
| Brivaracetam | CYP2C19 | FDA ${ }^{35}$ |
| Bromazepam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Cariprazine | ANKK1 rs1800497 | PharmGKB |
| Carisoprodol | CYP2C19 | FDA ${ }^{35}$ |
| Carvedilol | CYP2D6 | FDA ${ }^{35}$ |
| Celecoxib | CYP2C9 (Star Alleles) | CPIC $^{32}$; FDA ${ }^{35}$ |
| Cevimeline | CYP2D6 | FDA ${ }^{35}$ |
| Chlordiazepoxide | CYP2C9 | Case-control studies ${ }^{13}$ |
| Chlorpromazine | ANKK1 rs1800497 | PharmGKB |
| Citalopram | CYP2C19 | CPIC ${ }^{15}$; FDA ${ }^{35}$ |

PATIENT INFORMATION
NAME: John Doe DOB: 01/Feb/1958 SEX AT BIRTH: Male

| Drug | Genetic Test | Sources |
| :---: | :---: | :---: |
| Clobazam | CYP2C19 | FDA ${ }^{35}$ |
| Clobazam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Clomipramine | CYP2D6 | CPIC ${ }^{16}$; FDA ${ }^{35}$ |
| Clomipramine | CYP2C19 | CPIC ${ }^{16}$ |
| Clonazepam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Clopidogrel | CYP2C19 | CPIC ${ }^{20}$; DAA $^{35}$ |
| Clorazepate | CYP2C9 | Case-control studies ${ }^{13}$ |
| Clozapine | CYP2D6 | FDA ${ }^{35}$ |
| Clozapine | ANKK1 rs1800497 | PharmGKB |
| Codeine | CYP2D6 | CPIC ${ }^{6}$; PDA $^{35}$ |
| Cyclosporine | CYP3A5 | PharmGKB |
| Darifenacin | CYP2D6 | FDA ${ }^{35}$ |
| Desipramine | CYP2D6 | CPIC $^{16}$; PDA $^{35}$ |
| Deutetrabenazine | CYP2D6 | FDA ${ }^{35}$ |
| Dexlansoprazole | CYP2C19 | CPIC ${ }^{22}$; DAA $^{35}$ |
| Diazepam | CYP2C19 | FDA ${ }^{35}$ |
| Diazepam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Donepezil | CYP2D6 | FDA ${ }^{35}$ |
| Doxepin | CYP2D6 | CPIC $^{16}$; FDA ${ }^{35}$ |
| Doxepin | CYP2C19 | CPIC ${ }^{16}$ |
| Dronabinol | CYP2C9 | FDA ${ }^{35}$ |
| Efavirenz | CYP2B6 | CPIC ${ }^{7}$; PPWG $^{8}$; FDA $^{35}$ |
| Elagolix | SLCO1B1 | FDA ${ }^{35}$ |
| Eliglustat | CYP2D6 | DPWG ${ }^{8}$ FDA $^{35}$ |
| Eltrombopag | Factor V rs6025 | FDA ${ }^{28}$ |


| Drug | Genetic Test | Sources |
| :---: | :---: | :---: |
| Eltrombopag | Factor II rs1799963 | PharmGKB |
| Erdafitinib | CYP2C9 (Star Alleles) | FDA ${ }^{35}$ |
| Escitalopram | CYP2C19 | CPIC ${ }^{15}$; FDA ${ }^{35}$ |
| Fentanyl | OPRM1 rs1799971 | PharmGKB |
| Fesoterodine | CYP2D6 | FDA ${ }^{35}$ |
| Flecainide | CYP2D6 | DPWG ${ }^{8}$ |
| Flibanserin | CYP2C19 | FDA ${ }^{35}$ |
| Flupentixol | ANKK1 rs1800497 | PharmGKB |
| Fluphenazine | ANKK1 rs1800497 | PharmGKB |
| Flurazepam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Flurbiprofen | CYP2C9 (Star Alleles) | CPIC ${ }^{32}$; DDA $^{35}$ |
| Fluvastatin | CYP2C9 | CPIC ${ }^{5}$ |
| Fluvastatin | SLCO1B1 | CPIC ${ }^{5}$ |
| Fluvoxamine | CYP2D6 | CPIC ${ }^{15}$; FDA ${ }^{35}$ |
| Fosphenytoin | CYP2C9 | CPIC ${ }^{18}$ |
| Galantamine | CYP2D6 | FDA ${ }^{35}$ |
| Haloperidol | ANKK1 rs1800497 | PharmGKB |
| Hydrocodone | CYP2D6 | CPIC ${ }^{6}$ |
| Ibuprofen | CYP2C9 (Star Alleles) | CPIC ${ }^{32}$ |
| Iloperidone | CYP2D6 | FDA ${ }^{35}$ |
| Iloperidone | ANKK1 rs1800497 | PharmGKB |
| Imipramine | CYP2D6 | CPIC ${ }^{16}$; FDA ${ }^{35}$ |
| Imipramine | CYP2C19 | CPIC ${ }^{16}$ |
| Lansoprazole | CYP2C19 | CPIC ${ }^{22}$; FDA ${ }^{35}$ |
| Lofexidine | CYP2D6 | FDA ${ }^{35}$ |


| Drug | Genetic Test | Sources |
| :---: | :---: | :---: |
| Lorazepam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Lovastatin | SLCO1B1 | CPIC ${ }^{5}$ |
| Loxapine | ANKK1 rs1800497 | PharmGKB |
| Lurasidone | ANKK1 rs1800497 | PharmGKB |
| Meclizine | CYP2D6 | FDA ${ }^{35}$ |
| Meloxicam | CYP2C9 (Star Alleles) | CPIC ${ }^{32}$ |
| Methotrimeprazine | ANKK1 rs1800497 | PharmGKB |
| Metoclopramide | CYP2D6 | FDA ${ }^{35}$ |
| Metoprolol | CYP2D6 | DPWG ${ }^{8}$ FDA $^{35}$ |
| Mirabegron | CYP2D6 | FDA ${ }^{35}$ |
| Molindone | ANKK1 rs1800497 | PharmGKB |
| Morphine | OPRM1 rs1799971 | PharmGKB ${ }^{6}$ |
| Nebivolol | CYP2D6 | FDA ${ }^{35}$ |
| Nitrazepam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Nortriptyline | CYP2D6 | CPIC ${ }^{16}$; FDA ${ }^{35}$ |
| Olanzapine | ANKK1 rs1800497 | PharmGKB |
| Omeprazole | CYP2C19 | CPIC ${ }^{22}$; FDA ${ }^{35}$ |
| Ondansetron | CYP2D6 | CPIC ${ }^{2}$ |
| Oral contraceptives | Factor V rs6025 | PharmGKB |
| Oral contraceptives | Factor II rs1799963 | PharmGKB |
| Oxazepam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Paliperidone | ANKK1 rs1800497 | PharmGKB |
| Pantoprazole | CYP2C19 | CPIC ${ }^{22}$; FDA ${ }^{35}$ |
| Paroxetine | CYP2D6 | CPIC ${ }^{15}$; FDA ${ }^{35}$ |
| Perphenazine | CYP2D6 | FDA ${ }^{35}$ |


| Drug | Genetic Test | Sources |
| :---: | :---: | :---: |
| Perphenazine | ANKK1 rs1800497 | PharmGKB |
| Phenytoin | CYP2C9 | CPIC ${ }^{18}$ |
| Pimozide | CYP2D6 | DPWG ${ }^{8}$; PDA $^{35}$ |
| Pimozide | ANKK1 rs1800497 | PharmGKB |
| Piroxicam | CYP2C9 (Star Alleles) | CPIC ${ }^{32}$; FDA ${ }^{35}$ |
| Pitavastatin | SLCO1B1 | CPIC ${ }^{5}$ |
| Pravastatin | SLCO1B1 | CPIC ${ }^{5}$ |
| Prochlorperazine | ANKK1 rs1800497 | PharmGKB |
| Promethazine | ANKK1 rs1800497 | PharmGKB |
| Propafenone | CYP2D6 | DPWG ${ }^{8}$; PDA $^{35}$ |
| Propranolol | CYP2D6 | FDA ${ }^{35}$ |
| Protriptyline | CYP2D6 | FDA ${ }^{35}$ |
| Quetiapine | ANKK1 rs1800497 | PharmGKB |
| Risperidone | CYP2D6 | DPWG ${ }^{8}$ |
| Rosuvastatin | SLCO1B1 | CPIC ${ }^{5}$; PA $^{35}$ |
| Sertraline | CYP2C19 | CPIC ${ }^{15}$ |
| Simvastatin | SLCO1B1 | CPIC ${ }^{5}$; PDA $^{35}$ |
| Siponimod | CYP2C9 (Star Alleles) | FDA ${ }^{35}$ |
| Tacrolimus | CYP3A5 | CPIC ${ }^{3}$; PA $^{35}$ |
| Tacrolimus | CYP3A4 | PharmGKB |
| Tamoxifen | CYP2D6 (Activity Score) | Clinical trial ${ }^{14}$; CPIC $^{11}$; ${ }^{1}{ }^{35}{ }^{35}$ |
| Tamsulosin | CYP2D6 | FDA ${ }^{35}$ |
| Temazepam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Tenoxicam | CYP2C9 (Star Alleles) | CPIC ${ }^{32}$ |
| Tetrabenazine | CYP2D6 | FDA ${ }^{35}$ |


| Drug | Genetic Test | Sources |
| :---: | :---: | :---: |
| Thioridazine | CYP2D6 | FDA ${ }^{35}$ |
| Thioridazine | ANKK1 rs1800497 | PharmGKB |
| Tolterodine | CYP2D6 | FDA ${ }^{35}$ |
| Tramadol | CYP2D6 | CPIC ${ }^{6}$ FDA ${ }^{35}$ |
| Triazolam | CYP2C9 | Case-control studies ${ }^{13}$ |
| Trifluoperazine | ANKK1 rs1800497 | PharmGKB |
| Trimipramine | CYP2D6 | CPIC ${ }^{16}$; FDA ${ }^{35}$ |
| Trimipramine | CYP2C19 | CPIC ${ }^{16}$ |
| Valbenazine | CYP2D6 | FDA ${ }^{35}$ |
| Venlafaxine | CYP2D6 | DPWG ${ }^{\text {; }} \mathrm{FDA}^{35}$ |
| Voriconazole | CYP2C19 | CPIC $^{26}$; FDA ${ }^{35}$ |
| Vortioxetine | CYP2D6 | FDA ${ }^{35}$ |
| Warfarin | CYP2C9 | CPIC $^{17}$; FDA ${ }^{35}$ |
| Warfarin | VKORC1 | CPIC ${ }^{17}$; $\mathrm{FDA}^{35}$ |
| Ziprasidone | ANKK1 rs1800497 | PharmGKB |
| Zuclopenthixol | CYP2D6 | DPWG ${ }^{8}$ |
| Zuclopenthixol | ANKK1 rs1800497 | PharmGKB |

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PATIENT INFORMATION
NAME: John Doe
DOB: 01/Feb/1958
SEX AT BIRTH: Male

SPECIMEN DETAILS
BARCODE: IHM_002
SAMPLE ID: Doe 001
TYPE: Buccal Swab
COLLECTED: 20/Nov/2023
 Dosing. Clinical Pharmacology \& Therapeutics (2020)

23: Lipworth, J. et al. Tailored second-line therapy in asthmatic children with the Arg(16) genotype. Clinical science 124, 521-528 (2013).

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## PATIENT INFORMATION

NAME: John Doe
DOB: 01/Feb/1958
SEX AT BIRTH: Male

## SPECIMEN DETAILS

BARCODE: IHM_002
SAMPLE ID: Doe_001
TYPE: Buccal Swab
COLLECTED: 20/Nov/2023

## ORDERED BY

provider name
GENERATED: 11/May/2023

## Methods

The results meet stringent quality control metrics for DNA isolation and genotyping. SNPs are processed in an OpenArray platform. Each call has an estimated quality value $>95 \%$, based on the autocaller algorithm in the TaqMan $®$ Genotyper software (ThermoFisher Scientific). Copy number calls are accepted when confidence values are $>95 \%$. The HLA assays are processed using an RT-PCR-based presence/absence assay, and HLA positive calls are sequenced using Sanger technology to confirm. To avoid false negatives in HLA genotyping, if the presence/absence assay results are uncertain and Sanger sequencing results do not confirm them, a positive call is made.

## Limitations

The annotations and interpretations provided in this report are based on scientific literature and do not take into account drug-drug interactions, medical conditions or other clinical factors that may affect medication response. Gene-drug interactions are ranked according to guidelines, level of evidence and clinical utility. GenXys reports and TreatGx Clinical Decision Support are regularly updated. Current predicted phenotype and allele functionality may change in the future depending on new evidence. Phenotype annotations for CYP2C9 are based on total activity scores as defined by CPIC ${ }^{79}$. Genetic test results and interpretation may be inaccurate for individuals who have undergone or are receiving non-autologous blood transfusion, tissue, or organ transplant therapies.

The report includes alleles of proteins involved in the metabolism of many medications. In rare cases, a variant that is not covered may be typed as ${ }^{*} 1$ or other variants. In the case of pseudogenes and mutations in the untranslated regions of genes, incorrect allele typing may occur despite proper SNP detection. Preferential amplification of one allele over another present in the sample may also lead to incorrect genotyping.

## Liability Disclaimer

This test was developed and its performance characteristics determined by GenXys Health Care Systems. It has not been cleared or approved by the US Food and Drug Administration. The report is not a diagnostic test, and TreatGx is not a prescribing system. You should discuss your pharmacogenetic information with a physician or other health care provider before you act upon the pharmacogenetic information resulting from this report. The medication brand names are not an exhaustive list and do not include combination therapies. Not all medications in this report are included in the TreatGx or ReviewGx software or other GenXys derivative works.

## Laboratory Director

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## Laboratory Report

The Laboratory Report contains your genetic results.

| Gene | rsid | HGVS | HGVS Reference | Result |
| :---: | :---: | :---: | :---: | :---: |
| ABCB1 | rs1045642 | c. $3645 \mathrm{G}>\mathrm{A}$ | NC_000007.14 | G/G |
| APOE | rs429358 | c. $388 \mathrm{~T}>\mathrm{C}$ | NC_000019.10 | T/T |
| COMT | rs4680 | c. $472 \mathrm{G}>\mathrm{A}$ | NC_000022.11 | G/A |
| CYP1A2 | rs12720461 | c. $-10+113 \mathrm{C}>\mathrm{T}$ | NC_000015.10 | C/C |
| CYP1A2 | rs2069514 | g.74745879G>A | NC_000015.10 | G/G |
| CYP1A2 | rs56107638 | g.74753271G>A | NC_000015.10 | G/G |
| CYP1A2 | rs72547513 | c. $558 \mathrm{C}>$ T | NC_000015.10 | C/C |
| CYP1A2 | rs762551 | c. $-9-154 \mathrm{~A}>\mathrm{C}$ | NC_000015.10 | C/A |
| CYP2B6 | rs28399499 | c.983T>C | NC_000019.10 | T/T |
| CYP2B6 | rs3745274 | c. $516 \mathrm{G}>\mathrm{A} / \mathrm{T}$ | NC_000019.10 | G/T |
| CYP2C19 | rs12248560 | c. $-806 \mathrm{C}>\mathrm{T}$ | NC_000010.11 | C/T |
| CYP2C19 | rs28399504 | c. $1 \mathrm{~A}>\mathrm{G} / \mathrm{T}$ | NC_000010.11 | A/A |
| CYP2C19 | rs41291556 | c. $358 \mathrm{~T}>\mathrm{C}$ | NC_000010.11 | T/T |
| CYP2C19 | rs4244285 | c. $681 \mathrm{G}>\mathrm{A} / \mathrm{C} / \mathrm{T}$ | NC_000010.11 | G/G |
| CYP2C19 | rs4986893 | c. $636 \mathrm{G}>\mathrm{A}$ | NC_000010.11 | G/G |
| CYP2C19 | rs72552267 | c. $395 \mathrm{G}>\mathrm{A}$ | NC_000010.11 | G/G |
| CYP2C19 | rs72558186 | c. $819+2 \mathrm{~T}>\mathrm{A}$ | NC_000010.11 | T/T |
| CYP2C19 | rs56337013 | c.1297C>T | NC_000010.11 | C/C |
| CYP2C9 | rs1057910 | c. $1075 \mathrm{~A}>\mathrm{C} / \mathrm{G}$ | NC_000010.11 | A/A |
| CYP2C9 | rs1304490498 | c.353_362del | NC_000010.11 | A/A |
| CYP2C9 | rs1799853 | c. $430 \mathrm{C}>$ T | NC_000010.11 | C/C |
| CYP2C9 | rs28371685 | c. $1003 \mathrm{C}>$ T | NC_000010.11 | C/C |
| CYP2C9 | rs28371686 | c. $1080 \mathrm{C}>\mathrm{A} / \mathrm{G} / \mathrm{T}$ | NC_000010.11 | C/C |
| CYP2C9 | rs56165452 | c. $1076 \mathrm{~T}>\mathrm{A} / \mathrm{C}$ | NC_000010.11 | T/T |
| CYP2C9 | rs72558187 | c. $269 \mathrm{~T}>\mathrm{C} / \mathrm{G}$ | NC_000010.11 | T/T |
| CYP2C9 | rs72558190 | c. $485 \mathrm{C}>\mathrm{A} / \mathrm{T}$ | NC_000010.11 | C/C |
| CYP2C9 | rs7900194 | c. $449 \mathrm{G}>\mathrm{A} / \mathrm{C} / \mathrm{T}$ | NC_000010.11 | G/G |
| CYP2C9 | rs9332131 | c.818del/dup | NC_000010.11 | A/A |
| CYP2C9 | rs9332239 | c.1465C>T | NC_000010.11 | C/C |
| CYP2D6 | dup4125_4133 | c.1403_1411dup | NC_000022.11 | D/D |
| CYP2D6 | rs1065852 | c. $100 \mathrm{C}>\mathrm{T} / \mathrm{G}$ | NC_000022.11 | G/G |
| CYP2D6 | rs1135840 | c. $1457 \mathrm{G}>\mathrm{C} / \mathrm{A}$ | NC_000022.11 | C/C |
| CYP2D6 | rs16947 | c. $886 \mathrm{C}>$ T/A | NC_000022.11 | G/G |
| CYP2D6 | rs201377835 | c. 181-1G>C | NC_000022.11 | G/G |
| CYP2D6 | rs28371706 | c. $320 \mathrm{C}>\mathrm{G} / \mathrm{A}$ | NC_000022.11 | G/G |


| Gene | rsID | HGVS | HGVS Reference | Result |
| :---: | :---: | :---: | :---: | :---: |
| CYP2D6 | rs28371725 | c. $985+39 \mathrm{G}>\mathrm{A}$ | NC_000022.11 | C/C |
| CYP2D6 | rs35742686 | c. 775 del | NC_000022.11 | T/T |
| CYP2D6 | rs3892097 | c. $506-1 \mathrm{G}>\mathrm{A}$ | NC_000022.11 | C/C |
| CYP2D6 | rs5030655 | c. 454 del | NC_000022.11 | A/A |
| CYP2D6 | rs5030656 | c.841_843del | NC_000022.11 | TCT/TCT (A/A) ${ }^{1}$ |
| CYP2D6 | rs5030862 | c. $124 \mathrm{G}>\mathrm{A}$ | NC_000022.11 | C/C |
| CYP2D6 | rs5030865 | c. $505 \mathrm{G}>\mathrm{T} / \mathrm{C} / \mathrm{A}$ | NC_000022.11 | C/C |
| CYP2D6 | rs5030867 | c. $971 \mathrm{~A}>\mathrm{C}$ | NC_000022.11 | T/T |
| CYP2D6 | rs59421388 | c. $1012 \mathrm{G}>\mathrm{A}$ | NC_000022.11 | C/C |
| CYP2D6 | rs72549353 | c.765_768del | NC_000022.11 | A/A |
| CYP2D6 | rs72549354 | c.635dup | NC_000022.11 | D/D |
| CYP2D6 | rs774671100 | c.137dup | NC_000022.11 | A/A (D/D) ${ }^{1}$ |
| CYP3A4 | rs35599367 | c. $522-191 \mathrm{C}>$ T | NC_000007.14 | G/G |
| CYP3A4 | rs4987161 | c. $566 \mathrm{~T}>\mathrm{C}$ | NC_000007.14 | A/A |
| CYP3A4 | rs55785340 | c. $664 \mathrm{~T}>\mathrm{C} / \mathrm{A}$ | NC_000007.14 | A/A |
| CYP3A5 | rs10264272 | c. $624 \mathrm{G}>\mathrm{A}$ | NC_000007.14 | C/C |
| CYP3A5 | rs28365083 | c.1193C>A | NC_000007.14 | G/G |
| CYP3A5 | rs41303343 | c.1035dup | NC_000007.14 | D/D |
| CYP3A5 | rs776746 | c.219-237= | NC_000007.14 | C/C |
| DRD2 | rs1800497 | c. $2137 \mathrm{G}>\mathrm{A}$ | NC_000011.10 | A/G |
| Factor II | rs1799963 | c. $* 97 \mathrm{G}>\mathrm{A}$ | NC_000011.10 | G/G |
| Factor V | rs6025 | c. $1601 \mathrm{G}>\mathrm{A}$ | NC_000001.11 | C/C |
| GLP1R | rs1042044 | c. $780 \mathrm{C}>\mathrm{A}$ | NC_000006.12 | C/A |
| GLP1R | rs2300615 | c. $510-1135 \mathrm{~T}>\mathrm{G}$ | NC_000006.12 | G/T |
| GLP1R | rs6923761 | c. $502 \mathrm{G}>\mathrm{A}$ | NC_000006.12 | G/G |
| MTHFR | rs1801131 | c. $1409 \mathrm{~T}>\mathrm{G}$ | NC_000001.11 | G/T |
| MTHFR | rs1801133 | c. $788 \mathrm{G}>\mathrm{A}$ | NC_000001.11 | G/A |
| OPRM1 | rs1799971 | c. $118 \mathrm{~A}>\mathrm{G}$ | NC_000006.12 | A/A |
| PNPLA5 | rs5764010 | c. $950-169 \mathrm{C}>\mathrm{T}$ | NC_000006.12 | C/C |
| SLCO1B1 | rs4149056 | c. $521 \mathrm{~T}>\mathrm{C}$ | NC_000012.12 | T/T |
| SULT4A1 | rs763120 | c. $743-374 \mathrm{~T}>\mathrm{C}$ | NC_000022.11 | T/T |
| VKORC1 | rs9923231 | c. $-1639 \mathrm{G}>$ T | NC_000016.10 | $\mathrm{G} / \mathrm{G}(\mathrm{C} / \mathrm{C})^{1}$ |

[^1]Copy Number Variation

| Gene | Reference | Result |
| :--- | :--- | :--- |
| CYP2D6 | NG_008376.3 | 2N |

incite |' $\left.\right|_{1} ^{\prime \prime}$ health
NG_008376.3 2N

Gene
CYP2D6
CYP2C9
CYP2C19
SLCO1B1
CYP2B6
CYP3A5
CYP3A4


Phenotype Result
Normal Metabolizer
Normal Metabolizer
Rapid Metabolizer
Normal Function
Intermediate Metabolizer
Poor Metabolizer
Normal Metabolizer


[^0]:    Thomas S. Alexander, Laboratory Director, PhD., D(ABMLI), CLIA

[^1]:    1: Pharmacogenetic testing may occasionally lead to unusual genotypes. In these situations pharmacogenetic laboratories will sometimes report on alternative genotypes. If this is done then both genotypes appear in the result table; a genotype in () is the alternative genotype chosen by the lab.

