

PATIENT INFORMATION

Name: Smith, John
 DOB: October 9, 1973
 Age: 44
 Sex: Male
 Address: 126 Corporate Blvd.
 South Plainfield, NJ 07080

SAMPLE

Date Collected: July 13, 2018
 Date Received: July 13, 2018
 Case ID: PGPSL18-000013
 Source: Buccal Swabs

REFERRING PHYSICIAN

Name: Jane Doe, MD
 Institution: Admera Test

Comprehensive Drug Information for Smith, John

✓ NORMAL RESPONSE EXPECTED	⚠ PROCEED WITH CAUTION	
Drug Impacted	Drug Impacted	Clinical Interpretation
ADHD: CNS STIMULANTS		
Dexamethylphenidate (Focalin®) Lisdexamfetamine (Vyvanse®) Methamphetamine (Desoxyn®)	Amphetamine/Dextroamphetamine (Adderall®) Dextroamphetamine (Dexedrine®) Methylphenidate (Ritalin®)	Due to increased severity of social withdrawal or nausea
ADHD: SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
Atomoxetine (Strattera®)		
ALCOHOLISM: ALDEHYDE DEHYDROGENASE INHIBITORS		
Disulfiram (Antabuse®)		
ANTIANSXIETY		
Buspirone (Buspar®)		
ANTIANSXIETY: BENZODIAZEPINES		
Alprazolam (Xanax®) Lorazepam (Ativan®) Midazolam (Versed®) Oxazepam (Serax®)	Diazepam (Valium®)	Due to possible increased ADRs
ANTIDEPRESSANTS: DOPAMINE/NOREPINEPHRINE-REUPTAKE INHIBITORS		
	Bupropion (Wellbutrin®)	Due to reduced response and increased risk of side effects
ANTIDEPRESSANTS: SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
Escitalopram (Lexapro®) Vilazodone (Viibryd®) Vortioxetine (Trintellix®)	Citalopram (Celexa®) Fluoxetine (Prozac®) Fluvoxamine (Luvox®) Paroxetine (Paxil®) Sertraline (Zoloft®)	Due to reduced response Due to elevated risk for drug overdose resulting in adverse events and drug interaction Due to reduced response

✔ NORMAL RESPONSE EXPECTED	⚠ PROCEED WITH CAUTION	
Drug Impacted	Drug Impacted	Clinical Interpretation
ANTIDEPRESSANTS: SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
Duloxetine (Cymbalta®) Levomilnacipran (Fetzima®) Reboxetine (Edronax®)	Milnacipran (Savella®)	Due to reduced response
ANTIDEPRESSANTS: SEROTONIN REUPTAKE INHIBITORS/ANTAGONISTS		
Trazodone (Desyrel®)		
ANTIDEPRESSANTS: ALPHA-2 ANTAGONISTS		
	Mirtazapine (Remeron®)	Due to possible increased ADRs
ANTIPSYCHOTICS		
Aripiprazole (Abilify®) Brexpiprazole (Rexulti®) Haloperidol (Haldol®) Iloperidone (Fanapt®) Perphenazine Pimozide (Orap®)	Chlorpromazine Fluphenazine Clozapine (Clozaril®) Olanzapine (Zyprexa®) Quetiapine (Seroquel®)	Due to possible increased QT interval Due to increased risk of side effects including hyperprolactinemia and weight gain Due to increased risk of side effects
MOOD STABILIZER: ANTIMANIC AGENTS		
Carbamazepine (Tegretol®) Lamotrigine (Lamictal®) Valproic Acid (Depakote®)	Lithium (Lithobid®)	Due to possible less drug response
OPIOID OVERDOSE: OPIOIDS ANTAGONISTS		
Naloxone (Evezio®) Naltrexone (Revia®)		
OTHER STIMULANTS		
Cocaine	Cannabinoids	Due to increased risk of tetrahydrocannabinol (THC) dependence

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III. Summary Psychiatric Drugs

*A summary of commonly prescribed medications for psychiatric illnesses by drug class.
Including drugs that go through multiple pathways and final recommendations*

Color boxes: clinically significant pathway
Gray box: clinically limited relevant pathway

IV. Comprehensive Drug List

*Includes clinical interpretation for a 53-gene panel and over 300 drugs, arranged by therapeutic area
This section is designated to help optimize treatment options and manage patients with multiple conditions, effectively and efficiently*

Level of Evidence Legend

- | | |
|---|---------------------------------------|
| ● | FDA Actionable PGx – Package insert |
| ◐ | PharmGKB, CPIC, EMA, DPWG, PMDA, HCSC |
| ○ | Medical Literature |

Disclaimer: Recommendations with an evidence level of ○ are derived from medical literature and not the FDA/drug manufacture's package insert, or endorsed by established clinical guidelines. Healthcare providers should use their professional discretion when prescribing these drugs.

I. ICD-10 Diagnosis Code and Current Medication Driven Result for Smith, John

ICD-10: F32.9 Major depressive disorder, single episode, unspecified;F41.9 Anxiety disorder, unspecified

Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
⚠	Alpha-2 Antagonists:				
	Mirtazapine (Remeron®)	●	USE CAUTION due to possible increased ADRs	CYP2D6 *4/*10	Intermediate Metabolizer
✓	Anti-Anxiety Agents:				
	Bupirone (Buspar®)	○	NORMAL RESPONSE EXPECTED	HTR1A WT/WT	rs6295 CC genotype/rs1800044 C Allele Carrier
✓	Anticonvulsant Drugs:				
	Carbamazepine (Tegretol®)	●	NORMAL RESPONSE EXPECTED	SCN2A WT/WT	rs2304016 non-GG genotype
	Lamotrigine (Lamictal®)	●			
	Oxcarbazepine (Trileptal®)	●			
	Phenytoin (Dilantin®)	●			
Topiramate (Topamax®)	●				
✓	Anticonvulsant Drugs:				
	Clobazam (Onfi®)	●	NORMAL RESPONSE EXPECTED	CYP2C19 *1/*2	Intermediate Metabolizer
✓	Anticonvulsant Drugs:				
	Valproic Acid (Depakote®)	●	NORMAL RESPONSE EXPECTED	ANKK1 WT/c.2137G>A	A1 Heterozygous
⚠	Antimanic Agents:				
	Lithium (Lithobid®)	●	USE CAUTION due to possible less drug response	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
✗	Antipsychotics:				
	Risperidone (Risperdal®)	●	CONSIDER ALTERNATIVES (e.g., quetiapine, olanzapine, clozapine)	CYP2D6 *4/*10	Intermediate Metabolizer

Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
✘	Antipsychotics:				
	Thioridazine (Mellaril®)	●	CONSIDER ALTERNATIVES	CYP2D6 *4/*10	Intermediate Metabolizer
⚠	Antipsychotics:				
	Chlorpromazine Fluphenazine	◐ ◐	USE CAUTION due to possible increased QT interval	CYP1A2 *1A/*1F	Normal Metabolizer
⚠	Antipsychotics:				
	Clozapine (Clozaril®)	◐	USE CAUTION due to increased risk of side effects including hyperprolactinemia and weight gain	ANKK1 WT/c.2137G>A	A1 Heterozygous
⚠	Antipsychotics:				
	Clozapine (Clozaril®)	◐	USE CAUTION due to increased risk of developing metabolic syndrome	HTR2C WT/WT	rs1414334 C Allele Carrier
⚠	Antipsychotics:				
	Olanzapine (Zyprexa®) Quetiapine (Seroquel®)	◐ ◐	USE CAUTION due to increased risk of side effects	SLC6A4 LA/LA	HTTLPR Long Form
⚠	Antipsychotics:				
	Olanzapine (Zyprexa®)	◐	USE CAUTION due to increased risk of side effects including hyperprolactinemia and weight gain	ANKK1 WT/c.2137G>A	A1 Heterozygous
⚠	Antipsychotics:				
	Olanzapine (Zyprexa®)	◐	USE CAUTION due to increased risk of developing metabolic syndrome	HTR2C WT/WT	rs1414334 C Allele Carrier
✔	Antipsychotics:				
	Aripiprazole (Abilify®)	●	NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
	Brexpiprazole (Rexulti®)	●			
	Iloperidone (Fanapt®)	●			
	Pimozide (Orap®)	●			
	●				

Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
✓	Antipsychotics:				
	Aripiprazole (Abilify®)	●	NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
✓	Antipsychotics:				
	Haloperidol (Haldol®)	●	NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
✓	Antipsychotics:				
	Perphenazine	●	NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
✓	Antirheumatic Immunosuppressants:				
	Methotrexate (Trexall®)	●	NORMAL RESPONSE EXPECTED	ITPA WT/WT	Non-protective Wild Type
⚠	Benzodiazepines:				
	Diazepam (Valium®)	●	USE CAUTION due to possible increased ADRs	CYP2C19 *1/*2	Intermediate Metabolizer
✓	Benzodiazepines:				
	Alprazolam (Xanax®)	●	NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
✓	Benzodiazepines:				
	Lorazepam (Ativan®) Oxazepam (Serax®)	● ●	NORMAL RESPONSE EXPECTED	UGT2B15 *1/*2	rs1902023 non-AA genotype
✓	Benzodiazepines:				
	Midazolam (Versed®)	●	NORMAL RESPONSE EXPECTED	CYP3A5 *1A/*3A	Expresser

Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
⚠	Dopamine/Norepinephrine-Reuptake Inhibitors:				
	Bupropion (Wellbutrin®)	●	USE CAUTION due to reduced response and increased risk of side effects	CYP2B6 G516T/G516T/A785G/A785G	G516T Homozygous/A785G Homozygous
⚠	Dopamine/Norepinephrine-Reuptake Inhibitors:				
	Bupropion (Wellbutrin®)	●	USE CAUTION due to reduced response and increased risk of side effects	CYP2C19 *1/*2	Intermediate Metabolizer
⚠	Folate Antimetabolites:				
	Methotrexate (Trexall®)	●	USE CAUTION due to increased risk of toxicity caused by increased drug concentration	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
⚠	Folate Antimetabolites:				
	Methotrexate (Trexall®)	●	USE CAUTION due to poorer response and increased risk of toxicity	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
✖	Opioids:				
	Codeine (Codeine®)	●	CONSIDER ALTERNATIVES if no response	CYP2D6 *4/*10	Intermediate Metabolizer
	Codeine/Acetaminophen (Tylenol #3 & #4®)	●			
	Hydrocodone/Acetaminophen (Vicodin®)	●			
Oxycodone (Oxycontin®)	●				
✖	Opioids:				
	Tramadol Hydrochloride/Acetaminophen (Ultracet®)	●	CONSIDER ALTERNATIVES (not oxycodone, codeine)	CYP2D6 *4/*10	Intermediate Metabolizer
	Tramadol (Ultram®)	●	OR		
		INCREASE DOSE			

Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
▼	Opioids:				
	Buprenorphine (Subutex®) Fentanyl (Duragesic®) Sufentanil (Sufenta®)	○ ○ ○	DECREASE DOSE OR	CYP3A4 *1A/*1B	Intermediate Metabolizer
⚠	USE CAUTION due to the risk of increased exposure to the drug leading to adverse events				
⚠	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Citalopram (Celexa®)	◐	USE CAUTION due to reduced response	GRIK4 WT/WT	rs1954787 T Allele Carrier
⚠	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Fluoxetine (Prozac®)	●	USE CAUTION due to elevated risk for drug overdose resulting in adverse events and drug interaction	CYP2D6 *4/*10	Intermediate Metabolizer
⚠	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Fluvoxamine (Luvox®) Paroxetine (Paxil®) Sertraline (Zoloft®)	◐ ◐ ◐	USE CAUTION due to reduced response	HTR1A WT/WT	rs6295 CC genotype/rs1800044 C Allele Carrier
	Selective Serotonin Reuptake Inhibitors (SSRIs):				
⚠	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Sertraline (Zoloft®)	◐	USE CAUTION with high alert to adverse drug events	CYP2C19 *1/*2	Intermediate Metabolizer
✓	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Escitalopram (Lexapro®)	●	NORMAL RESPONSE EXPECTED	CYP2C19 *1/*2	Intermediate Metabolizer
✓	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Escitalopram (Lexapro®)	◐	NORMAL RESPONSE EXPECTED	SLC6A4 LA/LA	HTTLPR Long Form
✓	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Vilazodone (Viibryd®)	○	NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer

Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Selective Serotonin Reuptake Inhibitors (SSRIs):					
✓	Vortioxetine (Trintellix®)	●	NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):					
✗	Venlafaxine (Effexor®)	●	CONSIDER ALTERNATIVES (e.g., citalopram, sertraline)	CYP2D6 *4/*10	Intermediate Metabolizer
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):					
⚠	Milnacipran (Savella®)	◐	USE CAUTION due to reduced response	ADRA2A WT/c.-217G>A	rs1800544 GG genotype/rs1800545 GA genotype
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):					
⚠	Milnacipran (Savella®)	◐	USE CAUTION due to reduced response	HTR1A WT/WT	rs6295 CC genotype/rs1800044 C Allele Carrier
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):					
✓	Duloxetine (Cymbalta®)	○	NORMAL RESPONSE EXPECTED	CYP1A2 *1A/*1F	Normal Metabolizer
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):					
✓	Levomilnacipran (Fetzima®)	○	NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):					
✓	Reboxetine (Edronax®)	○	NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Serotonin Reuptake Inhibitors/Antagonists:					
✓	Trazodone (Desyrel®)	○	NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer



Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
▼	Tetracyclic Antidepressants:				
	Maprotiline	●	DECREASE DOSE	CYP2D6 *4/*10	Intermediate Metabolizer
▼	Tricyclic Antidepressants:				
	Amitriptyline (Elavil®)	●	DECREASE DOSE by 25%	CYP2D6 *4/*10	Intermediate Metabolizer
	Clomipramine (Anafranil®)	●			
	Doxepin (Silenor®)	●			
	Imipramine (Tofranil®)	●			
	Protriptyline (Vivactil®)	●			
Trimipramine (Surmontil®)	●				
▼	Tricyclic Antidepressants:				
	Desipramine (Norpramin®) Nortriptyline (Pamelor®)	● ●	DECREASE DOSE by 25%	CYP2D6 *4/*10	Intermediate Metabolizer
✗	Vitamins:				
	Folic Acid	●	CONSIDER ALTERNATIVES (e.g., supplements containing methylfolate) due to significantly reduced folic acid conversion	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation

Disclaimer: The ICD-10 codes page may be left blank because ICD codes were not provided or not applicable.

SAMPLE REPORT




II. Current Medication List for Smith, John

Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
	Anticonvulsant Drugs:				
	Lamotrigine	●	NORMAL RESPONSE EXPECTED	SCN2A WT/WT	rs2304016 non-GG genotype
	Antirheumatic Immunosuppressants:				
	Methotrexate	●	NORMAL RESPONSE EXPECTED	ITPA WT/WT	Non-protective Wild Type
	Folate Antimetabolites:				
	Methotrexate	●	USE CAUTION due to increased risk of toxicity caused by increased drug concentration	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
	Folate Antimetabolites:				
	Methotrexate	●	USE CAUTION due to poorer response and increased risk of toxicity	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
	Opioids:				
	Acetaminophen	●	CONSIDER ALTERNATIVES if no response	CYP2D6 *4/*10	Intermediate Metabolizer
	Vitamins:				
	Folic Acid	●	CONSIDER ALTERNATIVES (e.g., supplements containing methylfolate) due to significantly reduced folic acid conversion	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
	Beta Blockers:				
	Timolol	NA	CLINICAL EVIDENCE NOT SUFFICIENT	CYP2D6 *4/*10	Intermediate Metabolizer
	Nonsteroidal Anti-Inflammatory Drugs (NSAIDs):				
	Aspirin	NA	CLINICAL EVIDENCE NOT SUFFICIENT	CYP2C19 *1/*2	Intermediate Metabolizer
	Anticonvulsants:				
	Levetiracetam	NA	CLINICAL INTERPRETATION NOT AVAILABLE	NA	NA
	Antifungal Agents:				
	Nystatin	NA	PHARMACOGENOMICS EVIDENCE NOT AVAILABLE	NA	NA

Action	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
	Hormones:				
	Megestrol	NA	PHARMACOGENOMICS EVIDENCE NOT AVAILABLE	NA	NA
	Vitamins:				
	Multivitamins Cholecalciferol	NA	PHARMACOGENOMICS EVIDENCE NOT AVAILABLE	NA	NA





SAMPLE REPORT

Drug-Drug Interactions for Smith, John

Severity	Drugs	Warning	Documentation	Clinical Management
	METHOTREXATE SODIUM -- ASPIRIN	MAJOR Concurrent use of ASPIRIN and METHOTREXATE may result in methotrexate toxicity (leukopenia, thrombocytopenia, anemia, nephrotoxicity, mucosal ulcerations).	GOOD	In general, do not administer salicylates within 10 days of high-dose methotrexate (ie, doses used in cancer therapy). If concomitant administration is necessary, monitor closely for toxicity, especially myelosuppression and gastrointestinal toxicity. Concomitant administration of low-dose methotrexate (ie, doses used for arthritis, 7.5 to 15 mg per week) and NSAIDS has been well tolerated in many patients; however, caution is advised. Higher doses of methotrexate, such as those used in psoriasis, have not been evaluated with concomitant salicylates administration.
	METHOTREXATE SODIUM -- LEVETIRACETAM	MAJOR Concurrent use of LEVETIRACETAM and METHOTREXATE may result in increased risk of methotrexate exposure and toxicity.	GOOD	Concomitant use of methotrexate and levetiracetam may result in an increased methotrexate exposure and toxicity. If delayed methotrexate elimination occurs when coadministered levetiracetam, substitution of levetiracetam may be beneficial. When possible, consider temporarily switching from levetiracetam to another antiepileptic agent, especially in patients with a history of delayed methotrexate elimination with levetiracetam coadministration or in those at a greater risk for methotrexate toxicity (Bain et al, 2014).
	ASPIRIN -- TIMOLOL MALEATE	MODERATE Concurrent use of BETA-ADRENERGIC BLOCKERS and NSAIDS may result in increased blood pressure.	GOOD	The antihypertensive efficacy of beta blockers may be decreased when used concomitantly with NSAIDs. Monitor blood pressure when coadministration is required (Prod Info ZORVOLEX® oral capsules, 2016; Prod Info ANAPROX® DS oral tablets, 2016; Prod Info CALDOLOR® intravenous injection, 2016).




SAMPLE REPORT

Drug-Food Interactions for Smith, John

Severity	Drugs	Warning	Documentation	Clinical Management
	METHOTREXATE SODIUM -- COLA	MAJOR Concurrent use of METHOTREXATE and COLA may result in increased methotrexate serum levels and increased risk of toxicity.	EXCELLENT	Consumption of cola beverages, which contains high amounts of inorganic acids, concomitantly with methotrexate, may result in delayed methotrexate elimination, increase serum levels, and an increase risk of nephrotoxicity. Cola beverages should be avoided until methotrexate clearance has been confirmed (Bauters et al, 2013).
	ACETAMINOPHEN -- CABBAGE	MODERATE Concurrent use of ACETAMINOPHEN and CABBAGE may result in decreased acetaminophen effectiveness.	GOOD	Use caution if cabbage is used concomitantly with acetaminophen.
	ASCORBIC ACID/CYANOCOB ALAMIN/FOLIC ACID/NIACINAMID E/PYRIDOXINE/RI BOFLAVIN/THIAMI NE/VITAMIN A/VITAMIN D/VITAMIN E -- FOOD	MODERATE Concurrent use of PYRIDOXINE and FOOD may result in decreased pyridoxine exposure.	EXCELLENT	Concomitant administration with food delayed and decreased pyridoxine absorption, lowering overall pyridoxine exposure. Administer pyridoxine on an empty stomach with a glass of water (Prod Info DICLEGIS® oral delayed-release tablets, 2013).
	ASPIRIN -- CELERY	MODERATE Concurrent use of ANTIPLATELET AGENTS and CELERY may result in increased risk of bleeding.	FAIR	Avoid concomitant use of celery with antiplatelet agents. If both are taken together monitor the patient closely for signs and symptoms of bleeding.





SAMPLE REPORT

Drug-Alcohol Interactions for Smith, John

Severity	Drugs	Warning	Documentation	Clinical Management
	ACETAMINOPHEN -- ETHANOL	MAJOR Concurrent use of ETHANOL and ACETAMINOPHEN may result in an increased risk of hepatotoxicity.	GOOD	Caution should be used with patients who drink 3 or more alcoholic beverages per day and take acetaminophen. Patients should be advised not to exceed 4 grams of acetaminophen per 24 hours. Chronic alcoholics should avoid the use of acetaminophen. In cases of acetaminophen overdose consider treatment with acetylcysteine.
	ASPIRIN -- ETHANOL	MODERATE Concurrent use of ETHANOL and ASPIRIN may result in increased risk of gastrointestinal bleeding.	GOOD	Concomitant use of alcohol and aspirin may increase the risk of gastrointestinal injury and bleeding and should be undertaken with caution. Chronic or heavy alcohol consumption may increase this risk (Prod Info DuoCover oral film coated tablets, 2016).
	METHOTREXATE SODIUM -- ETHANOL	MODERATE Concurrent use of ETHANOL and METHOTREXATE may result in increased hepatotoxicity.	FAIR	Patients taking methotrexate should minimize or avoid the consumption of ethanol.

SAMPLE REPORT

Drug-Lab Interactions for Smith, John

Severity	Drugs	Warning	Documentation	Clinical Management
	LAMOTRIGINE -- URINE PHENCYCLIDINE SCREENING TEST	MAJOR LAMOTRIGINE may result in false-positive result due to assay interference.	FAIR	Lamotrigine may cause false-positive results for phencyclidine (PCP) through interference with the assay used in some rapid urine drug screens. Confirm positive results with more specific analyses (Prod Info LAMICTAL® oral tablets, oral chewable dispersible tablets, 2014).
	LAMOTRIGINE -- URINE DRUG SCREENING	MAJOR LAMOTRIGINE may result in false-positive result due to assay interference.	FAIR	Lamotrigine may cause false-positive results in some rapid urine drug screens via assay interference. Confirm positive results with more specific analyses (Prod Info LAMICTAL® oral tablets, oral chewable dispersible tablets, 2014).
	ACETAMINOPHEN -- URIC ACID MEASUREMENT	MODERATE ACETAMINOPHEN may result in falsely increased serum uric acid levels due to assay interference with the phosphotungstate reduction method.	GOOD	Consider using the enzymatic uricase method to determine serum uric acid concentrations in patients who have taken acetaminophen.
	ASCORBIC ACID/CYANOCOB ALAMIN/FOLIC ACID/NIACINAMID E/PYRIDOXINE/RI BOFLAVIN/THIAMI NE/VITAMIN A/VITAMIN D/VITAMIN E -- GLUCOSE MEASUREMENT	MODERATE ASCORBIC ACID may result in inaccurate glucose readings due to assay interference by ascorbic acid.	GOOD	The presence of ascorbic acid (a strong reducing agent) in the blood can lead to inaccurate results (false positive or negative (Tang et al, 2000)) on oxidation-reduction reactions such as blood or urine glucose tests if used during or within 24 hours of an ascorbic acid infusion. Chemical detecting methods based on colorimetric reactions may be affected. When possible, delay such a test until 24 hours after IV infusion of ascorbic acid (Prod Info ASCOR® intravenous injection, 2017) or after taking large doses of ascorbic acid.

Disclaimer: The Current Medication section may be left blank if no medication list provided. The Drug Interactions section may be left blank if no drug interactions were found for drugs on the current medication list or no medication list was provided.

III. Summary Psychiatric Drugs for Smith, John

Drugs by Drug Class	ABCB1	ADRA2A	ANKK1	CES1	CNR1	COMT	CYP1A2	CYP2B6	CYP2C19	CYP2D6	CYP3A4	CYP3A5	DRD1	DRD2	FAAH	GRIK4	HLA-B	HTR1A	HTR2A	HTR2C	OPRM1	SCN2A	SLC6A4	UGT2B15	Final recommendation	
ALDEHYDE DEHYDROGENASE INHIBITORS																										
Disulfiram (Antabuse®)			x																							
ANTI-ANXIETY AGENTS																										
Alprazolam (Xanax®)											x															
Buspirone (Buspar®)																		x								
Diazepam (Valium®)								x																		
Lorazepam (Ativan®)																								x		
Midazolam (Versed®)												x														
Oxazepam (Serax®)																								x		
Propranolol (Inderal LA®)									x																	
ANTIDEPRESSANTS																										
Amitriptyline (Elavil®)								x	x	x																
Bupropion (Wellbutrin®)							x	x	x																	
Citalopram (Celexa®)								x							x				x				x			
Clomipramine (Anafranil®)								x	x																	
Desipramine (Norpramin®)										x																
Doxepin (Silenor®)								x	x																	
Duloxetine (Cymbalta®)						x																				
Escitalopram (Lexapro®)								x															x			
Fluoxetine (Prozac®)										x																
Fluvoxamine (Luvox®)										x								x								
Imipramine (Tofranil®)								x	x																	
Levomilnacipran (Fetzima®)												x														
Maprotiline										x																
Milnacipran (Savella®)		x																	x							
Mirtazapine (Remeron®)										x																
Nortriptyline (Pamelor®)										x																
Paroxetine (Paxil®)										x									x							
Protriptyline (Vivactil®)								x	x																	
Reboxetine (Edronax®)												x														
Sertraline (Zoloft®)								x											x							
Trazodone (Desyre®)												x														
Trimipramine (Surmontil®)								x	x																	
Venlafaxine (Effexor®)										x																
Vilazodone (Viibryd®)												x														
Vortioxetine (Trintellix®)									x																	

Drugs by Drug Class	ABCB1	ADRA2A	ANKK1	CES1	CNR1	COMT	CYP1A2	CYP2B6	CYP2C19	CYP2D6	CYP3A4	CYP3A5	DRD1	DRD2	FAAH	GRIK4	HLA-B	HTR1A	HTR2A	HTR2C	OPRM1	SCN2A	SLC6A4	UGT2B15	Final recommendation	
ANTIMANIC AGENTS																										
Lithium (Lithobid®)	x																									
ANTIPSYCHOTICS																										
Aripiprazole (Abilify®)										x	x															
Brexpiprazole (Rexulti®)										x																
Chlorpromazine							x																			
Clozapine (Clozaril®)			x				x			x										x						
Fluphenazine							x																			
Haloperidol (Haldol®)										x																
Iloperidone (Fanapt®)										x																
Olanzapine (Zyprexa®)			x				x													x			x			
Perphenazine										x																
Pimozide (Orap®)										x																
Quetiapine (Seroquel®)															x								x			
Risperidone (Risperdal®)			x							x					x						x		x			
Thioridazine (Mellaril®)										x																
CNS STIMULANTS (ADHD)																										
AMP/D-AMPH* (Adderall®)						x							x								x					
Atomoxetine (Strattera®)										x																
Dexmethylphenidate (Focalin®)							x																			
Dextroamphetamine (Dexedrine®)							x						x													
Lisdexamfetamine (Vyvanse®)							x																			
Methamphetamine (Desoxyn®)															x											
Methylphenidate (Ritalin®)				x		x							x													
MOOD STABILIZERS																										
Carbamazepine (Tegretol®)																	x					x				
Lamotrigine (Lamictal®)																						x				
Valproic Acid (Depakote®)			x																							
OPIOIDS ANTAGONISTS																										
Naloxone (Evzio®)																					x					
Naltrexone (Revia®)																					x					
OTHER STIMULANTS																										
Cannabinoids															x											
Cocaine				x																						

*AMP/D-AMPH: Amphetamine/Dextroamphetamine

■ Consider Alternative
 ■ Normal Response Expected
 ■ Increase Dose
 ■ Decrease Dose
 ■ Proceed With Caution
 ■ Minor Pathway

IV. Comprehensive Drug List for Smith, John

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Anesthesiology	General Anesthetics:				
	Ketamine (Ketalar®) Propofol (Diprivan®)	●	▼ DECREASE DOSE due to decreased drug clearance	CYP2B6 G516T/G516T/A785G/A785G	G516T Homozygous/A785G Homozygous
Anesthesiology	Local Anesthetics:				
	Lidocaine/Prilocaine (Emla®)	●	✘ CONSIDER ALTERNATIVES due to high susceptibility to drug-induced methemoglobinemia	G6PD WT/Mediterranean	G6PD Deficiency
Anesthesiology	Local Anesthetics:				
	Lidocaine (Lidoderm®) Ropivacaine (Naropin®)	○	✓ NORMAL RESPONSE EXPECTED	CYP1A2 *1A/*1F	Normal Metabolizer
Anesthesiology	Sedatives:				
	Dexmedetomidine (Precedex®)	●	✓ NORMAL RESPONSE EXPECTED	ADRA2A WT/c.-217G>A	rs1800544 GG genotype/rs1800545 GA genotype
Cardiology	ACE Inhibitors:				
	Captopril (Capoten®) Quinapril (Accupril®)	●	⚠ USE CAUTION due to reduced response	ACE WT/WT	ACE Deletion
Cardiology	ACE Inhibitors:				
	Benazepril (Lotensin®) Perindopril (Aceon®)	●	✓ NORMAL RESPONSE EXPECTED	ACE WT/WT	ACE Deletion
Cardiology	ACE Inhibitors:				
	Perindopril (Aceon®)	●	✓ NORMAL RESPONSE EXPECTED	AGTR1 WT/WT	rs5186 AA genotype
Cardiology	Angiotensin II Receptor Blockers:				
	Irbesartan (Avapro®)	●	⚠ USE CAUTION due to reduced response	ACE WT/WT	ACE Deletion

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Cardiology	Angiotensin II Receptor Blockers:				
	Losartan (Cozaar®)	●	⚠ USE CAUTION due to reduced response	AGTR1 WT/WT	rs5186 AA genotype
Cardiology	Angiotensin II Receptor Blockers:				
	Candesartan (Atacand®)	●	✅ NORMAL RESPONSE EXPECTED	AGTR1 WT/WT	rs5186 AA genotype
Cardiology	Antianginal Drugs:				
	Ranolazine (Ranexa®)	●	✅ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Cardiology	Antiarrhythmic Drugs:				
	Propafenone (Rythmol®)	●	❌ CONSIDER ALTERNATIVES (e.g., sotalol, disopyramide, quinidine, amiodarone)	CYP2D6 *4/*10	Intermediate Metabolizer
Cardiology	Antiarrhythmic Drugs:				
	Flecainide (Tambocor®)	●	⚠ DECREASE DOSE by 25%	CYP2D6 *4/*10	Intermediate Metabolizer
Cardiology	Antiarrhythmic Drugs:				
	Digoxin (Lanoxin®)	●	⚠ USE CAUTION due to decreased metabolism	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Cardiology	Antiarrhythmic Drugs:				
	Amiodarone (Cordarone®)	●	✅ NORMAL RESPONSE EXPECTED	NOS1AP WT/WT	rs10494366 GG genotype/rs10800397 C Allele Carrier/rs10919035 C Allele Carrier
Cardiology	Antiarrhythmic Drugs:				
	Dronedarone (Multaq®)	●	✅ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Cardiology	Anticoagulants:				
	Phenprocoumon (Marcoumar®)	●	✓ NORMAL RESPONSE EXPECTED	CYP4F2 *1/*1	Normal Metabolizer
Cardiology	Anticoagulants:				
	Rivaroxaban (Xarelto®)	○	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Cardiology	Anticoagulants:				
	Warfarin (Coumadin®)	●	✓ NORMAL DOSE Warfarin daily dose 5-7mg	CYP2C9 *1/*1	Normal Metabolizer
Cardiology	Anticoagulants:				
	Warfarin (Coumadin®)	●	✓ NORMAL DOSE Warfarin daily dose 5-7mg	VKORC1 WT/-1639G>A	rs9923231 A Allele Carrier
Cardiology	Antilipemic Agents:				
	Fenofibrate (Tricor®)	○	✓ NORMAL RESPONSE EXPECTED	APOB c.8216C>T/c.8216C>T	rs676210 AA Genotype
Cardiology	Antilipemic Agents:				
	Fenofibrate (Tricor®)	●	✓ NORMAL RESPONSE EXPECTED	APOE WT/WT	Non E2 Carrier
Cardiology	Antilipemic Agents (Statins):				
	Atorvastatin (Lipitor®) Pravastatin (Pravachol®)	●	⚠ USE CAUTION due to poorer response to statin treatment with decreased risk for adverse cardiovascular events	KIF6 WT/WT	rs20455 AA genotype
Cardiology	Antilipemic Agents (Statins):				
	Atorvastatin (Lipitor®)	●	⚠ USE CAUTION due to higher risk of developing myalgia	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Cardiology	Antilipemic Agents (Statins):				
	Lovastatin (Mevacor®) Rosuvastatin (Crestor®)	●	✓ NORMAL RESPONSE EXPECTED	CYP3A5 *1A/*3A	Expresser

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Cardiology	Antilipemic Agents (Statins):				
	Pitavastatin (Livalo®) Rosuvastatin (Crestor®)	◄	✓ NORMAL RESPONSE EXPECTED	SLCO1B1 *1/*1	Normal Activity
Cardiology	Antilipemic Agents (Statins):				
	Fluvastatin (Lescol®)	◄	✓ NORMAL RESPONSE EXPECTED	ACE WT/WT	ACE Deletion
Cardiology	Antilipemic Agents (Statins):				
	Lovastatin (Mevacor®)	○	✓ NORMAL RESPONSE EXPECTED	LDLR c.1773C>T/c.1773C>T	rs688 TT Genotype
Cardiology	Antilipemic Agents (Statins):				
	Simvastatin (Zocor®)	◄	✓ NORMAL RESPONSE EXPECTED	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Cardiology	Antilipemic Agents (Statins):				
	Simvastatin (Zocor®)	◄	✓ NORMAL RESPONSE EXPECTED	SLCO1B1 *1/*1	Normal Activity
Cardiology	Antiplatelets:				
	Clopidogrel (Plavix®)	●	✗ CONSIDER ALTERNATIVES (if no contraindication e.g., prasugrel, ticagrelor)	CYP2C19 *1/*2	Intermediate Metabolizer
Cardiology	Antiplatelets:				
	Ticagrelor (Brilinta®)	●	✓ NORMAL DOSE	CYP2C19 *1/*2	Intermediate Metabolizer

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Cardiology	Beta Blockers:				
	Metoprolol (Lopressor®)	●	✘ CONSIDER ALTERNATIVES (e.g., bisoprolol, carvedilol) OR ▼ DECREASE DOSE by 50% due to heart failure caused by the decreased drug cardioselectivity	CYP2D6 *4/*10	Intermediate Metabolizer
Cardiology	Beta Blockers:				
	Atenolol (Tenormin®)	◐	⚠ USE CAUTION due to decreased drug response	ADRA2A WT/c.-217G>A	rs1800544 GG genotype/rs1800545 GA genotype
Cardiology	Beta Blockers:				
	Carvedilol (Coreg®)	●	✔ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Cardiology	Beta Blockers:				
	Nebivolol (Bystolic®) Propranolol (Inderal LA®)	● ●	✔ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Cardiology	Calcium Channel Blockers:				
	Amlodipine (Norvasc®) Nifedipine (Adalat®)	◐ ○	⚠ USE CAUTION due to increased risk for QTc prolongation	NOS1AP WT/WT	rs10494366 GG genotype/rs10800397 C Allele Carrier/rs10919035 C Allele Carrier
Cardiology	Calcium Channel Blockers:				
	Verapamil (Calan®)	◐	⚠ USE CAUTION due to increased risk for QTc prolongation	NOS1AP WT/WT	rs10494366 GG genotype/rs10800397 C Allele Carrier/rs10919035 C Allele Carrier
Cardiology	Calcium Channel Blockers:				
	Diltiazem (Cardizem®) Felodipine (Plendil®) Lercanidipine (Zanidip®) Nisoldipine (Sular®)	○ ○ ○ ○	✔ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Cardiology	Calcium Channel Blockers:				
	Nitrendipine (Nitrepin®)	◐	✔ NORMAL RESPONSE EXPECTED	AGTR1 WT/WT	rs5186 AA genotype

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Cardiology	Diuretics:				
	Bumetanide (Bumex®) Furosemide (Lasix®) Hydrochlorothiazide (Microzide®) Torsemide (Demadex®)	◀	✓ NORMAL RESPONSE EXPECTED	ACE WT/WT	ACE Deletion
	Diuretics:				
	Hydrochlorothiazide (Microzide®)	◀	✓ NORMAL RESPONSE EXPECTED	AGTR1 WT/WT	rs5186 AA genotype
Cardiology	Diuretics:				
	Spironolactone (Aldactone®)	◀	✓ NORMAL RESPONSE EXPECTED	ACE WT/WT	ACE Deletion
Cardiology	Miscellaneous Cardiovascular Agents:				
	Ivabradine (Corlanor®)	◀	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Cardiology	Phosphodiesterase Inhibitors:				
	Cilostazol (Pletal®)	◀	✓ NORMAL RESPONSE EXPECTED	CYP3A5 *1A/*3A	Expresser
Cardiology	Vasodilators:				
	Hydralazine	●	⚠ USE CAUTION due to decreased drug response	NAT2 *4/*12	Rapid Acetylator
Cardiology	Vasodilators:				
	Nitroprusside (Nitropress®)	◀	✓ NORMAL RESPONSE EXPECTED	ACE WT/WT	ACE Deletion
Dentistry	Cholinergic Agonists:				
	Cevimeline (Evoxac®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Endocrinology	Biguanides:				
	Metformin (Glucophage®)	◀	✓ NORMAL RESPONSE EXPECTED	ATM WT/WT	rs11212617 CC genotype

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Endocrinology	Endocrine Enzyme Inhibitors:				
	Eliglustat (Cerdelga®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Endocrinology	Sulfonylureas:				
	Chlorpropamide (Diabinese®)	●	✗ CONSIDER ALTERNATIVES	G6PD WT/Mediterranean	G6PD Deficiency
	Glimepiride (Amaryl®)	●			
	Glipizide (Glucotrol®)	●			
	Glyburide (Glynase®)	●			
	Tolbutamide	○			
Endocrinology	Thiazolidinediones:				
	Pioglitazone (Actos®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C8 *1/*1	Wild Type
Endocrinology	Thiazolidinediones:				
	Rosiglitazone (Avandia®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C8 *1/*1	Wild Type
Gastroenterology	Histamine H2 Antagonists:				
	Famotidine (Pepcid®)	○	✓ NORMAL DOSE	CYP2C19 *1/*2	Intermediate Metabolizer
Gastroenterology	Monoclonal Antibody:				
	Adalimumab (Humira®)	○	✓ NORMAL RESPONSE EXPECTED	HFE WT/c.340+4T>C	rs2071303 C Allele Carrier
Gastroenterology	Osmotic Laxatives:				
	Ascorbic Acid (MoviPrep®)	●	⚠ USE CAUTION due to a risk of hemolytic anemia	G6PD WT/Mediterranean	G6PD Deficiency
Gastroenterology	Proton Pump Inhibitors (PPIs):				
	Dexlansoprazole (Dexilant®)	●	⚠ USE CAUTION due to higher drug plasma levels	CYP2C19 *1/*2	Intermediate Metabolizer
	Esomeprazole (Nexium®)	●			
	Lansoprazole (Prevacid®)	●			
	Omeprazole (Prilosec®)	●			
	Pantoprazole (Protonix®)	●			
	Rabeprazole (Aciphex®)	●			

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Gynecology	Hormonal Contraceptives:				
	Ethinyl Estradiol/Norelgestromin (Ortho Evra®)	●	✓ NORMAL RESPONSE EXPECTED	F5 WT/WT	Non Factor V Leiden Carrier
Gynecology	Hormones:				
	Oral-Contraceptive	●	✓ NORMAL RESPONSE EXPECTED	F2 WT/WT	Wild Type
Gynecology	Mixed 5-HT1A Agonists/5-HT2A Antagonists:				
	Flibanserin (Addyi®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C19 *1/*2	Intermediate Metabolizer
Hematology	Colony Stimulating Factors:				
	Eltrombopag (Promacta®)	●	✓ NORMAL RESPONSE EXPECTED	F5 WT/WT	Non Factor V Leiden Carrier
Immunology	5-Aminosalicylic Acid Derivatives:				
	Sulfasalazine (Azulfidine®)	●	⚠ USE CAUTION due to a risk of hemolytic anemia	G6PD WT/Mediterranean	G6PD Deficiency
Immunology	Antigout Agents:				
	Lesinurad (Zurampic®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C9 *1/*1	Normal Metabolizer
Immunology	Antirheumatic Immunosuppressants:				
	Methotrexate (Trexall®)	●	✓ NORMAL RESPONSE EXPECTED	ITPA WT/WT	Non-protective Wild Type
Immunology	Immunosuppressant Agents:				
	Cyclosporine (Gengraf®) Sirolimus (Rapamune®)	● ●	⬆ INCREASE DOSE	CYP3A5 *1A/*3A	Expresser
Immunology	Immunosuppressant Agents:				
	Tacrolimus (Prograf®)	●	⬆ INCREASE DOSE	CYP3A4 *1A/*1B	Intermediate Metabolizer

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Immunology	Immunosuppressant Agents:				
	Tacrolimus (Prograf®)	◄	▲ INCREASE DOSE with 1.5 to 2 times recommended starting dose not exceed 0.3mg per kg per day	CYP3A5 *1A/*3A	Expresser
Immunology	Immunosuppressive Drugs:				
	Azathioprine (Imuran®)	●	✓ NORMAL RESPONSE EXPECTED	TPMT *1/*1	Normal Metabolizer
Immunology	Systemic Corticosteroids:				
	Methylprednisolone (Medrol®) Prednisolone (Orapred®) Prednisone (Deltasone®)	◄ ◄ ◄	✓ NORMAL RESPONSE EXPECTED	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Immunology	Urate-Oxidase (Recombinent):				
	Pegloticase (Krystexxa®)	●	⚠ USE CAUTION due to the risk of hemolysis and methemoglobinemia	G6PD WT/Mediterranean	G6PD Deficiency
Immunology	Uricosuric Agents:				
	Probenecid	●	⚠ USE CAUTION due to the risk of hemolysis and methemoglobinemia	G6PD WT/Mediterranean	G6PD Deficiency
Immunology	Xanthine Oxidase Inhibitors:				
	Allopurinol (Zyloprim®)	●	✓ NORMAL RESPONSE EXPECTED	HLA-B WT/WT	Wild Type
Infectious Diseases	Antifungal Drugs:				
	Voriconazole (Vfend®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C19 *1/*2	Intermediate Metabolizer
Infectious Diseases	Antihepaciviral Drugs:				
	Boceprevir (Victrelis®) Ledipasvir/Sofosbuvir (Harvoni®) Peginterferon alfa-2b (PegIntron®) Ribavirin (Copegus®) Telaprevir (Incivo®)	● ● ● ◄ ●	⚠ USE CAUTION due to decreased response and increased likelihood of relapse	IFNL3 39738787C>T/39743165T>G	Unfavorable Response Genotype
Infectious Diseases	Antihepaciviral Drugs:				
	Boceprevir (Victrelis®) Peginterferon alfa-2b (PegIntron®) Ribavirin (Copegus®) Telaprevir (Incivo®)	○ ◄ ◄ ○	⚠ USE CAUTION due to increased risk of ribavirin-induced hemolytic anemia	ITPA WT/WT	Non-protective Wild Type

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Infectious Diseases	Antimalarial Drugs:				
	Chloroquine (Aralen®) Primaquine Phosphate (Primaquine®) Quinine (Qualaquin®)	● ● ●	⚠ USE CAUTION due to high risk for hemolysis	G6PD WT/Mediterranean	G6PD Deficiency
Infectious Diseases	Antiretroviral Drugs:				
	Efavirenz (Sustiva®) Nevirapine (Viramune®)	● ●	⚠ USE CAUTION due to higher potential for an increased frequency and severity of drug-associated adverse events	CYP2B6 G516T/G516T/A785G/A785G	G516T Homozygous/A785G Homozygous
Infectious Diseases	Antiretroviral Drugs:				
	Abacavir (Ziagen®)	●	✓ NORMAL RESPONSE EXPECTED	HLA-B WT/WT	Wild Type
Infectious Diseases	Antiretroviral Drugs:				
	Atazanavir (Reyataz®)	●	✓ NORMAL RESPONSE EXPECTED	UGT1A1 *1/*28	Heterozygous *28 Allele Carrier
Infectious Diseases	Antiretroviral Drugs:				
	Dolutegravir (Tivicay®)	●	✓ NORMAL RESPONSE EXPECTED	UGT1A1 *1/*28	Heterozygous *28 Allele Carrier
Infectious Diseases	Antiretroviral Drugs:				
	Lamivudine (EpiVir®) Lopinavir/Ritonavir (Kaletra®) Zidovudine (Retrovir®)	● ● ●	✓ NORMAL RESPONSE EXPECTED	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Infectious Diseases	Antiretroviral Drugs:				
	Nelfinavir (Viracept®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C19 *1/*2	Intermediate Metabolizer
Infectious Diseases	Antitubercular Agents:				
	Ethambutol (Myambutol®) Isoniazid Pyrazinamide (Rifater®) Rifampin (Rifadin®)	● ● ● ●	✓ NORMAL RESPONSE EXPECTED	NAT2 *4/*12	Rapid Acetylator
Infectious Diseases	Lipopeptides:				
	Daptomycin (Cubicin®)	●	✓ NORMAL RESPONSE EXPECTED	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Infectious Diseases	Macrolides:				
	Erythromycin/Sulfisoxazole (Pediazole®)	●	▼ DECREASE DOSE due to a risk of hemolytic anemia	G6PD WT/Mediterranean	G6PD Deficiency
Infectious Diseases	Miscellaneous Antibiotics:				
	Dapsone Sulfamethoxazole/Trimethoprim (Bactrim®)	● ●	⚠ USE CAUTION due to an increased risk of hemolytic adverse reactions	G6PD WT/Mediterranean	G6PD Deficiency
Infectious Diseases	Miscellaneous Antibiotics:				
	Nalidixic Acid (Negram®) Nitrofurantoin (Macrobid®)	● ●	⚠ USE CAUTION due to an association with hemolytic anemia	G6PD WT/Mediterranean	G6PD Deficiency
Infectious Diseases	Topical Antibiotics:				
	Mafenide (Sulfamylon®)	●	✖ CONSIDER ALTERNATIVES due to reported fatal ADR cases	G6PD WT/Mediterranean	G6PD Deficiency
Neurology	Acetylcholinesterase Inhibitors:				
	Donepezil (Aricept®)	●	⚠ USE CAUTION due to possible increased ADRs caused by decreased drug metabolism	CYP2D6 *4/*10	Intermediate Metabolizer
Neurology	Acetylcholinesterase Inhibitors:				
	Galantamine (Razadyne®)	●	✔ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Neurology	Anticonvulsant Drugs:				
	Brivaracetam (Briviact®)	●	⚠ USE CAUTION due to possible increased ADRs	CYP2C19 *1/*2	Intermediate Metabolizer
Neurology	Anticonvulsant Drugs:				
	Carbamazepine (Tegretol®)	◄	✔ NORMAL RESPONSE EXPECTED	SCN2A WT/WT	rs2304016 non-GG genotype
	Lamotrigine (Lamictal®)	◄			
	Oxcarbazepine (Trileptal®)	◄			
	Phenytoin (Dilantin®)	◄			
	Topiramate (Topamax®)	◄			
	◄				

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Neurology	Anticonvulsant Drugs:				
	Carbamazepine (Tegretol®) Phenytoin (Dilantin®)	● ●	✓ NORMAL RESPONSE EXPECTED	HLA-B WT/WT	Wild Type
Neurology	Anticonvulsant Drugs:				
	Clobazam (Onfi®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C19 *1/*2	Intermediate Metabolizer
Neurology	Anticonvulsant Drugs:				
	Phenobarbital	●	✓ NORMAL RESPONSE EXPECTED	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Neurology	Anticonvulsant Drugs:				
	Valproic Acid (Depakote®)	●	✓ NORMAL RESPONSE EXPECTED	ANKK1 WT/c.2137G>A	A1 Heterozygous
Neurology	Antimigraine Agents:				
	Eletriptan (Relpax®)	○	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Neurology	Antimigraine Agents:				
	Zolmitriptan (Zomig®)	○	✓ NORMAL RESPONSE EXPECTED	CYP1A2 *1A/*1F	Normal Metabolizer
Neurology	Central Monoamine-Depleting Agents:				
	Tetrabenazine (Xenazine®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Neurology	COMT Inhibitors:				
	Entacapone (Comtan®)	●	✓ NORMAL RESPONSE EXPECTED	COMT WT/WT	Non MET Homozygous
Neurology	NMDA Receptor Antagonists:				
	Dextromethorphan/Quinidine (Nuedexta®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Oncology	Alkylating Agents:				
	Cyclophosphamide (Cytoxan®)	◀	⚠ USE CAUTION due to poorer response and increased risk of toxicity	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
Oncology	Alkylating Agents:				
	Cyclophosphamide (Cytoxan®)	◀	⚠ USE CAUTION due to worse outcome including overall survival and progression-free survival	NQO1 c.559C>T/c.559C>T	rs1800566 AA genotype
Oncology	Anthracyclines:				
	Doxorubicin (Doxil®)	◀	⚠ USE CAUTION due to worse outcome including overall survival and progression-free survival	NQO1 c.559C>T/c.559C>T	rs1800566 AA genotype
Oncology	Anthracyclines:				
	Epirubicin (Ellence®)	◀	⚠ USE CAUTION due to worse outcome including overall survival and progression-free survival	NQO1 c.559C>T/c.559C>T	rs1800566 AA genotype
Oncology	Antiemetics:				
	Dexamethasone (Decadron®)	◀	✅ NORMAL RESPONSE EXPECTED	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Oncology	Antiemetics:				
	Dronabinol (Marinol®)	●	✅ NORMAL RESPONSE EXPECTED	CYP2C9 *1/*1	Normal Metabolizer
Oncology	Antiemetics (Selective 5-HT3 Receptor Antagonist):				
	Dolasetron (Anzemet®) Granisetron (Sancuso®)	◀ ◀	✅ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Oncology	Antiemetics (Selective 5-HT3 Receptor Antagonist):				
	Dolasetron (Anzemet®) Granisetron (Sancuso®)	◀ ◀	✅ NORMAL RESPONSE EXPECTED	NOS1AP WT/WT	rs10494366 GG genotype/rs10800397 C Allele Carrier/rs10919035 C Allele Carrier
Oncology	Antiemetics (Selective 5-HT3 Receptor Antagonist):				
	Ondansetron (Zofran®)	◀	✅ NORMAL RESPONSE EXPECTED	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Oncology	Antiemetics (Selective 5-HT3 Receptor Antagonist):				
	Ondansetron (Zofran®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Oncology	Antiemetics (Selective 5-HT3 Receptor Antagonist):				
	Palonosetron (Aloxi®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Oncology	Antimetabolites (Purine Analog):				
	Mercaptopurine (Purinethol®) Thioguanine (Tabloid®)	● ●	✓ NORMAL RESPONSE EXPECTED	TPMT *1/*1	Normal Metabolizer
Oncology	Antimetabolites (Pyrimidine Analog):				
	Fluorouracil (Carac®)	●	⚠ USE CAUTION due to increased risk of diarrhea	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Oncology	Antimetabolites (Pyrimidine Analog):				
	Fluorouracil (Carac®)	●	⚠ USE CAUTION due to an increased risk for nephrotoxicity, decreased survival and a poorer response	ERCC1 WT/WT	rs3212986 C Allele Carrier/rs11615 AA genotype/rs735482 AA genotype
Oncology	Antimetabolites (Pyrimidine Analog):				
	Fluorouracil (Carac®)	●	⚠ USE CAUTION due to a highly increased risk of toxicity and poorer treatment outcome	GSTP1 WT/WT	rs1695 AA genotype
Oncology	Antimetabolites (Pyrimidine Analog):				
	Fluorouracil (Carac®)	●	⚠ USE CAUTION due to poorer response and increased risk of toxicity	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
Oncology	Antimetabolites (Pyrimidine Analog):				
	Fluorouracil (Carac®)	●	⚠ USE CAUTION due to worse outcome including overall survival and progression-free survival	NQO1 c.559C>T/c.559C>T	rs1800566 AA genotype
Oncology	Antimetabolites (Pyrimidine Analog):				
	Fluorouracil (Carac®)	●	⚠ USE CAUTION due to decreased survival and response	XRCC1 WT/WT	rs25487 T Allele Carrier

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Oncology	Antimetabolites (Pyrimidine Analog):				
	Capecitabine (Xeloda®) Pyrimidinedione (Tegafur-Uracil®)	● ●	✓ NORMAL RESPONSE EXPECTED	DPYD *5/*9A/c.496A>G/ IVS10-15T>C	Normal Metabolizer
Oncology	Antimetabolites (Pyrimidine Analog):				
	Cytarabine (Depocyt®)	●	✓ NORMAL RESPONSE EXPECTED	CDA WT/WT	rs532545 C Allele
Oncology	BCR-ABL Tyrosine Kinase Inhibitors:				
	Nilotinib (Tasigna®) Pazopanib (Votrient®)	● ●	✓ NORMAL RESPONSE EXPECTED	UGT1A1 *1/*28	Heterozygous *28 Allele Carrier
Oncology	BRAF Kinase Inhibitors:				
	Dabrafenib (Tafinlar®)	●	⚠ USE CAUTION by closely observing patients with G6PD deficiency for signs of hemolytic anemia	G6PD WT/Mediterranean	G6PD Deficiency
Oncology	Chemotherapy Modulating Agents:				
	Leucovorin (Wellcovorin®)	●	⚠ USE CAUTION due to an increased risk for nephrotoxicity, decreased survival and a poorer response	ERCC1 WT/WT	rs3212986 C Allele Carrier/rs11615 AA genotype/rs735482 AA genotype
Oncology	Chemotherapy Modulating Agents:				
	Leucovorin (Wellcovorin®)	○	⚠ USE CAUTION due to a highly increased risk of toxicity and poorer treatment outcome	GSTP1 WT/WT	rs1695 AA genotype
Oncology	Chemotherapy Modulating Agents:				
	Leucovorin (Wellcovorin®)	●	⚠ USE CAUTION due to poorer response and increased risk of toxicity	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
Oncology	Chemotherapy Modulating Agents:				
	Leucovorin (Wellcovorin®)	○	⚠ USE CAUTION due to decreased survival and response	XRCC1 WT/WT	rs25487 T Allele Carrier
Oncology	EGFR Tyrosine Kinase Inhibitors:				
	Erlotinib (Tarceva®)	●	✓ NORMAL RESPONSE EXPECTED	UGT1A1 *1/*28	Heterozygous *28 Allele Carrier

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Oncology	EGFR Tyrosine Kinase Inhibitors:				
	Gefitinib (Iressa®)	●	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Oncology	EGFR Tyrosine Kinase Inhibitors:				
	Ruxolitinib (Jakavi®)	●	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Oncology	Folate Antimetabolites:				
	Methotrexate (Trexall®)	●	⚠ USE CAUTION due to increased risk of toxicity caused by increased drug concentration	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Oncology	Folate Antimetabolites:				
	Methotrexate (Trexall®)	●	⚠ USE CAUTION due to poorer response and increased risk of toxicity	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
Oncology	Folate Antimetabolites:				
	Pemetrexed (Alimta®)	●	⚠ USE CAUTION due to poorer response and increased risk of toxicity	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
Oncology	Histone Deacetylase (HDAC) Inhibitors:				
	Belinostat (Beleodaq®)	●	✓ NORMAL RESPONSE EXPECTED	UGT1A1 *1/*28	Heterozygous *28 Allele Carrier
Oncology	Immunomodulators:				
	Thalidomide (Thalomid®)	●	⚠ USE CAUTION due to decreased overall survival	ERCC1 WT/WT	rs3212986 C Allele Carrier/rs11615 AA genotype/rs735482 AA genotype
Oncology	Platinum Analog:				
	Carboplatin (Paraplatin®) Cisplatin (Platinol®) Oxaliplatin (Eloxatin®)	● ● ●	⚠ USE CAUTION due to an increased risk for nephrotoxicity, decreased survival and a poorer response	ERCC1 WT/WT	rs3212986 C Allele Carrier/rs11615 AA genotype/rs735482 AA genotype
Oncology	Platinum Analog:				
	Carboplatin (Paraplatin®) Cisplatin (Platinol®) Oxaliplatin (Eloxatin®)	● ● ●	⚠ USE CAUTION due to a highly increased risk of toxicity and poorer treatment outcome	GSTP1 WT/WT	rs1695 AA genotype

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Oncology	Platinum Analog:				
	Carboplatin (Paraplatin®) Cisplatin (Platinol®) Oxaliplatin (Eloxatin®)	◀ ◀ ◀	⚠ USE CAUTION due to decreased survival and response	XRCC1 WT/WT	rs25487 T Allele Carrier
Oncology	Platinum Analog:				
	Carboplatin (Paraplatin®) Oxaliplatin (Eloxatin®)	◀ ◀	⚠ USE CAUTION due to poorer response and increased risk of toxicity	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
Oncology	Platinum Analog:				
	Cisplatin (Platinol®) Oxaliplatin (Eloxatin®)	◀ ◀	⚠ USE CAUTION due to worse outcome including overall survival and progression-free survival	NQO1 c.559C>T/c.559C>T	rs1800566 AA genotype
Oncology	Platinum Analog:				
	Cisplatin (Platinol®)	◀	⚠ USE CAUTION due to increased risk for nephrotoxicity	ERCC1 WT/WT	rs3212986 C Allele Carrier/rs11615 AA genotype/rs735482 AA genotype
Oncology	Selective Estrogen Receptor Modulators (SERMs):				
	Tamoxifen (Soltamox®)	◀	⚠ CONSIDER ALTERNATIVES like aromatase inhibitor for postmenopausal women due to increased risk for relapse of breast cancer	CYP2D6 *4/*10	Intermediate Metabolizer
Oncology	Taxane Derivatives:				
	Docetaxel (Taxotere®)	◀	⚠ USE CAUTION due to increased risk for nephrotoxicity	ERCC1 WT/WT	rs3212986 C Allele Carrier/rs11615 AA genotype/rs735482 AA genotype
Oncology	Taxane Derivatives:				
	Paclitaxel (Abraxane®)	◀	⚠ USE CAUTION due to increased risk for nephrotoxicity	ERCC1 WT/WT	rs3212986 C Allele Carrier/rs11615 AA genotype/rs735482 AA genotype
Oncology	Taxane Derivatives:				
	Cabazitaxel (Jevtana®)	◀	✅ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Oncology	Topoisomerase I Inhibitors:				
	Irinotecan (Camptosar®)	●	✓ NORMAL RESPONSE EXPECTED	UGT1A1 *1/*28	Heterozygous *28 Allele Carrier
Oncology	Topoisomerase II Inhibitors:				
	Idarubicin (Idamycin®)	●	✓ NORMAL RESPONSE EXPECTED	SLCO1B1 *1/*1	Normal Activity
Oncology	Urate-Oxidases (Recombinant):				
	Rasburicase (Elitek®)	●	✗ CONSIDER ALTERNATIVES include allopurinol	G6PD WT/Mediterranean	G6PD Deficiency
Oncology	VEGF Tyrosine Kinase Inhibitors:				
	Sorafenib (NexAvar®)	●	⚠ USE CAUTION due to increased risk of hyperbilirubinemia and treatment interruption	UGT1A1 *1/*28	Heterozygous *28 Allele Carrier
Oncology	VEGF Tyrosine Kinase Inhibitors:				
	Sunitinib (Sutent®)	●	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Oncology	Vinca Alkaloids:				
	Vincristine (Marqibo®)	●	✓ NORMAL RESPONSE EXPECTED	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
Osteoporosis	Selective Estrogen Receptor Modulators (SERMs):				
	Raloxifene (Evista®)	●	⚠ USE CAUTION due to decreased hip bone mineral density	UGT1A1 *1/*28	Heterozygous *28 Allele Carrier
Pain Management	Alpha-2 Adrenergic Agonists:				
	Tizanidine (Zanaflex®)	○	✓ NORMAL RESPONSE EXPECTED	CYP1A2 *1A/*1F	Normal Metabolizer

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Pain Management	Nonsteroidal Antiinflammatory Drugs (NSAIDs):				
	Celecoxib (Celebrex®) Diclofenac (Voltaren®) Meloxicam (Mobic®)	● ● ●	✓ NORMAL RESPONSE EXPECTED	CYP2C9 *1/*1	Normal Metabolizer
Pain Management	Nonsteroidal Antiinflammatory Drugs (NSAIDs):				
	Ibuprofen (Advil®) Naproxen (Aleve®)	○ ○	✓ NORMAL RESPONSE EXPECTED	CYP2C9 *1/*1	Normal Metabolizer
Pain Management	Nonsteroidal Antiinflammatory Drugs (NSAIDs):				
	Piroxicam (Feldene®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C9 *1/*1	Normal Metabolizer
Pain Management	Opioids:				
	Codeine (Codeine®) Codeine/Acetaminophen (Tylenol #3 & #4®) Hydrocodone/Acetaminophen (Vicodin®) Oxycodone (Oxycontin®)	● ● ● ●	✗ CONSIDER ALTERNATIVES if no response	CYP2D6 *4/*10	Intermediate Metabolizer
Pain Management	Opioids:				
	Tramadol Hydrochloride/Acetaminophen (Ultracet®) Tramadol (Ultram®)	● ●	✗ CONSIDER ALTERNATIVES (not oxycodone, codeine) OR ▲ INCREASE DOSE	CYP2D6 *4/*10	Intermediate Metabolizer
Pain Management	Opioids:				
	Methadone (Methadose®)	●	▼ DECREASE DOSE	CYP2B6 G516T/G516T/A785G/A785G	G516T Homozygous/A785G Homozygous

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Pain Management	Opioids:				
	Buprenorphine (Subutex®) Fentanyl (Duragesic®) Sufentanil (Sufenta®)	<input type="radio"/> <input type="radio"/> <input type="radio"/>	▼ DECREASE DOSE OR ⚠ USE CAUTION due to the risk of increased exposure to the drug leading to adverse events	CYP3A4 *1A/*1B	Intermediate Metabolizer
Pain Management	Opioids:				
	Alfentanil (Alfenta®) Hydromorphone (Dilaudid®) Morphine (MS Contin®)	<input type="radio"/> <input type="radio"/> <input type="radio"/>	✓ NORMAL RESPONSE EXPECTED	OPRM1 WT/WT	rs1799971 A Allele Carrier/rs510679 TT genotype
Pain Management	Skeletal Muscle Relaxants:				
	Carisoprodol (Soma®)	<input type="radio"/>	✓ NORMAL RESPONSE EXPECTED	CYP2C19 *1/*2	Intermediate Metabolizer
Pain Management	Skeletal Muscle Relaxants:				
	Cyclobenzaprine (Flexeril®)	<input type="radio"/>	✓ NORMAL RESPONSE EXPECTED	CYP1A2 *1A/*1F	Normal Metabolizer
Psychiatry	Aldehyde Dehydrogenase Inhibitors:				
	Disulfiram (Antabuse®)	<input type="radio"/>	✓ NORMAL DOSE may have an increased likelihood of response	ANKK1 WT/c.2137G>A	A1 Heterozygous
Psychiatry	Alpha-2 Antagonists:				
	Mirtazapine (Remeron®)	<input type="radio"/>	⚠ USE CAUTION due to possible increased ADRs	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Anti-Anxiety Agents:				
	Buspirone (Buspar®)	<input type="radio"/>	✓ NORMAL RESPONSE EXPECTED	HTR1A WT/WT	rs6295 CC genotype/rs1800044 C Allele Carrier
Psychiatry	Antimanic Agents:				
	Lithium (Lithobid®)	<input type="radio"/>	⚠ USE CAUTION due to possible less drug response	ABCB1 WT/WT	rs2032582 AA genotype/rs1045642 AA genotype

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Psychiatry	Antipsychotics:				
	Risperidone (Risperdal®)	●	✘ CONSIDER ALTERNATIVES (e.g., quetiapine, olanzapine, clozapine)	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Antipsychotics:				
	Thioridazine (Mellaril®)	●	✘ CONSIDER ALTERNATIVES	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Antipsychotics:				
	Chlorpromazine Fluphenazine	◐ ◐	⚠ USE CAUTION due to possible increased QT interval	CYP1A2 *1A/*1F	Normal Metabolizer
Psychiatry	Antipsychotics:				
	Clozapine (Clozaril®)	◐	⚠ USE CAUTION due to increased risk of side effects including hyperprolactinemia and weight gain	ANKK1 WT/c.2137G>A	A1 Heterozygous
Psychiatry	Antipsychotics:				
	Clozapine (Clozaril®)	◐	⚠ USE CAUTION due to increased risk of developing metabolic syndrome	HTR2C WT/WT	rs1414334 C Allele Carrier
Psychiatry	Antipsychotics:				
	Olanzapine (Zyprexa®) Quetiapine (Seroquel®)	◐ ◐	⚠ USE CAUTION due to increased risk of side effects	SLC6A4 LA/LA	H1TLPR Long Form
Psychiatry	Antipsychotics:				
	Olanzapine (Zyprexa®)	◐	⚠ USE CAUTION due to increased risk of side effects including hyperprolactinemia and weight gain	ANKK1 WT/c.2137G>A	A1 Heterozygous
Psychiatry	Antipsychotics:				
	Olanzapine (Zyprexa®)	◐	⚠ USE CAUTION due to increased risk of developing metabolic syndrome	HTR2C WT/WT	rs1414334 C Allele Carrier

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Psychiatry	Antipsychotics:				
	Aripiprazole (Abilify®) Brexpiprazole (Rexulti®) Iloperidone (Fanapt®) Pimozide (Orap®)	● ● ● ●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
	Antipsychotics:				
	Aripiprazole (Abilify®)	●	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Psychiatry	Antipsychotics:				
	Haloperidol (Haldol®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Antipsychotics:				
	Perphenazine	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Benzodiazepines:				
	Diazepam (Valium®)	●	⚠ USE CAUTION due to possible increased ADRs	CYP2C19 *1/*2	Intermediate Metabolizer
Psychiatry	Benzodiazepines:				
	Alprazolam (Xanax®)	○	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Psychiatry	Benzodiazepines:				
	Lorazepam (Ativan®) Oxazepam (Serax®)	● ●	✓ NORMAL RESPONSE EXPECTED	UGT2B15 *1/*2	rs1902023 non-AA genotype
Psychiatry	Benzodiazepines:				
	Midazolam (Versed®)	●	✓ NORMAL RESPONSE EXPECTED	CYP3A5 *1A/*3A	Expresser
Psychiatry	CNS Stimulants (ADHD):				
	Amphetamine/Dextroamphetamine (Adderall®) Dextroamphetamine (Dexedrine®) Methylphenidate (Ritalin®)	● ● ●	⚠ USE CAUTION due to increased severity of social withdrawal	DRD1 WT/WT	rs4532 CC genotype

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Psychiatry	CNS Stimulants (ADHD):				
	Dexamethylphenidate (Focalin®) Lisdexamfetamine (Vyvanse®)	◐ ○	✓ NORMAL RESPONSE EXPECTED	COMT WT/WT	Non MET Homozygous
Psychiatry	CNS Stimulants (ADHD):				
	Methamphetamine (Desoxyn®)	◐	✓ NORMAL RESPONSE EXPECTED	FAAH WT/WT	rs324420 CC genotype
Psychiatry	Dopamine/Norepinephrine-Reuptake Inhibitors:				
	Bupropion (Wellbutrin®)	◐	⚠ USE CAUTION due to reduced response and increased risk of side effects	CYP2B6 G516T/G516T/A785G/A785G	G516T Homozygous/A785G Homozygous
Psychiatry	Dopamine/Norepinephrine-Reuptake Inhibitors:				
	Bupropion (Wellbutrin®)	◐	⚠ USE CAUTION due to reduced response and increased risk of side effects	CYP2C19 *1/*2	Intermediate Metabolizer
Psychiatry	Opioids Antagonists:				
	Naloxone (Evzio®) Naltrexone (Revia®)	◐ ◐	✓ NORMAL RESPONSE EXPECTED	OPRM1 WT/WT	rs1799971 A Allele Carrier/rs510679 TT genotype
Psychiatry	Other Stimulants:				
	Cannabinoids	◐	⚠ USE CAUTION due to increased risk of tetrahydrocannabinol (THC) dependence	FAAH WT/WT	rs324420 CC genotype
Psychiatry	Other Stimulants:				
	Cocaine	◐	✓ NORMAL RESPONSE EXPECTED	CNR1 c.*3475A>G/c.*3475A>G	rs806368 non-TT genotype
Psychiatry	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Citalopram (Celexa®)	◐	⚠ USE CAUTION due to reduced response	GRIK4 WT/WT	rs1954787 T Allele Carrier
Psychiatry	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Fluoxetine (Prozac®)	●	⚠ USE CAUTION due to elevated risk for drug overdose resulting in adverse events and drug interaction	CYP2D6 *4/*10	Intermediate Metabolizer

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Psychiatry	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Fluvoxamine (Luvox®) Paroxetine (Paxil®) Sertraline (Zoloft®)	◄	⚠ USE CAUTION due to reduced response	HTR1A WT/WT	rs6295 CC genotype/rs1800044 C Allele Carrier
Psychiatry	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Sertraline (Zoloft®)	◄	⚠ USE CAUTION with high alert to adverse drug events	CYP2C19 *1/*2	Intermediate Metabolizer
Psychiatry	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Escitalopram (Lexapro®)	●	✅ NORMAL RESPONSE EXPECTED	CYP2C19 *1/*2	Intermediate Metabolizer
Psychiatry	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Escitalopram (Lexapro®)	◄	✅ NORMAL RESPONSE EXPECTED	SLC6A4 LA/LA	HTTLPR Long Form
Psychiatry	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Vilazodone (Viibryd®)	○	✅ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Psychiatry	Selective Serotonin Reuptake Inhibitors (SSRIs):				
	Vortioxetine (Trintellix®)	●	✅ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):				
	Venlafaxine (Effexor®)	●	❌ CONSIDER ALTERNATIVES (e.g., citalopram, sertraline)	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):				
	Milnacipran (Savella®)	◄	⚠ USE CAUTION due to reduced response	ADRA2A WT/c.-217G>A	rs1800544 GG genotype/rs1800545 GA genotype

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Psychiatry	Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):				
	Milnacipran (Savella®)	◐	⚠️ USE CAUTION due to reduced response	HTR1A WT/WT	rs6295 CC genotype/rs1800044 C Allele Carrier
Psychiatry	Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):				
	Atomoxetine (Strattera®)	●	✅ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):				
	Duloxetine (Cymbalta®)	○	✅ NORMAL RESPONSE EXPECTED	CYP1A2 *1A/*1F	Normal Metabolizer
Psychiatry	Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):				
	Levomilnacipran (Fetzima®)	○	✅ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Psychiatry	Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):				
	Reboxetine (Edronax®)	○	✅ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Psychiatry	Serotonin Reuptake Inhibitors/Antagonists:				
	Trazodone (Desyrel®)	○	✅ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Psychiatry	Tetracyclic Antidepressants:				
	Maprotiline	◐	⚠️ DECREASE DOSE	CYP2D6 *4/*10	Intermediate Metabolizer
Psychiatry	Tricyclic Antidepressants:				
	Amitriptyline (Elavil®)	●	⚠️ DECREASE DOSE by 25%	CYP2D6 *4/*10	Intermediate Metabolizer
	Clomipramine (Anafranil®)	●			
	Doxepin (Silenor®)	●			
	Imipramine (Tofranil®)	●			
	Protriptyline (Vivactil®)	●			
	Trimipramine (Surmontil®)	●			

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Psychiatry	Tricyclic Antidepressants:				
	Desipramine (Norpramin®) Nortriptyline (Pamelor®)	●	▼ DECREASE DOSE by 25%	CYP2D6 *4/*10	Intermediate Metabolizer
Rheumatology	Nonsteroidal Antiinflammatory Drugs (NSAIDs):				
	Flurbiprofen (Ansaid®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2C9 *1/*1	Normal Metabolizer
Smoking Cessation	Smoking Cessation Aids:				
	Bupropion (Zyban®)	●	⚠ USE CAUTION due to reduced effectiveness	ANKK1 WT/c.2137G>A	A1 Heterozygous
Smoking Cessation	Smoking Cessation Aids:				
	Nicotine (Nicoderm®)	●	✓ NORMAL RESPONSE EXPECTED	COMT WT/WT	Non MET Homozygous
Supplements	Vitamins:				
	Folic Acid	●	✗ CONSIDER ALTERNATIVES (e.g., supplements containing methylfolate) due to significantly reduced folic acid conversion	MTHFR C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
Toxicology	Antidotes:				
	Sodium Nitrite	●	✗ CONSIDER ALTERNATIVES	G6PD WT/Mediterranean	G6PD Deficiency
Toxicology	Antidotes:				
	Ethanol	●	⚠ USE CAUTION due to increased risk for alcoholism	ANKK1 WT/c.2137G>A	A1 Heterozygous
Toxicology	Antidotes:				
	Methylene Blue (Provyblue®)	●	⚠ USE CAUTION due to risk of hemolytic anemia	G6PD WT/Mediterranean	G6PD Deficiency

Therapeutic	Drug Impacted	Evidence Level	Clinical Interpretation	Gene/Genotype	Phenotype
Urology	Alpha 1 Blockers:				
	Dutasteride/Tamsulosin (Jalyn®) Tamsulosin (Flomax®)	● ●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Urology	Alpha 1 Blockers:				
	Sildenafil (Rapaflo®)	○	✓ NORMAL RESPONSE EXPECTED	CYP3A4 *1A/*1B	Intermediate Metabolizer
Urology	Anticholinergic Agents:				
	Darifenacin (Enblex®) Fesoterodine (Toviaz®)	● ●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer
Urology	Anticholinergic Agents:				
	Tolterodine (Detrol®)	●	✓ NORMAL RESPONSE EXPECTED	CYP2D6 *4/*10	Intermediate Metabolizer

SAMPLE REPORT

Patient PGxPsych™ Genotype and Phenotype Results
 for Smith, John

Gene	Genotype	Phenotype
ABCB1	WT/WT	rs2032582 AA genotype/rs1045642 AA genotype
ACE	WT/WT	ACE Deletion
ADRA2A	WT/c.-217G>A	rs1800544 GG genotype/rs1800545 GA genotype
AGTR1	WT/WT	rs5186 AA genotype
ANKK1	WT/c.2137G>A	A1 Heterozygous
APOB	c.8216C>T/c.8216C>T	rs676210 AA Genotype
APOE	WT/WT	Non E2 Carrier
ATM	WT/WT	rs11212617 CC genotype
CDA	WT/WT	rs532545 C Allele
CES1	WT/WT	rs71647871 C Allele
CNR1	c.*3475A>G/c.*3475A>G	rs806368 non-TT genotype
COMT	WT/WT	Non MET Homozygous
CYP1A2	*1A/*1F	Normal Metabolizer
CYP2B6	G516T/G516T/A785G/A785G	G516T Homozygous/A785G Homozygous
CYP2C19	*1/*2	Intermediate Metabolizer
CYP2C8	*1/*1	Wild Type
CYP2C9	*1/*1	Normal Metabolizer
CYP2D6	*4/*10	Intermediate Metabolizer
CYP3A4	*1A/*1B	Intermediate Metabolizer
CYP3A5	*1A/*3A	Expresser
CYP4F2	*1/*1	Normal Metabolizer
DPYD	*5/*9A/c.496A>G/IVS10-15T>C	Normal Metabolizer
DRD1	WT/WT	rs4532 CC genotype
DRD2	WT/WT	rs1799978 TT genotype
ERCC1	WT/WT	rs3212986 C Allele Carrier/rs11615 AA genotype/rs735482 AA genotype

Gene	Genotype	Phenotype
F2	WT/WT	Wild Type
F5	WT/WT	Non Factor V Leiden Carrier
FAAH	WT/WT	rs324420 CC genotype
G6PD	WT/Mediterranean	G6PD Deficiency
GRIK4	WT/WT	rs1954787 T Allele Carrier
GSTP1	WT/WT	rs1695 AA genotype
HFE	WT/c.340+4T>C	rs2071303 C Allele Carrier
HLA-B	WT/WT	Wild Type
HTR1A	WT/WT	rs6295 CC genotype/rs1800044 C Allele Carrier
HTR2A	WT/WT	rs7997012 non-GG genotype
HTR2C	WT/WT	rs1414334 C Allele Carrier
IFNL3	39738787C>T/39743165T>G	Unfavorable Response Genotype
ITPA	WT/WT	Non-protective Wild Type
KIF6	WT/WT	rs20455 AA genotype
LDLR	c.1773C>T/c.1773C>T	rs688 TT Genotype
MTHFR	C677T/C677T/A1298C	A1298C Heterozygous Mutation/C677T Homozygous Mutation
NAT2	*4/*12	Rapid Acetylator
NOS1AP	WT/WT	rs10494366 GG genotype/rs10800397 C Allele Carrier/rs10919035 C Allele Carrier
NQO1	c.559C>T/c.559C>T	rs1800566 AA genotype
OPRM1	WT/WT	rs1799971 A Allele Carrier/rs510679 TT genotype
SCN2A	WT/WT	rs2304016 non-GG genotype
SLC6A4	LA/LA	HTTLPR Long Form
SLCO1B1	*1/*1	Normal Activity
TPMT	*1/*1	Normal Metabolizer
UGT1A1	*1/*28	Heterozygous *28 Allele Carrier
UGT2B15	*1/*2	rs1902023 non-AA genotype
VKORC1	WT/-1639G>A	rs9923231 A Allele Carrier

Gene	Genotype	Phenotype
XRCC1	WT/WT	rs25487 T Allele Carrier

SAMPLE REPORT

Assay Methodology and Limitations for PGxPsych™ Panel:

Pharmacogenomics testing to assess how a patient may respond to prescribed drugs was performed by massively parallel Next Generation Sequencing (NGS). PGxPsych™ was developed, and assessed for accuracy and precision by Admera Health, South Plainfield NJ. The sensitivity and specificity of this test is 100% and 100% respectively. PGxPsych™ has not been cleared or approved by the U.S. Food and Drug Administration (FDA) but the FDA has determined that such clearance or approval is not necessary. The PGxPsych™ test is used for clinical purposes. It should not be regarded as investigational or for research. Drug interaction information is based upon data available in scientific literature and prescribing information for the most commonly prescribed drugs. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. The DNA testing is not a substitute for clinical monitoring.

The panel includes 53 genes and 214 variants based on the recommendations of the Clinical Pharmacogenetics Implementation Consortium (CPIC) and Dutch Pharmacogenetics Working Group (DPWG) and the FDA's work group guidance. The following genetic variants may be detected in the assay: ABCB1 c.3435T>C, c.2677T>A(G); ACE ACE Insertion; ADRA2A c.1252G>C, c.-217G>A; AGTR1 c.*86A>C; ANKK1 A1; APOB c.8216C>T; APOE Apoε2; ATM c.175-5285G>T; CDA c.-451C>T; CES1 c.428G>A; CNR1 c.*3475A>G; COMT c.472G>A; CYP1A2 *1A, *1C, *1F, *1K, *3, *4, *6, *7; CYP2B6 A785G, G516T, T983C; CYP2C19 *1, *2, *3, *4, *5, *6, *7, *8, *9, *10, *12, *17; CYP2C8 *3; CYP2C9 *1, *2, *3, *4, *5, *6, *8, *9, *11, *12, *13, *14, *15, *16; CYP2D6 *1, *2, *3, *4, *5, *6, *7, *8, *9, *10, *11, *12, *14, *17, *19, *20, *21, *29, *35, *38, *40, *41, *44, *1XN, *2XN, *4XN, *10XN, *17XN, *29xN, *35xN, *41XN; CYP3A4 *1A, *1B, *2, *3, *12, *17; CYP3A5 *1A, *2, *3A, *3B, *6, *7, *8, *9; CYP4F2 *1, *3; DPYD *1, *2A, *3, *4, *5, *6, *7, *8, *9A, *9B, *10, *11, *12, *13, c.496A>G, IVS10-15T>C, c.1845G>T, c.2846A>T; DRD1 c.-48G>A; DRD2 c.-585A>G; ERCC1 c.*197G>T, c.354T>C, c.*931T>G; F2 G20210A; F5 c.1601G>A; FAAH c.385C>A; G6PD A, A-202A_376G, A-376G_968C, Alhambra, Andalus, Beverly Hills, Canton, Cassano, Chatham, Chinese-3, Chinese-4, Coimbra, Cosenza, Fushan, Guadalajara, Ilesha, Iowa, Kaiping, Kalyan, Lagosanto, Mahidol, Mediterranean, Metaponto, Minnesota, Mt. Sinai, Nara, Nashville, Olomouc, Pawnee, Plymouth, Praba, Puetro Limon, Santamaria, Santiago, Santiago de Cuba, Sao Boria, Shinshu, Sibari, Telti, Tomah, Ube, Union, Viangchan, West Virginia; GRIK4 c.83-10039T>C; GSTP1 c.313A>G; HFE c.340+4T>C; HLA-B *1502, *5701, *5801; HTR1A c.-1019G>C, c.659G>T; HTR2A c.614-2211T>C; HTR2C c.-759C>T, c.551-3008C>G; IFNL3 g.39738787C>T, g.39743165T>G; ITPA c.94C>A, c.124+21A>C; KIF6 c.2155T>C; LDLR c.1773C>T; MTHFR C677T, A1298C; NAT2 *4, *5, *6, *7, *12, *13; NOS1AP c.106-38510G>T, c.178-20044C>T, c.178-13122C>T; NQO1 c.559C>T; OPRM1 c.118A>G, c.290+1050C>T; SCN2A c.971-32A>G; SLC6A4 5-HTTLPR LA, 5-HTTLPR LG, 5-HTTLPR S; SLC01B1 *5; TPMT *1, *2, *3A, *3B, *3C, *4; UGT1A1 *28; UGT2B15 *2; VKORC1 c.-1639G>A; XRCC1 c.1196A>G. A normal (wild type) genotype signifies the absence of the targeted alleles and does not indicate the absence of other mutations not covered by the assay. The possibility cannot be ruled out that the indicated genotypes may be present but below the limits of detection for this assay.

General Pharmacogenomics References:

1. Drug labels with pharmacogenomics information:
<https://www.pharmgkb.org/view/drug-labels.do>
2. Pharmacogenomics drug dosing guidelines:
<https://www.pharmgkb.org/view/dosing-guidelines.do>
3. Clinical Pharmacogenetics Implementation Consortium (CPIC) drug dosing guidelines:
<https://cpicpgx.org/guidelines>
4. FDA drug labels
5. Warfarin dosing guideline:
CPIC Guidelines for CYP2C9 and VKORC1 Genotypes and Warfarin Dosing

Disclaimer of Liability:

The information contained in this report is provided as a service and does not constitute medical advice. At the time of report generation this information is believed to be current and is based upon published research; however, research data evolves and amendments to the prescribing information of the drugs listed will change over time. While this report is believed to be accurate and complete as of the date issued, THE DATA IS PROVIDED "AS IS", WITHOUT WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. As medical advice must be tailored to the specific circumstances of each case, the treating health care professional has ultimate responsibility for all treatment decisions made with regard to a patient including any made on the basis of a patient's genotype.

Electronic Signature

Laboratory Director
ABMG Certified, Clinical Molecular Genetics