



Drug Sensitivity Genetic Profile

Pharmacogenomics (PGx)

Name: Sample Report US Version

Report Number: PGX-AGS00000

Report Date: 2018-08-14

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PERSONAL DETAILS		LABORATORY INFORMATION	
PATIENT	Sample Report US Version	ACCESSION NUMBER	AGS00000
DOB	2018-08-14	REPORT NUMBER	PGX-AGS00000
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COLLECTION DATE	Buccal Swab	LABORATORY DIRECTOR	Dr. Lai, Chun Wan Jeffrey
ORDERING PHYSICIAN	Dr. Chan, Hoi Chung Samuel		

Current Patient Medication

Clopidogrel (Plavix): Used As Directed

The personalized pharmacogenomics profile of this patient reveals extensive CYP2C19-mediated metabolism. For further details, please find supporting evidence in this report or on websites such as www.pharmgkb.org or www.fda.gov.

Nortriptyline (Pamelor): May Have Increased Toxicity

The personalized pharmacogenomics profile of this patient reveals intermediate CYP2D6-mediated metabolism, extensive CYP1A2-mediated metabolism with higher inducibility, and extensive CYP2C19-mediated metabolism. For further details, please find supporting evidence in this report or on websites such as www.pharmgkb.org or www.fda.gov.

Warfarin (Coumadin, Jantoven): Used As Directed

The personalized pharmacogenomics profile of this patient reveals intermediate CYP2C9-mediated metabolism, intermediate sensitivity to Warfarin (VKORC1-mediated). The drug's labeling notes that deficiencies in protein C (PROC) or protein S (PROS1) have been associated with tissue necrosis following the administration of Warfarin. For further details, please find supporting evidence in this report or on government/public websites such as www.pharmgkb.org or www.fda.gov or www.warfarindosing.org.

Atorvastatin (Lipitor): May Have Increased Toxicity

The personalized pharmacogenomics profile of this patient reveals intermediate CYP3A4-mediated metabolism, and intermediate SLCO1B1-mediated function

Simvastatin (Zocor, FloLipid): May Have Increased Toxicity

The personalized pharmacogenomics profile of this patient reveals intermediate CYP3A4-mediated metabolism, and intermediate SLCO1B1-mediated function

GENOTYPE/HAPLOTYPE/PHENOTYPE DETAIL

Gene	Genotype-Haplotype	Phenotype
CYP1A2	*1F/*1F	Extensive metabolizer with higher inducibility
CYP2B6	*1/*1	Extensive metabolizer
CYP2C9	*1/*2	Intermediate metabolizer
CYP2C19	*1/*1	Extensive metabolizer
CYP2D6	*2/*3	Intermediate metabolizer
CYP3A4	*1A/*22	Intermediate metabolizer
CYP3A5	*3A/*3A	Poor metabolizer
VKORC1	*1/*2	Intermediate sensitivity to Warfarin
SLCO1B1	*1A/*5	Intermediate function
UGT2B7	*1a/*2b	Intermediate metabolizer

Disclaimer: The graphic representations of the medication dosages are not drawn to actual scale. No patient should evaluate or use the information contained herein without the advice, consultation and supervision of a licensed healthcare professional such as a pharmacist or physician. Laboratory-developed testing characteristics and protocols have not been reviewed or approved by the U.S. Food & Drug Administration (FDA).

Methodology: Array based assays detect listed alleles, including all common and most rare variants with known clinical significance at analytical sensitivity and specificity >99%.

Limitations: Testing cannot detect all genetic mutations, inactive or altered genes. The absence of a finding of a detectable gene, polymorphism or mutation does not necessarily indicate patient possesses intermediate or high sensitivity phenotypes or that patient has an undetected polymorphism. Absence of finding may be due to drug-drug interaction.

PHARMACOGENOMICS

Genetic Markers Tested for Pharmacogenomics:

Results are arranged by drug response. Each individual report contains six sections, including: Patient's current medication (if any), Medication history, genotype/haplotype/phenotype detail, PGx report, Genomic Test Results, and Patient Information Card. Inclusion of the PGx Report indicates that the tested individual: displays decreased efficacy to the drug (light green dots), should use the drug as directed (green dots), or exhibits increased toxicity to the drug (red dots). Inclusion of Genomic Test Results indicates genotype, haplotype, phenotype, or presence of mutation.

Organization of Table:

1. Gene/Locus refers to gene or intergenic region of genetic marker location.
2. Marker refers to the tested marker's unique identifier.
3. Genotype/Haplotype refers to the particular marker's combination of nucleotides. The letter(s) on either side of the slash refer(s) to the two (2) copies of the patient DNA. Del and dashes denotes nucleotide indels in patient DNA. Empty cells indicate an absence of genotyping results.
4. Phenotype refers to the CYP specific drug metabolizing capabilities of an individual.

See RISKS AND LIMITATIONS on the last pages of this Report.

Examples of different levels of evidence for PGx SNPs

Gene	Marker	Level of Evidence	Drugs
CYP2D6	rs16947	1A	Amitriptyline, Codeine, Nortriptyline, Paroxetine
VKORC1	rs9923231	1A	Warfarin
SLCO1B1	rs4149056	1A	Simvastatin
CYP2D6	rs16947	1B	Tramadol
VKORC1	rs9923231	1B	Acenocoumarol
CYP2D6	rs16947	2A	Flecainide, Doxepin, Desipramine, Atomoxetine, Risperidone, Clomipramine, Imipramine, Venlafaxine
SLCO1B1	rs4149056	2A	Cerivastatin, Pravastatin, Rosuvastatin
CYP2D6	rs16947	3	Timolol, Carvedilol, Haloperidol, Aripiprazole, Metoprolol, Citalopram, Escitalopram, Tamoxifen
VKORC1	rs9923231	3	Phenprocoumon
SLCO1B1	rs4149056	3	Repaglinide, Irinotecan, Mycophenolate mofetil, Atorvastatin, Methotrexate, Olmesartan
CYP2D6	rs16947	4	Methylphenidate, Bufuralol
SLCO1B1	rs4149056	4	Lopinavir, Atrasentan

Level 1A Annotation for a variant-drug combination in a CPIC or medical society-endorsed PGx guideline, or implemented at a PGRN site or in another major health system.

Level 1B Annotation for a variant-drug combination where the preponderance of evidence shows an association. The association must be replicated in more than one cohort with significant p-values, and preferably will have a strong effect size.

Level 2A Annotation for a variant-drug combination that qualifies for level 2A where the variant is within a VIP (Very Important Pharmacogene) as defined by PharmGKB. The variants in level 2A are in known pharmacogenes, so functional significance is more likely.


















Level 2B Annotation for a variant-drug combination with moderate evidence of an association. The association must be replicated but there may be some studies that do not show statistical significance, and/or the effect size may be small.

Level 3 Annotation for a variant-drug combination based on a single significant (not yet replicated) or annotation for a variant-drug combination evaluated in multiple studies but lacking clear evidence of an association.

Level 4 Annotation based on a case report, non-significant study or in vitro, molecular or functional assay evidence only.

PGx Report - Pain Management

Type: Anti-inflammatory Agent, Analgesic, Antipyretic

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
The Nonsteroidal Antiinflammatory Drugs (NSAIDs)						
Acetic acid derivatives	Diclofenac (Voltaren, Cambia)	UGT2B7	CYP2C9,CYP3A4			
	Nabumetone (Relafen)	CYP1A2	CYP2C19,CYP3A4			
	Indomethacin (Tivorbex)	CYP2C9	CYP2C19			
Enolic acid (Oxicam) derivatives	Meloxicam (Mobic, Vivlodex)	CYP2C9	CYP1A2,CYP3A4,CYP3A5			
	Piroxicam (Feldene)	CYP2C9	CYP3A4,CYP3A5			
	Tenoxicam (Mobiflex)	CYP2C9				
	Lornoxicam (FLEXILOR)	CYP2C9				
Selective COX-2 inhibitors (Coxibs)	Etoricoxib (Arcoxia)	CYP3A4	CYP3A5,CYP2C9,CYP2D6,CYP1A2			
	Parecoxib (Dynastat)	CYP2C9	CYP3A4,CYP3A5			
	Celecoxib (Celebrex)	CYP2C9	CYP2C19			
Propionic acid derivatives	Ibuprofen (Motrin, Advil)	CYP2C9	CYP2C19,UGT2B7			
	Flurbiprofen (Ocufen)	CYP2C9				
	Ketoprofen (Frotek)	CYP3A4	CYP2C9,CYP3A5,UGT2B7			
	Fenoprofen (Nalfon, Fenortho)	CYP2C9	UGT2B7			
	Vicoprofen (Reprexain, Ibudone)	CYP2D6	CYP3A4			
	Naproxen (Aleve, Naprosyn)	CYP2C9	CYP1A2,UGT2B7			
	Mefenamic acid (Ponstel)	CYP2C9				

PGx Report - Pain Management

Type: Opioid

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Opioid Analgesics						
Opium alkaloids	Morphine (Duramorph, Infumorph P/F)	UGT2B7	ABCC3,OPRM1,COMT		●	
	Codeine*	CYP2D6	CYP3A4,UGT2B7,UGT2B4,FMO3,CYP3A5,OPRM1		●	
Ethers of morphine	Dihydrocodeine (DHC Plus, Panlor)	CYP3A4	CYP2D6,CYP3A5			☹
	Ethylmorphine (Codethiline)	CYP2D6	CYP3A4,CYP3A5			☹
Semi-synthetic alkaloid derivatives	Hydrocodone (Hysingla, Vicodin)*	CYP2D6	CYP3A4,CYP3A5,OPRM1	●●		
	Hydromorphone (Exalgo)	UGT2B7			●	
	Oxycodone (Oxycontin, Roxicodone)*	CYP3A4	CYP3A5,CYP2D6,UGT2B7,COMT	●●		
	Oxymorphone (Opana)	UGT2B7			●	
Synthetic opioids						
Anilidopiperidine derivatives	Alfentanyl	CYP3A4,CYP3A5	OPRM1			☹
	Fentanyl (Duragesic, Subsys)	CYP3A4	CYP3A5,OPRM1			☹
	Sufentanil (Sufenta)	CYP3A4	CYP3A5,OPRM1			☹
Phenylpiperidine derivatives	Meperidine (Demerol)	CYP2B6	CYP3A4,CYP2C19,CYP3A5		●	
	Ketobemidone (Ketogan)	CYP2C9	CYP3A4,CYP3A5			☹
Diphenylpropylamine derivatives	Dextropropoxyphene (Darvon)	CYP3A4	CYP3A5, Renal Excretion			☹
	Levacetylmethadol (Orlaam)	CYP3A4	CYP3A5			☹
	Loperamide (Anti-diarrhea, Diamode)	CYP3A4	CYP3A5			☹
	Methadone (Methadose, Diskets)	CYP3A4	CYP2B6,CYP2D6,CYP2C19,CYP3A5,UGT2B7,COMT			☹
Oripavine derivatives	Buprenorphine (Buprenex, Butrans)	CYP3A4	CYP3A5,UGT2B7			☹
Morphinan derivatives	Dextromethorphan (Robitussin, Dayquil)	CYP2D6	CYP3A4,CYP3A5			☹
Others	Tramadol*	CYP2D6	CYP3A4,CYP2B6,CYP3A5,OPRM1,COMT	●●		
	Tapentadol (Nucynta, Nucynta ER)	CYP2C9	CYP2C19,CYP2D6			☹
	Bupivacaine (Exparel, Sensorcaine)	CYP3A4	CYP3A5,CYP2D6,CYP2C19			☹
	Ropivacaine (Naropin)	CYP1A2	CYP3A4,CYP3A5		●	
	Tilidine (Valoron)	CYP3A4	CYP2C19,CYP3A5			☹
Anti-opioid	Methylnaltrexone (Relistor)	CYP2D6	CYP3A4,CYP3A5			☹
	Naloxone (Narcan, Evzio)	UGT2B7			●	
	Naltrexone (Revia, Vivitrol)	UGT2B7	OPRM1		●	
* - Indicates a prodrug.						

PGx Report - Pain Management

Type: Drugs Prescribed for the Treatment of Gout, Antirheumatic

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Drugs Prescribed for Gout						
Uricosurics	Sulfinpyrazone (Anturane)	CYP2C9	CYP3A4,CYP3A5			
Mitotic inhibitors	Colchicine (Colcrys, Mitigare)	CYP3A4	CYP3A5			
Xanthine oxidase inhibitors	Febuxostat (Uloric)	CYP1A2	CYP2C9,UGT2B7			
DMARDs	Leflunomide (Arava)	CYP1A2				
Anti-inflammatory	Tofacitinib (Xeljanz, Jakvinus)	CYP3A4	CYP2C19,CYP3A5			
Abbreviations: DMARDs, Disease-modifying antirheumatic drugs; RE, renal excretion (unchanged drug).						

Additional SNPs of Importance for Pain Management

Gene	Marker	Genotype	Drug	Level of Evidence	Results
OPRM1	rs1799971	A/A	Naloxone (Narcan, Evzio)	2B	Patients may have lower cortisol response
OPRM1	rs1799971	A/A	Morphine (Duramorph, Infumorph P/F)	2B	Pain patients may experience increased efficacy of opioids and may be less susceptible to opioid addiction, and may require a decreased dose of opioids
OPRM1	rs1799971	A/A	Alfentanil	2B	Pain patients may experience increased efficacy of opioids and may be less susceptible to opioid addiction, and may require a decreased dose of opioids
OPRM1	rs1799971	A/A	Fentanyl (Duragesic, Subsys)	2B	Pain patients may experience increased efficacy of opioids and may be less susceptible to opioid addiction, and may require a decreased dose of opioids
OPRM1	rs1799971	A/A	Tramadol	2B	Pain patients may experience increased efficacy of opioids and may be less susceptible to opioid addiction, and may require a decreased dose of opioids
OPRM1	rs1799971	A/A	Hydrocodone (Hysingla, Vicodin)	3	Patients may have a decreased risk for experiencing side effects, including constipation, dry mouth or respiratory depression
COMT	rs4680	A/G	Paroxetine (Paxil, Seroxat)	3	Patients may require an intermediate dose

PGx Report - Modulation of Cardiovascular Function

Type: Antiarrhythmic

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antiarrhythmic class Ia	Quinidine (Cardioquine, Cin-Quin)	CYP3A4,CYP2D6	CYP3A5,CYP2C9			
	Procainamide (Pronestyl, Procan-SR)	CYP2D6				
	Sparteine	CYP2D6				
	Disopyramide (Norpace, Norpace CR)	CYP3A4	CYP3A5,CYP1A2,CYP2C19			
Antiarrhythmic class Ib	Phenytoin (Dilantin Phenytek)	CYP2C19	CYP2C9,CYP3A4,CYP3A5,CYP2D6,HLA-B*1502			
	Lidocaine (Lidoderm, Xylocaine)	CYP1A2	CYP3A4,CYP3A5			
	Mexiletine (Mexitil)	CYP2D6	CYP1A2			
Antiarrhythmic class Ic	Propafenone (Rythmol SR)	CYP2D6	CYP3A4,CYP1A2,CYP3A5			
	Flecainide (Tambocor)	CYP2D6				
	Encainide (Enkaid)	CYP2D6				
Antiarrhythmic class II	Carvedilol (Coreg, Coreg CR)	CYP2D6	CYP2C9,CYP3A4,CYP1A2			
	Bisoprolol (Zebeta)	CYP2D6	CYP3A4,CYP3A5			
	Metoprolol (Lopressor, Toprol XL)	CYP2D6	CYP3A4,CYP3A5			
	Propranolol (Hemangeol, Inderal XL)	CYP2D6	CYP1A2,CYP2C19,CYP3A4,CYP3A5			
Antiarrhythmic class III	Amiodarone (Nexterone, Pacerone)	CYP3A4	CYP3A5			
	Dronedarone (Multaq)	CYP3A4	CYP3A5			
	Dofetilide (Tikosyn)	Renal Excretion	CYP3A4,CYP3A5			
Antiarrhythmic class IV	Diltiazem (Cardizem, Tiazac)	CYP3A4	CYP2C19,CYP3A5			
	Verapamil (Verelan, Calan)	CYP3A4	CYP3A5			

PGx Report - Modulation of Cardiovascular Function

Type: Antihypertensive I

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antihypertensives						
Angiotensin II receptor antagonist	Losartan (Cozaar)*	CYP2C9	CYP3A4,CYP3A5			
	Azilsartan (Edarbi)	CYP2C9,CYP2C19				
	Irbesartan (Avapro)	CYP2C9				
	Valsartan (Diovan)	CYP2C9				
Angiotensin-Converting Enzyme Inhibitors	Captopril (Capoten)	Renal Excretion	CYP2D6			
Renin inhibitors	Aliskiren (Tekturna)	CYP3A4	CYP3A5			
Aldosterone Antagonists	Eplerenone (Inspra)	CYP3A4	CYP3A5			
Loop diuretic	Torsemide (Demadex)	CYP2C9	Renal Excretion			
Potassium-sparing diuretic	Triamterene (Dyrenium)	CYP1A2				
Vasopressin receptor antagonists	Tolvaptan (Samsca)	CYP3A4	CYP3A5			
Adrenergic release inhibitors	Debrisoquine (Bonipress)	CYP2D6				
Peripheral Adrenergic Inhibitors	Reserpine (Raudixin, Serpalan)	CYP2D6				
Beta-1 cardioselective beta-blockers	Metoprolol (Lopressor, Toprol XL)	CYP2D6	CYP3A4,CYP3A5			
	Bisoprolol (Zebeta)	CYP2D6	CYP3A4,CYP3A5			
	Nebivolol (Bystolic)	CYP2D6				
* - Indicates a prodrug.						

PGx Report - Modulation of Cardiovascular Function

Type: Antihypertensive II

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antihypertensives						
Nonselective beta-blockers	Timolol (Timoptic, Betimol)	CYP2D6	CYP2C19			
	Propranolol (Hemangeol, Inderal XL)	CYP2D6	CYP1A2,CYP2C19,CYP3A4,CYP3A5			
Beta-blockers with alpha activity	Carvedilol (Coreg, Coreg CR)	CYP2D6	CYP2C9			
	Labetalol (Normodyne, Trandate)	CYP2D6	CYP2C19,UGT2B7			
Alpha blockers	Terazosin (Hytrin)	CYP3A4	CYP3A5			
	Doxazosin (Cardura, Cardura XL)	CYP2D6	CYP2C19,CYP3A4,CYP3A5			
α-2 adrenergic agonist	Clonidine (Catapres, Kapvay)	CYP2D6	CYP1A2,CYP3A4,CYP3A5			
	Guanabenz (Wytensin)	CYP1A2				
	Tizanidine (Zanaflex)	CYP1A2				
Antihypertensives Calcium channel blockers						
Dihydropyridine	Amlodipine (Norvasc)	CYP3A4	CYP3A5			
	Nifedipine (Procardia, Adalat CC)	CYP3A4	CYP1A2,CYP3A5			
	Felodipine (Plendil)	CYP3A4	CYP3A5			
	Nimodipine (Nymalize)	CYP3A4	CYP3A5			
	Lercanidipine (Zanidip)	CYP3A4	CYP3A5			
	Nisoldipine (Sular)	CYP3A4	CYP3A5			
	Nitrendipine (Baypress)	CYP3A4	CYP3A5			
Benzothiazepine	Diltiazem (Cardizem, Tiazac)	CYP3A4	CYP2C19,CYP3A5			
Phenylalkylamine	Verapamil (Verelan, Calan)	CYP3A4	CYP3A5			
Nonselective	Bepridil (Vasacor)	CYP3A4	CYP3A5			
Anti-pulmonary arterial hypertension						
ERA-Dual antagonists	Bosentan (Tracleer)	CYP2C9	CYP3A4,CYP3A5			
	Macitentan (Opsumit)	CYP3A4	CYP2C19,CYP3A5			
Phosphodiesterase inhibitors	Sildenafil (Viagra, Revatio)	CYP3A4	CYP2C9,CYP3A5			
	Tadalafil (Cialis, Adcirca)	CYP3A4	CYP3A5			
Abbreviations: ERA, endothelin receptor antagonist.						

PGx Report - Modulation of Cardiovascular Function

Type: Cardiac stimulant, Vasodilator, Drugs Prescribed for the Treatment of Angina

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Other Drugs Used in Angina						
Other cardiac preparations	Ranolazine (Ranexa)	CYP3A4	CYP2D6,CYP3A5			
	Ivabradine (Corlanor, Procoralan)	CYP3A4	CYP3A5			

PGx Report - Modulation of Cardiovascular Function

Type: Dyslipidemia

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Drug Therapy for Hypercholesterolemia and Dyslipidemia (Liver)						
HMG CoA reductase inhibitors Statins	Atorvastatin (Lipitor)	CYP3A4,SLCO1B1	CYP3A5,ABCG8,UGT2B7			
	Fluvastatin (Lescol, Lescol XL)	CYP2C9,SLCO1B1	CYP3A4,UGT2B7			
	Lovastatin (Mevacor, Altoprev)	CYP3A4,SLCO1B1	CYP3A5			
	Cerivastatin (Baycol, Lipobay)	CYP3A4,SLCO1B1	CYP3A5			
	Pitavastatin (Livalo)	UGT1A3,UGT2B7	CYP2C9			
	Pravastatin (Pravachol)	SLCO1B1,HMGCR				
	Rosuvastatin (Crestor)	CYP2C9,SLCO1B1	CYP3A4,UGT2B7			
MTTP inhibitors	Simvastatin	CYP3A4,SLCO1B1	CYP3A5,UGT2B7			
	Lomitapide	CYP3A4	CYP3A5,LDLR			
Drug Therapy for Hypercholesterolemia and Dyslipidemia (Blood vessels)						
Fibrates	Gemfibrozil (Lopid)	CYP3A4	CYP3A5,UGT2B7			
	Clofibrate (Atromid-S)	UGT2B7				
Abbreviations: MTTP, microsomal triglyceride transfer protein; GI, gastrointestinal tract. Rosuvastatin and Pravastatin are considered alternative Statins since are not extensively metabolized by the CYPs.						

PGx Report - Modulation of Cardiovascular Function

Type: Anticoagulant, Antiplatelet

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Blood Coagulation and Anticoagulant, and Antiplatelet Drugs						
Vitamin K antagonist	Warfarin	CYP2C9,VKORC1	CYP2C19,CYP1A2,CYP3A4,PROC,PROS1			
	Acenocoumarol	CYP2C9,VKORC1	CYP2C19,CYP1A2			
	Phenprocoumon	CYP2C9,VKORC1	CYP3A4			
Direct factor Xa inhibitors	Rivaroxaban (Xarelto)	CYP3A4	CYP3A5			
	Apixaban (Eliquis)	CYP3A4	CYP3A5			
Antiplatelet Drugs						
ADP receptor (P2Y12) inhibitors Nucleotide/nucleo side analogs	Ticagrelor (Brilinta)	CYP3A4	CYP3A5			
ADP receptor (P2Y12) inhibitors Thienopyridines	Clopidogrel (Plavix)*	CYP2C19	ABCC3			
	Prasugrel (Effient)*	BCHE,CYP3A4	CYP2B6,CYP2C9,CYP2C19,CYP3A5,CYP2D6			
Irreversible cyclooxygenase inhibitors	Aspirin (Ecotrin)	GLYAT,UGTs,Renal Excretion	CYP2C9,CYP3A4,CYP3A5			
Phosphodiesterase inhibitors	Cilostazol (Pletal)	CYP3A4	CYP2C19,CYP3A5			
Protease-activated receptor-1 (PAR-1) antagonists	Vorapaxar (Zontivity)	CYP3A4	CYP3A5			
Abbreviations: P2Y12, purinergic receptor P2Y12. * - Indicates a prodrug.						

SNPs of Importance for Venous Thromboembolism Risk, Warfarin sensitivity and MTHFR enzyme function

Gene	Protein change	Nucleotide change	Marker	Genotype	Results
F5	Arg534Gln	1601G>A	rs6025	G/G	Normal risk
F2		*97G>A	rs1799963	G/G	Normal risk
MTHFR	Ala222Val	665C>T	rs1801133	C/C	Normal MTHFR enzyme function.
MTHFR	Glu429Ala	1286A>C	rs1801131	C/C	Severely impaired MTHFR enzyme function.
VKORC1		-1639G>A	rs9923231	G/A	Medium warfarin sensitivity; medium warfarin dosage

PGx Report - Internal Medicine

Type: Drugs Prescribed for the Modulation of Respiratory Function

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Respiratory						
Anticholinergic	Umeclidinium (Incruse Ellipta)	CYP2D6				
	Aclidinium (Tudorza Pressair)	CYP2D6	CYP3A4, CYP3A5			
Beta2-adrenergic agonist	Arformoterol (Brovana)	CYP2D6, UGT1A1	CYP2C19			
	Indacaterol (Arcapta Neohaler)	UGT1A1, CYP3A4	CYP3A5, CYP1A2, CYP2D6			
	Formoterol (Perforomist)	CYP2D6	CYP2C19, CYP2C9			
	Salmeterol (Serevent Diskus)	CYP3A4	CYP3A5			
	Vilanterol (Breo Ellipta)	CYP3A4	CYP3A5			
Corticosteroid	Budesonide (Entocort, Uceris)	CYP3A4	CYP3A5			
	Fluticasone (Cutivate, Flonase Allergy Relief)	CYP3A4	CYP3A5			
	Mometasone (Nasonex)	CYP3A4	CYP3A5			
Phosphodiesterase inhibitor	Roflumilast (Daliresp)	CYP3A4	CYP1A2, CYP3A5			
	Theophylline (Theo-24, Elixophylline)	CYP1A2				
5-lipoxygenase inhibitor	Zileuton (Zyflo, Zyflo CR)	CYP1A2	CYP2C9, CYP3A4, CYP3A5			
Leukotriene receptor-1 antagonist	Montelukast (Singulair)	CYP3A4	CYP2C9, CYP3A5, ABCC1			
	Pranlukast (Onon)	CYP3A4	CYP3A5			
	Zafirlukast (Accolate)	CYP2C9	CYP3A4, CYP3A5			
Treatment of cystic fibrosis (specific mutations in the CFTR gene)	Ivacaftor (Kalydeco)	CYP3A4	CYP3A5			

Abbreviations: CFTR, Cystic fibrosis transmembrane conductance regulator.

PGx Report - Internal Medicine

Type: Antiemetic

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antiemetic						
Antiemetic, 5-HT3 receptor antagonist Indole derivative	Dolasetron (Anzemet)	CYP3A4	CYP2D6,CYP3A5			🚫
	Tropisetron (Navoban)	CYP3A4	CYP2D6,CYP3A5			🚫
Antiemetic, 5-HT3 receptor antagonist Isoquinoline derivative	Palonosetron (Aloxi)	CYP1A2	CYP2D6,CYP3A4,CYP3A5		🟢	
Antiemetic, 5-HT3 receptor antagonist Indazole derivative	Granisetron (Sancuso, Sustol)	CYP3A4	CYP3A5			🚫
Antiemetic, 5-HT3 receptor antagonist	Ondansetron (Zofran, Zuplenz)	CYP2B6	CYP1A2,CYP2D6, CYP3A4		🟢	
Antiemetic, dopamine-receptor antagonist	Domperidone (Motilium)	CYP3A4	CYP3A5			🚫
	Prochlorperazine (Compro)	CYP2D6	CYP3A4,CYP3A5			🚫
	Metoclopramide (Reglan)	CYP2D6	CYP1A2,CYB5R1,CYB5R2,CYB5R3,CYB5R4			🚫
Antiemetic, NK1 receptor antagonist	Aprepitant (Emend)	CYP3A4	CYP3A5,CYP1A2,CYP2C19		🟢	
Antiemetic, H1 histamine receptor antagonist	Diphenhydramine (Benadryl, Banophen)	CYP2D6	CYP3A4,CYP3A5			🚫
	Hydroxyzine (Vistaril)	ADHs	CYP3A4,CYP3A5			🚫
	Promethazine (Phenergan, Phenadoz)	CYP2D6	SULTs			🚫
Cannabinoids	Dronabinol (Marinol, Syndros)	CYP2C9	CYP2C19,CYP3A4,CYP3A5			🚫
Benzodiazepines	Midazolam (Versed)	CYP3A4	CYP3A5			🚫
Anticholinergics	Scopolamine (Transderm scop)	CYP3A4	CYP3A5			🚫
Steroids	Dexamethasone (Decadron)	CYP3A4	CYP17A1,CYP3A5			🚫

Abbreviations: 5-HT, Serotonin; NK1, neurokinin 1.

PGx Report - Internal Medicine

Type: Drugs Prescribed for the Treatment of Peptic Ulcers and/or Gastro-Esophageal Reflux Disease

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Histamine H2-receptor antagonists	Ranitidine (Zantac, Heartburn Relief)	Renal Excretion	CYP1A2,CYP2C19,FMO3,CYP3A4,CYP3A5		✔	
Proton-pump inhibitor	Omeprazole (Zegerid, Prilosec OTC)	CYP2C19	CYP3A4,CYP2C9,CYP3A5		✔	
	Dexlansoprazole (Dexilant)	CYP2C19	CYP3A4,CYP3A5			✖
	Esomeprazole (Nexium)	CYP2C19	CYP3A4,CYP3A5			✖
	Lansoprazole (Prevacid)	CYP3A4	CYP2C19,CYP3A5			✖
	Rabeprazole (AcipHex)	Non Enz	CYP2C19,CYP3A4,CYP3A5		✔	
	Elaprazole (Noltec)	CYP3A4	CYP3A5			✖
	Pantoprazole (Protonix)	CYP2C19	CYP3A4,CYP2D6,CYP2C9,CYP3A5			✖
Abbreviations: Non Enz, non-enzymatic metabolism.						














PGx Report - Internal Medicine

Type: Drugs Prescribed for the Treatment of Functional Gastrointestinal Disorders, Obesity

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Drugs for functional gastrointestinal disorders						
Acting on serotonin receptors 5-HT3 antagonists	Alosetron (Lotronex)	CYP2C9	CYP3A4,CYP1A2		✔	
	Cilansetron	CYP3A4	CYP2D6,CYP1A2,CYP2C19,CYP3A5			✖
Acting on serotonin receptors 5-HT4 agonists	Mosapride (Mopride, Mopid)	CYP3A4	CYP3A5			✖
	Prucalopride (Resolor, Resotran)	Renal Excretion	CYP3A4,CYP3A5			✖
Gastroprokinetic						
Serotonin 5-HT ₄ receptor agonist	Cisapride (Prepulsid, Propulsid)	CYP3A4	CYP3A5			✖
	Cinitapride (Cintapro, Pemix)	CYP3A4	CYP3A5			✖
Dopamine antagonists	Metoclopramide (Reglan)	CYP2D6	CYP1A2,CYB5R1,CYB5R2,CYB5R3,CYB5R4			✖
	Clebopride	CYP3A4	CYP3A5			✖
	Domperidone (Motilium)	CYP3A4	CYP3A5			✖
Antipropulsives						
Opioids	Loperamide (Anti-diarrhea, Diamode)	CYP3A4	CYP3A5			✖
	Morphine (Duramorph, Infumorph P/F)	UGT2B7	ABCC3,OPRM1,COMT		✔	
Centrally acting anti-obesity drugs						
Stimulant/Amphetamine/ Appetite suppressant agent	Sibutramine (Meridia)	CYP3A4	CYP3A5			✖
	Phentermine (Adipex-P, Lomaira)	Renal Excretion	CYP3A4,CYP3A5		✔	
Anorectic	Lorcaserin (Belviq)	CYP2D6	CYP3A4,CYP3A5			✖

PGx Report - Internal Medicine

Type: Diabetes

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antidiabetic Secretagogues						
Meglitinides	Nateglinide (Starlix)	CYP2C9	CYP3A4,CYP3A5			
Sulfonylurea 1st generation	Chlorpropamide (Diabinese)	Renal Excretion	CYP2D6			
	Tolazamide (Tolinase)	CYP2C9				
	Tolbutamide (Orinase)	CYP2C9	CYP2C19			
Sulfonylurea 2nd generation	Glipizide (Glucoitol)	CYP2C9	CYP3A4			
	Glyburide (Diabeta, Glynase)	CYP3A4	CYP2C9,CYP2C19,CYP3A5			
	Gliquidone (Glurenorm)	CYP2C9				
	Gliclazide (Diamicron)	CYP2C9	CYP2C19			
	Glimepiride (Amaryl)	CYP2C9				
DPP-IV inhibitor	Saxagliptin (Onglyza)	CYP3A4	CYP3A5			
	Alogliptin (Nesina)	Renal Excretion	CYP2D6,CYP3A4,CYP3A5			
	Linagliptin (Tradjenta)	Renal Excretion	CYP3A4,CYP3A5			
	Sitagliptin (Januvia)	CYP3A4	CYP3A5			
Abbreviations: DPP-IV, Dipeptidyl peptidase-4; SGLT2, sodium/glucose cotransporter 2 or gliflozins.						

PGx Report - Internal Medicine

Type: Migraine, Antihistamine, Abortifacient, Drugs Prescribed for the Treatment of Hyperparathyroidism, Dermatology

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Anti-migraine						
Selective serotonin (5-HT1) agonists	Almotriptan (Axert)	CYP3A4	CYP2D6,CYP3A5			
	Eletriptan (Relpax)	CYP3A4	CYP3A5			
	Frovatriptan (Frova)	CYP1A2				
	Naratriptan (Amerge)	CYP1A2	CYP2C9,CYP2D6			
	Zolmitriptan (Zomig, Zomig ZMT)	CYP1A2				
Ergot alkaloids	Dihydroergotamine (D.H.E.45)	CYP3A4	CYP3A5			
	Ergotamine (Cafergot, Ergomar)	CYP3A4	CYP3A5			
Antihistamines						
Aminoalkyl ethers	Diphenhydramine (Benadryl, Banophen)	CYP2D6	CYP3A4,CYP3A5			
Substituted alkylamines	Chlorpheniramine (Chlor-Trimeton, Allergy-4-hour)	CYP3A4	CYP3A5			
Phenothiazine derivatives	Promethazine (Phenergan, Phenadoz)	CYP2D6	SULTs			
Piperazine derivatives	Hydroxyzine (Vistaril)	ADHs	CYP3A4,CYP3A5			
	Cyclizine (Marezine, Valoid)	CYP2D6				
Other antihistamines	Terfenadine (Seldane, Triludan)	CYP3A4	CYP3A5			
	Loratadine (Claritin, Allergy Relief)	CYP3A4,CYP2D6	CYP3A5,CYP2C9			
	Astemizole (Hismanal)	CYP3A4	CYP3A5			
Treatment of secondary hyperparathyroidism						
Calcimimetic	Cinacalcet (Sensipar)	CYP3A4	CYP2D6,CYP3A5,CYP1A2			
Abortifacient						
Progestin Antagonist	Mifepristone (Korlym, Mifeprex)	CYP3A4	CYP3A5			
Abbreviations: BE, biliary excretion.						

PGx Report - Psychiatry

Type: Antidepressant I

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antidepressants						
SSRIs	Citalopram (Celexa)	CYP2C19,CYP2D6	CYP3A4,CYP3A5,HTR2A			
	Escitalopram (Lexapro)	CYP3A4,CYP2C19	CYP2D6,CYP3A5,HTR2C			
	Dapoxetine (Priligy)	CYP2D6	CYP3A4,CYP3A5,FMO1			
	Fluoxetine (Prozac, Sarafem)	CYP2D6	CYP3A4,CYP2C9,CYP3A5,CYP2C19,HTR2A			
	Paroxetine (Paxil, Seroxat)	CYP2D6	CYP3A4,CYP1A2,CYP3A5,CYP2C9,HTR2A			
	Sertraline (Zoloft)	CYP2B6	CYP2C19,CYP2C9,CYP3A4,CYP2D6			
	Fluvoxamine (Faverin, Fevarin)	CYP2D6	CYP1A2,HTR2A			
SMSs	Vilazodone (Viibryd)	CYP3A4	CYP3A5,CYP2C19,CYP2D6			
SNRIs	Levomilnacipran (Fetzima)	CYP3A4	CYP3A5,CYP2C19,CYP2D6			
	Venlafaxine (Effexor XR)	CYP2D6	CYP2C19,CYP3A4,CYP2C9,CYP3A5,SLC6A3,HTR2A			
	Desvenlafaxine (Pristiq, Khedezla)	CYP3A4	CYP3A5,CYP2D6			
	Duloxetine (Cymbalta, Irenka)	CYP2D6	CYP1A2,HTR2A			
NRIs	Atomoxetine (Strattera)	CYP2D6	CYP2C19,CYP3A4,CYP3A5,SLC6A2			
	Reboxetine (Edronax)	CYP3A4	CYP3A5			
	Maprotiline (Ludiomil)	CYP2D6	CYP1A2			
TCAs that preferentially inhibit the reuptake of serotonin	Clomipramine (Anafranil)	CYP2D6	CYP3A4,CYP2C19,CYP1A2,CYP2C9,HTR2A			
	Imipramine (Tofranil)	CYP1A2,CYP2D6	CYP2C19,CYP3A4,CYP3A5			
TCAs that preferentially inhibit the reuptake of norepinephrine	Desipramine (Norpramin)	CYP2D6	CYP1A2,CYP2C19			
	Nortriptyline (Pamelor)	CYP2D6	CYP1A2,CYP2C19			
	Protriptyline (Vivactil)	CYP2D6				

PGx Report - Psychiatry

Type: Antidepressant II

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antidepressants						
TCAs that fairly balanced serotonin-norepinephrine reuptake inhibitors	Amitriptyline (Elavil, Vanatrip)	CYP2D6	CYP3A4,CYP2C19,CYP2C9,CYP1A2,CYP2B6			
	Doxepin (Silenor, Zonalon)	CYP2D6,CYP2C19	CYP1A2,CYP3A4,CYP3A5			
	Dosulepin (Prothiaden)	CYP2D6,CYP2C9	CYP3A4,CYP1A2,CYP3A5,CYP2C19			
TeCAs	Mianserin (Tolvon)	CYP2D6	CYP3A4,CYP1A2,CYP2B6,CYP3A5			
	Amoxapine (Asendin)	CYP2D6	CYP3A4,CYP3A5			
TCA with antipsychotic and sedative properties	Trimipramine (Surmontil)	CYP2D6	CYP2C19,CYP2C9			
	Moclobemide (Amira, Aurorix)	CYP2C19	CYP2D6,CYP1A2,HTR2A			
Atypical antidepressants						
SMSs	Vortioxetine (Brintellix)	CYP2D6	CYP2C9,CYP3A4,CYP3A5,UGTs,CYP2C19,CYP2B6			
NaSSAs	Mirtazapine (Remeron, Remeronsoltab)	CYP1A2	CYP2D6,CYP3A4,CYP3A5,HTR2A			
SARIs	Trazodone (Desyrel)	CYP3A4	CYP2D6,CYP3A5			
	Nefazodone (Serzone)	CYP2D6, CYP3A4	CYP3A5			
Antidepressant and smoking cessation aid	Bupropion (Zyban, Aplenzin)	CYP2B6	CYP3A4,CYP2D6,CYP1A2,CYP3A5			
Antidepressant and anti-anxiety	Buspirone (BuSpar, Vanspar)	CYP3A4	CYP3A5			
Abbreviations: SSRI, serotonin selective reuptake inhibitor; SMS, Serotonin modulator and stimulator; SNRI, serotonin-norepinephrine reuptake inhibitor; NRI, norepinephrine reuptake inhibitor; TCA, tricyclic antidepressant; TeCA, tetracyclic antidepressant; MAOI, monoamine oxidase inhibitor; NaSSA, noradrenergic and specific serotonergic antidepressant; SARI, serotonin antagonist and reuptake inhibitor.						

Additional SNPs of Importance for the Treatment of Depression and Psychosis, and the Treatment of Alcohol and Tobacco Use Disorders

Gene	Marker	Genotype	Drug	Level of Evidence	Results
COMT	rs4680	A/G	Fluvoxamine (Faverin, Fevarin)	3	Patients with major Depressive Disorder may have an increased response to fluvoxamine treatment
COMT	rs4680	A/G	Venlafaxine (Effexor XR)	3	Depressive patients and patients with Anxiety Disorders may have an intermediate response
COMT	rs4680	A/G	Paroxetine (Paxil, Seroxat)	3	Depressive patients may have an intermediate response
ANKK1/DRD2	rs1800497	A/A	Bupropion (Zyban, Aplenzin)	1B	Patients may be less likely to quit smoking
ANKK1/DRD2	rs1800497	A/A	Antipsychotics	2A	Schizophrenia patients may have a decreased risk for tardive dyskinesia
ANKK1/DRD2	rs1800497	A/A	Ethanol	2B	Patients may have an increased risk for Alcoholism
ANKK1/DRD2	rs1800497	A/A	Clozapine Olanzapine Risperidone	2B	Patients may have increased risk of side effects including hyperprolactinemia and weight gain
ANKK1/DRD2	rs1800497	A/A	Nicotine	3	Patients may have an increased likelihood of smoking cessation when treated with nicotine replacement therapy
ANKK1/DRD2	rs1800497	A/A	Risperidone (Risperdal)	3	Schizophrenia patients may have more improvement in symptoms
HTR2A	rs7997012	A/G	Antidepressants	3	Reduced risk of having no response to treatment (higher improvement) with antidepressants

PGx Report - Psychiatry

Type: Typical Antipsychotic

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Typical antipsychotic						
Butyrophenones	Bromperidol (Bromidol, Bromodol)	CYP3A4	CYP3A5			
	Droperidol (Inapsine)	CYP3A4	CYP3A5			
	Haloperidol (Haldol)	UGTs,CYP3A4	CYP1A2,CYP2D6,CYP3A5,HTR2C			
Phenothiazines with aliphatic side-chain	Chlorpromazine (Thorazine, Largactil)	CYP2D6	CYP1A2,CYP3A4,CYP3A5			
	Levomepromazine (Nozinan, Levoprome)	CYP3A4	CYP1A2,CYP3A5			
	Promazine (Sparine)	CYP1A2	CYP3A4,CYP2C19,CYP2C9,CYP3A5			
	Cyamemazine (Tercian)	CYP1A2	CYP3A4,CYP2C9,CYP3A5			
Phenothiazines with piperazine structure	Fluphenazine (Prolixin)	CYP2D6				
	Perphenazine (Trilafon)	CYP2D6				
	Prochlorperazine (Compro)	CYP2D6	CYP3A4,CYP3A5			
	Trifluoperazine (Stelazine)	CYP1A2				
Phenothiazines with piperidine structure	Thioridazine (Mellaril)	CYP2D6	CYP1A2,CYP3A4,CYP2C19,CYP3A5			
Phenothiazines used as an anti-histamine, sedative, and antiemetic	Promethazine (Phenergan, Phenadoz)	CYP2D6	SULTs			
Diphenyl-butylpiperidine	Pimozide (Orap)	CYP3A4,CYP2D6	CYP1A2,CYP3A5			
	Thiothixene (Navane)	CYP1A2	CYP3A4,CYP3A5			
Thioxanthene derivative	Zuclopenthixol (Clopixol)	CYP2D6	CYP3A4,CYP3A5			
Tricyclics	Loxapine (Adasuve)	CYP1A2	CYP3A4, CYP2D6,CYP3A5			

PGx Report - Psychiatry

Type: Atypical antipsychotic

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Atypical antipsychotic						
Diazepines, Oxazepines, Thiazepines and Oxepines	Quetiapine (Seroquel, Seroquel XR)	CYP3A4,CYP2D6	CYP3A5,CYP1A2,CYP2C9,CYP2C19			
	Asenapine (Saphris, Sycrest)	CYP1A2,UGT1A4	CYP2D6,CYP3A4,CYP3A5			
	Olanzapine (Zyprexa, Zyprexa Relprevv)	CYP1A2	CYP2D6			
	Clozapine (Clozaril, FazaClo)	CYP1A2,CYP2D6	CYP3A4,FMO3,CYP2C9,CYP2C19,CYP3A5,SLC6A3,SLC1A1,HTR2C			
Indole derivatives	Sertindole (Serdolect, Serlect)	CYP2D6	CYP3A4,CYP3A5			
	Ziprasidone (Geodon)	CYP3A4	AOX1,CYP3A5			
	Lurasidone (Latuda)	CYP3A4	CYP3A5			
Other antipsychotics	Aripiprazole (Abilify)	CYP2D6	CYP3A4,CYP3A5			
	Risperidone	CYP2D6	CYP3A4,CYP3A5,SLC1A1,HTR2A,HTR2C			
	Iloperidone (Fanapt)	CYP2D6	CYP3A4,CYP3A5			
	Paliperidone (Invega, Invega Trinza)	CYP2D6	CYP3A4,CYP3A5			
	Zotepine (Zoleptil)	CYP3A4	CYP1A2,CYP3A5,CYP2D6			

Additional SNPs of Importance in Treatment that Includes the Use of Antipsychotics and for the Treatment of Autism

Gene	Marker	Genotype	Drug	Level of Evidence	Results
HTR2C	rs3813929	C/C	Olanzapine (Zyprexa, Zyprexa Relprevv)	3	Patients with psychiatric disorders or schizophrenia may have an increased risk of weight gain
COMT	rs4680	A/G	Haloperidol (Haldol)	3	Schizophrenia patients may have an increased risk for developing extrapyramidal symptoms

Other genetic and clinical factors may also influence a patient's response to medications.

PGx Report - Neurology

Type: Drugs Prescribed for the Treatment of ADHD, Related Drugs

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Anti ADHD Stimulants						
Amphetamine	Dextroamphetamine (ProCentra, Dexedrine Spansule)	Renal Excretion,CYP2D6	FMO3,GLYAT		✔	
	Levoamphetamine (Benzedrine)	Renal Excretion,CYP2D6	FMO3		✔	
NDRI	Dexmethylphenidate (Focalin)	CYP2D6	Renal Excretion		✔	
Psychostimulant	Lisdexamfetamine (Vyvanse)	Hydrolysis	CYP2D6,Renal Excretion		✔	
	Methylphenidate (Concerta, Daytrana)	CYP2D6	Renal Excretion,SLC6A2,SLC6A3			⚠
Anti ADHD Non-stimulants						
NERI	Atomoxetine (Strattera)	CYP2D6	CYP2C19,CYP3A4,CYP3A5,SLC6A2			⚠
Central alpha-2 Adrenergic Agonist	Clonidine (Catapres, Kapvay)	CYP2D6	CYP1A2,CYP3A4,CYP3A5		✔	
	Guanfacine (Intuniv, Tenex)	CYP3A4	CYP3A5			⚠
Antidepressants	Bupropion (Zyban, Aplenzin)	CYP2B6	CYP3A4,CYP2D6,CYP1A2,CYP3A5		✔	
	Imipramine (Tofranil)	CYP1A2,CYP2D6	CYP2C19,CYP3A4,CYP3A5		✔	
	Desipramine (Norpramin)	CYP2D6	CYP1A2,CYP2C19		✔	
	Reboxetine (Edronax)	CYP3A4	CYP3A5			⚠
Wakefulness-promoting agent	Modafinil (Provigil)	Hydrolysis,CYP2D6	CYP1A2,CYP3A4,CYP2B6,CYP3A5		✔	
	Armodafinil (Nuvigil)	CYP3A4	CYP3A5			⚠
Anti-insomnia						
Melatonin Receptor Agonist	Ramelteon (Rozerem)	CYP1A2	CYP2C19,CYP3A4,CYP3A5		✔	
Abbreviations: ADHD, Attention deficit hyperactivity disorder; NERI; norepinephrine reuptake inhibitor, NDRI, norepinephrine-dopamine reuptake inhibitor.						

PGx Report - Neurology

Type: Drugs Prescribed for the Treatment of Epilepsy

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antiepileptic						
Barbiturates	Phenobarbital (Luminal)	CYP2C19,CYP2C9			●	
Carbamates	Felbamate (Felbatol)	CYP3A4	CYP3A5			●
Carboxamides	Carbamazepine	CYP3A4,EPHX1	CYP2B6, UGT2B7, CYP1A2, CYP3A5, HLA-B*1502, HLA-A*3101			●
Fatty acids	Tiagabine (Gabitril)	CYP3A4	CYP3A5,CYP1A2,CYP2D6,CYP2C19			●
	Divalproex (Depakote)	CYP2C9	CYP2B6		●	
Hydantoin	Phenytoin (Dilantin Phenytek)	CYP2C19	CYP2C9,CYP3A4,CYP3A5,CYP2D6,HLA-B*1502		●	
	Mephenytoin (Mesantoin)	CYP2C19	CYP2C9,CYP2B6,CYP1A2,CYP2D6		●	
Oxazolidinediones	Trimethadione (Tridione)	CYP2C9	CYP3A4,CYP3A5			●
	Paramethadione (Paradione)	CYP2C9				●
Pyrimidinedione	Primidone (Mysoline)	CYP2C9	CYP2C19		●	
Pyrrolidines	Brivaracetam (Briviact)	CYP2C19,CYP2C9	CYP3A4,CYP3A5,CYP2B6		●	
Succinimides	Ethosuximide (Zarontin)	CYP3A4	CYP3A5			●
Sulfonamides	Zonisamide (Zonegran)	CYP3A4	CYP2C19,CYP3A5			●
Other	Lacosamide (Vimpat)	CYP2C9	CYP2C19,CYP3A4		●	
	Perampanel (Fycompa)	CYP3A4	CYP3A5			●
Abbreviations: GABA, gamma-aminobutyric acid.						

PGx Report - Neurology

Type: Anxiolytic, Hypnotic, Sedative, Anticonvulsant, Muscle Relaxants

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Anxiolytic, Hypnotic, Sedative, Anticonvulsant, and Muscle Relaxant						
Benzodiazepine Short-acting	Midazolam (Versed)	CYP3A4	CYP3A5			
	Triazolam (Halcion)	CYP3A4	CYP3A5			
	Brotizolam (Lendormin)	CYP3A4	CYP3A5			
Benzodiazepine Intermediate-acting	Alprazolam (Xanax)	CYP3A4	CYP3A5			
	Bromazepam (Lexotan, Lexotaniil)	CYP1A2	CYP2D6			
	Clobazam (Onfi)	CYP2C19	CYP3A4,CYP3A5,CYP2B6			
	Flunitrazepam (Rohypnol)	CYP2C19	CYP2C9,CYP3A4,CYP3A5			
	Estazolam (ProSom)	CYP3A4	CYP3A5			
	Clonazepam (Klonopin)	CYP3A4	CYP2C19,CYP3A5			
	Oxazepam-r (Serax)	UGT2B7				
	Quazepam (Doral)	CYP3A4	CYP2C19,CYP3A5			
	Lormetazepam (Noctamid, Loramet)	CYP3A4	CYP3A5			
	Lorazepam-r	UGT2B7				
	Nitrazepam (Alodorm, Apodorm)	CYP3A4	CYP3A5			
	Temazepam (Restoril)	CYP2C19	CYP3A4,CYP3A5,UGT2B7			
Benzodiazepine Long-acting	Diazepam (Valium, Diastat)	CYP2C19,CYP3A4	CYP3A5,CYP2B6,CYP1A2			
	Clorazepate (Tranxene)	CYP3A4	CYP3A5			
	Chlordiazepoxide (Librium, Poxi)	CYP3A4	CYP3A5			
	Flurazepam (Dalmane, Dalmadorm)	CYP3A4	CYP3A5			
	Nordazepam (Nordaz, Stilny)	CYP3A4	CYP3A5			
Nonbenzodiazepine hypnotic	Zolpidem (Ambien, Edluar)	CYP3A4	CYP3A5,CYP1A2,CYP2C9,CYP2D6			
	Zaleplon (Sonata)	AOX1,CYP3A4	CYP3A5			
	Zopiclone (Imovane, Zimovane)	CYP3A4	CYP2C9,CYP3A5			
	Eszopiclone (Lunesta)	CYP3A4	CYP3A5			

PGx Report - Neurology

Type: Drugs Prescribed for the Treatment of Alzheimer's and Parkinson's, Related Drugs

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Anti-Alzheimer disease & Anti-Parkinson disease						
Acetylcholinesterase inhibitor	Tacrine (Cognex)	CYP1A2	CYP2D6		✔	✖
	Donepezil (Aricept)	CYP2D6	CYP3A4,CYP3A5			✖
	Galantamine (Razadyne, Razadyne ER)	CYP2D6	CYP3A4,CYP3A5			✖
Inhibitor of MAO-B	Selegiline (Emsam, Zelapar)	CYP2B6	CYP2C9,CYP3A4,CYP3A5,FMO3			✖
	Rasagiline (Azilect)	CYP1A2		🟡🟡		
COMT inhibitors	Entacapone (Comtan)	UGT1A9,CYP3A4	CYP3A5,UGT2B7			✖
Dopamine receptor agonists	Bromocriptine (Parlodel, Cycloset)	CYP3A4	CYP3A5			✖
	Ropinirole (Requip)	CYP1A2	UGTs, Renal Excretion	🟡🟡		
Anticholinergics - Antimuscarinics	Diphenhydramine (Benadryl, Banophen)	CYP2D6	CYP3A4,CYP3A5			✖
Anti-hyperkinetic movement	Tetrabenazine (Xenazine)	CYP2D6	CYP1A2			✖
Anti-amyotrophic lateral sclerosis drug	Riluzole (Rilutek)	CYP1A2		🟡🟡		

Abbreviations: NMDA, N-methyl-D-aspartate; COMT, Catechol-O-methyltransferase.

Additional SNP of Importance for different Medical Condition and personality

Gene	Marker	Genotype	Results
DRD2	rs6277	T/C	Your genotype is associated with addictive behaviors. Your brain's reward system may not respond normally to dopamine, a neurotransmitter that regulates rewards and behavior. Your genotype may predispose you to an increased propensity for drug abuse.

PGx Report - Infectology

Type: Antibiotics

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antibacterials: protein synthesis inhibitors 50S						
Amphenicols	Chloramphenicol (Chloromycetin, Pentamycetin)	CYP2C9	UGT2B7			⚠
Lincosamides	Clindamycin (Evoclin, Clindagel)	CYP3A4	CYP3A5			⚠
Antibiotic						
Macrolides	Clarithromycin (Biaxin)	CYP3A4	CYP3A5			⚠
	Erythromycin (Eryc)	CYP3A4	CYP3A5			⚠
	Telithromycin (Ketek)	CYP3A4	CYP3A5			⚠
Antibacterials: nucleic acid inhibitors						
DHPS inhibitor Intermediate-acting sulfonamides	Sulfamethoxazole (Bactrim, Sulfatrim)	Renal Excretion	CYP2C9		✔	
Anaerobic DNA inhibitors/ Nitroimidazole	Tinidazole (Tindamax)	CYP3A4	CYP3A5			⚠
	Ornidazole (dazolix)	CYP3A4	CYP3A5			⚠
DNA-dependent RNA polymerase inhibitors	Rifampicin (Rifadin)	CYP3A4	CYP3A5,CYP2C19,RE			⚠
	Rifabutin (Mycobutin)	CYP3A4	CYP1A2,CYP3A5		✔	
Other drugs against mycobacteria	Bedaquiline (Sirturo)	CYP3A4	CYP2C19,CYP3A5			⚠
Abbreviations: DHPS, Dihydropteroate synthase.						

PGx Report - Infectology

Type: Antimalarial, Anthelmintic, Antifungal

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Antimalarial						
Aminoquinolines	Hydroxychloroquine (Plaquenil)	CYP2D6	CYP3A4,CYP3A5			⚠
	Primaquine (Jasoprim, Malirid)	CYP2D6				⚠
Methanolquinolines	Quinine (Qualaquin)	CYP3A4,CYP2D6	CYP2C19,CYP3A5			⚠
	Mefloquine (Lariam, Mephaquin)	CYP3A4	CYP3A5			⚠
Artemisinin and derivatives	Artemisinin (Alaxin)	CYP3A4	CYP2B6,CYP3A5			⚠
	Artemether (Coartem)	CYP3A4	CYP3A5			⚠
	Arteether (Artemotil)	CYP3A4	CYP2B6,CYP3A5			⚠
Biguanides	Proguanil (Paludrine)	CYP2C19			✔	
Other antimalarials	Halofantrine (Halfan)	CYP3A4	CYP3A5			⚠
	Pentamidine (Nebupent, Pentam)	CYP2C19	CYP1A2,CYP2D6		✔	
Anthelmintic						
Benzimidazoles	Albendazole (Albenza)	CYP3A4	CYP1A2,CYP3A5		✔	
Antifungals						
Imidazoles	Ketoconazole (Nizoral, Xolegel)	CYP3A4	FMO3,CYP26A1		✔	
Triazoles	Itraconazole (Sporanox)	CYP3A4				⚠
	Voriconazole (Vfend, Vfend IV)	CYP2C19	CYP2C9, CYP3A4,CYP3A5		✔	
Allylamines	Terbinafine (Lamisil, Jock Itch)	CYP2C9	CYP1A2,CYP3A4,CYP2C19		✔	

PGx Report - Infectology

Type: Antiretroviral, Antiviral

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Protease inhibitor 1st generation	Lopinavir (Kaletra)	CYP3A4	SLCO1B1,CYP3A5,ABCC1			🔴
	Ritonavir (Norvir)	CYP3A4	CYP2D6,CYP3A5,ABCC1			🔴
	Saquinavir (Invirase)	CYP3A4	CYP3A5			🔴
	Indinavir (Crixivan)	CYP3A4	CYP2D6,CYP3A5			🔴
	Nelfinavir (Viracept)	CYP2C19	CYP3A4,CYP3A5			🔴
	Fosamprenavir (Lexiva)	CYP3A4	CYP3A5			🔴
Protease inhibitor 2nd generation	Atazanavir (Reyataz)	CYP3A4	CYP3A5			🔴
	Darunavir (Prezista)	CYP3A4	CYP3A5,SLCO3A1			🔴
	Tipranavir (Aptivus)	CYP3A4	CYP3A5			🔴
NNRTI 1st generation	Delavirdine (Rescriptor)	CYP3A4	CYP2D6,CYP3A5			🔴
	Efavirenz (Sustiva)	CYP2B6	CYP3A4,CYP3A5		🟢	
NNRTI 2nd generation	Nevirapine (Viramune, Viramune XR)	CYP3A4	CYP2B6,CYP3A5,SLCO3A1			🔴
	Etravirine (Intelence)	CYP3A4	CYP2C9,CYP2C19,CYP3A5			🔴
	Rilpivirine (Edurant)	CYP3A4	CYP3A5			🔴
Nucleoside reverse transcriptase inhibitor (NRTI)	Zidovudine (Retrovir)	UGT2B7	Renal Excretion,SLCO3A1,ABCC1		🟢	
CCR5 Co-receptor Antagonist	Maraviroc (Selzentry)	CYP3A4	CYP3A5			🔴
Hepatitis C Virus NS3/4A Protease Inhibitor	Boceprevir (Victrelis)	CYP3A4	IFNL3,CYP3A5			🔴
	Telaprevir (Incivek, Incivo)	CYP3A4	CYP3A5,IFNL3			🔴
	Paritaprevir (Viekira, Technivie/Viekirax)	CYP3A4	CYP3A5			🔴
	Simeprevir (Olysio, Sovriad)	CYP3A4	CYP2C19,CYP3A5,IFNL3			🔴
Other antivirals	Enfuvirtide (Fuzeon)	CYP2C19	CYP1A2		🟢	
	Elvitegravir (Vitekta, Stribild)	CYP3A4	CYP3A5			🔴
	Dolutegravir (Tivicay)	UGT1A1,CYP3A4	CYP3A5			🔴

Abbreviations: NNRTI, Non-Nucleoside Reverse Transcriptase Inhibitors; CCR5, C-C chemokine receptor type 5.

PGx Report - Oncology, Hematology








Type: Antineoplastic I

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Alkylating agents						
Nitrogen mustard analogues	Cyclophosphamide (Endoxan, Cytoxan)*	CYP2B6	CYP2C19,CYP3A4,CYP2C9,CYP3A5,ALDH1A1,ABCC3	🟡🟡		
	Iphosphamide*	CYP2B6	CYP3A4,CYP3A5		🟢	
Nitrosoureas	Carmustine (Bicnu, Gliadel Wafer)	CYP1A2	Renal Excretion		🟢	
Antimetabolites						
Folic acid analogues	Methotrexate (Trexall, Rasuvo)	Renal Excretion	AOX1,SLCO1B1,SLC19A1,ABCC1,ABCC3		🟢	

* - Indicates a prodrug.

PGx Report - Oncology, Hematology

Type: Antineoplastic II

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Plant alkaloids and other natural products						
Vinca alkaloids and analogues	Vincristine (Marqibo, Vincasar PFS)	CYP3A4	CYP3A5,ABCC3			
	Vinblastine (Alkaban-AQ, Velban)	CYP3A4	CYP3A5			
Podophyllotoxin derivatives	Etoposide (Etopophos, Toposar)	CYP3A4	CYP3A5,CYP1A2			
	Teniposide (Vumon)	CYP2C19	CYP3A4,CYP3A5			
Taxanes	Docetaxel (Docefrez, Taxotere)	CYP3A4	CYP3A5,ABCC6			
	Cabazitaxel (Jevtana)	CYP3A4	CYP3A5			
	Paclitaxel (Abraxane)	CYP3A4	CYP3A5			

Derivative of camptothecin

PGx Report - Oncology, Hematology

Type: Antineoplastic Targeted Therapy I

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Protein kinase inhibitor (receptor)						
Epidermal growth factor receptor (EGFR)	Erlotinib (Tarceva)	CYP3A4	CYP1A2,CYP3A5		●	●
	Gefitinib (Iressa)	CYP3A4	CYP2D6,CYP3A5			●
	Vandetanib (Caprelsa)	CYP3A4	FMO3,FMO1,CYP3A5			●
EGFR and epidermal growth factor receptor (HER2)	Lapatinib (Tykerb)	CYP3A4,CYP2C19	CYP3A5			●
	Neratinib (Nerlynx)	CYP3A4	CYP3A5			●
C-KIT and PDGFR	Masitinib (Masivet)	CYP3A4	CYP3A5			●
FLT3	Lestaurtinib	CYP3A4	CYP3A5			●
RET, VEGFR and EGFR	Vandetanib (Caprelsa)	CYP3A4	FMO3,FMO1,CYP3A5			●
c-MET and VEGFR2	Cabozantinib (Cabometyx, Cometriq)	CYP3A4	CYP3A5			●
Multiple targets (c-KIT, FGFR, PDGFR and VEGFR)	Axitinib (Inlyta)	CYP3A4	CYP1A2,CYP2C19,CYP3A5		●	
	Nintedanib (Ofev, Vargatef)	CYP1A2	CYP2C9,CYP2C19,CYP2D6		●	
	Pazopanib (Votrient)	CYP3A4, UGT1A1	CYP1A2,CYP3A5		●	
	Ponatinib (Iclusig)	CYP3A4	CYP2D6,CYP3A5			●
	Regorafenib (Stivarga)	CYP3A4	CYP3A5			●
	Sorafenib (Nexavar)	CYP3A4	CYP3A5			●
	Sunitinib (Sutent)	CYP3A4	CYP3A5			●
Toceranib (Palladia)	CYP3A4	CYP3A5			●	
Protein kinase inhibitor (non-receptor)						
BCR-ABL	Imatinib (Gleevec)	CYP3A4	CYP3A5,SLCO1A2,SLC22A4			●
	Nilotinib (Tasigna)	CYP3A4,UGT1A1	CYP1A2,CYP2C9,CYP2C19,CYP2D6,CYP3A5			●
	Dasatinib (Sprycel)	CYP3A4	CYP3A5			●
	Ponatinib (Iclusig)	CYP3A4	CYP2D6,CYP3A5			●
Src	Bosutinib (Bosulif)	CYP3A4	CYP3A5			●
Janus kinase	Lestaurtinib	CYP3A4	CYP3A5			●
	Ruxolitinib (Jakafi)	CYP3A4	CYP3A5			●
	Pacritinib	CYP3A4	CYP3A5			●
	Tofacitinib (Xeljanz, Jakvinus)	CYP3A4	CYP2C19,CYP3A5			●
Selective inhibitor of the cyclin-dependent kinases CDK4 and CDK6	Abemaciclib (Verzenio)	CYP3A4	CYP3A5			●
	Palbociclib (Ibrance)	CYP3A4	CYP3A5			●
	Ribociclib (Kisqali)	CYP3A4	CYP3A5			●

PGx Report - Oncology, Hematology

Type: Antineoplastic Targeted Therapy II

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Protein kinase inhibitor (non-receptor)						
EML4-ALK	Ceritinib (Zykadia)	CYP3A4	CYP2C9,CYP3A5			🔴
	Crizotinib (Xalkori)	CYP3A4	CYP3A5			🔴
Bruton tyrosine kinase	Ibrutinib (Imbruvica)	CYP3A4	CYP2D6,CYP3A5			🔴
BRAF inhibitor (V600E mutation-positive)	Vemurafenib (Zelboraf)	CYP3A4	CYP3A5			🔴
Other Targeted therapy						
mTOR Inhibitors	Sirolimus (Rapamune)	CYP3A4	CYP3A5			🔴
	Everolimus (Zortress, Afinitor)	CYP3A4	CYP3A5			🔴
Hedgehog pathway inhibitor	Vismodegib (Erivedge)	CYP2C9	CYP3A4,CYP3A5		🟢	
Hormone antagonists and related agents						
Selective estrogen receptor modulators (SERM)	Toremifene (Fareston)	CYP3A4	CYP2D6,CYP3A5			🔴
	Tamoxifen (Soltamox)*	CYP3A4,CYP2D6,CYP2C9	CYP3A5,CYP2B6,FMO1,FMO3,CYP2C19,CYP1A2,F2,F5		🟢	
SERD	Fulvestrant (Faslodex)	CYP3A4	CYP3A5			🔴
Anti-androgens	Flutamide (Eulexin)	CYP1A2	CYP3A4,CYP3A5		🟢	
	Nilutamide (Nilandron)	CYP2C19	FMO3		🟢	
	Enzalutamide (Xtandi)	CYP3A4	CYP3A5			🔴
	Bicalutamide (Casodex)	CYP3A4	CYP3A5			🔴
Aromatase inhibitors	Anastrozole (Arimidex)	CYP3A4	CYP3A5			🔴
	Letrozole (Femara)	CYP3A4	CYP3A5			🔴
	Exemestane (Aromasin)	CYP3A4	CYP3A5			🔴
Other hormone antagonists and related agents	Abiraterone (Zytiga)	CYP3A4	CYP3A5,SULT2A1			🔴
Hematologic						
Thrombopoiesis Stimulating Agent	Eltrombopag (Promacta)	CYP1A2	F5,SERPINC1	🟡🟡		

Abbreviations: C-KIT, tyrosine-protein kinase Kit; PDGFR, Platelet-derived growth factor receptor; FLT3, FMS-like tyrosine kinase-3; RET, RET proto-oncogene; VEGFR, Vascular endothelial growth factor receptor; Src, Proto-oncogene tyrosine-protein kinase Src; EML4-ALK, echinoderm microtubule associated protein like 4 – anaplastic lymphoma kinase; BRAF, proto-oncogene B-Raf; mTOR, mammalian target of rapamycin; SERD, selective estrogen receptor down-regulator. * - Indicates a prodrug.

PGx Report - Organ Transplantation

Type: Immunosuppressive, Immunomodulation

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Immunosuppressive						
Antimetabolite	Mycophenolate mofetil (Myfortic, CellCept)	CYP3A4	CYP3A5,UGT2B7,SLCO1B1,HPRT1		✔	
Calcineurin Inhibitors	Pimecrolimus (Elidel)	CYP3A4	CYP3A5			✖
	Tacrolimus (Prograf, Protopic)	CYP3A4	CYP3A5,UGT2B7		✔	
	Cyclosporine (Neoral, Sandimmune)	CYP3A4	CYP3A5,UGT2B7		✔	
mTOR Inhibitors	Temsirolimus (Torisel)	CYP3A4	CYP3A5			✖
	Everolimus (Zortress, Afinitor)	CYP3A4	CYP3A5			✖
Immunomodulation						
Immunomodulator and anti-angiogenic	Pomalidomide (Pomalyst, Imnovid)	CYP1A2	CYP3A4,CYP2C19,CYP2D6,CYP3A5		✔	

PGx Report - Anesthesiology

Type: Anesthetic, Muscle Relaxant

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Intravenous agents (non-opioid)						
Barbiturates	Hexobarbital (Citopan, Evipan)	CYP2C19	CYP2C9,CYP1A2		✔	
	Thiamylal (Surital, Thioseconal)	CYP2C9			✔	
Benzodiazepines	Diazepam (Valium, Diastat)	CYP2C19,CYP3A4	CYP3A5,CYP2B6,CYP1A2		✔	
	Midazolam (Versed)	CYP3A4	CYP3A5			✖
Other Anesthetics	Ketamine (Ketalar)	CYP3A4	CYP2B6,CYP2C9,CYP3A5			✖
Skeletal muscle relaxants						
Muscle Relaxants	Carisoprodol (Soma)	CYP2C19			✔	
	Cyclobenzaprine (Amrix, Fexmid)	CYP1A2	CYP2D6,CYP3A4,CYP3A5		✔	
	Tizanidine (Zanaflex)	CYP1A2		🟡🟡		












PGx Report - Urology

Type: Drugs Prescribed for the Treatment of Incontinence, Erectile Dysfunction, Benign Prostatic Hypertrophy

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Drugs for urinary frequency and incontinence						
Anticholinergic	Oxybutynin (Oxytrol, Ditropan XL)	CYP3A4	CYP3A5			
	Tolterodine (Detrol, Detrol LA)	CYP2D6,CYP3A4	CYP2C9,CYP3A5,CYP2C19			
	Solifenacin (VESicare)	CYP3A4	CYP3A5			
	Darifenacin (Enablex)	CYP2D6	CYP3A4,CYP3A5			
Drugs used in erectile dysfunction						
Phosphodiesterase inhibitors	Sildenafil (Viagra, Revatio)	CYP3A4	CYP2C9,CYP3A5			
	Tadalafil (Cialis, Adcirca)	CYP3A4	CYP3A5			
	Vardenafil (Levitra, Staxyn)	CYP3A4	CYP2C9,CYP3A5			
	Avanafil (Stendra)	CYP3A4	CYP3A5			
	Udenafil (Zydena)	CYP3A4	CYP3A5			
Drugs used in benign prostatic hypertrophy						
Alpha-adrenoreceptor antagonists	Alfuzosin (Uroxatral)	CYP3A4	CYP3A5, Renal Excretion			
	Tamsulosin (Flomax)	CYP3A4	CYP2D6,CYP3A5, Renal Excretion			
	Silodosin (Rapaflo)	CYP3A4	UGT2B7,CYP3A5			
Testosterone-5-alpha reductase inhibitors	Finasteride (Proscar, Propecia)	CYP3A4	CYP3A5			
	Dutasteride (Avodart)	CYP3A4	CYP3A5			

PGx Report - Endocrinology

Type: Contraceptives, Androgens, Antiandrogens, Glucocorticoid, Thyroid

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Hormonal contraceptives						
Estrogens	Ethinylestradiol (Estinyl)	CYP3A4,CYP2C9	CYP3A5,CYP2C19,CYP1A2			
	Estradiol (Vagifem)	CYP1A2	CYP3A4,CYP3A5			
Progestogens	Desogestrel (Azalia, Cerazette)	CYP3A4,HSD3B1	CYP3A5,CYP2C9,CYP2C19			
	Dienogest (Natazia, Qlaira)	CYP3A4	CYP3A5			
	Mestranol (Ortho-Novum, Norinyl)	CYP2C9				
Emergency contraceptives	Levonorgestrel (Plan B, Next choice)	CYP3A4	CYP3A5			
	Ulipristal (Ella)	CYP3A4	CYP1A2,CYP2D6,CYP3A5			
Androgens						
3-oxoandrost- (4) derivatives	Testosterone (Andriol, Androderm)	CYP3A4,CYP19A1	HSD3B2,CYP3A5,SULTs			
Antiandrogens						
Antiandrogens	Cyproterone (Androcur)	CYP3A4	CYP3A5			
Other sex hormones and modulators of the genital system						
Selective estrogen receptor modulators (SERMs)	Ospemifene (Osphena)	CYP3A4	CYP2C9,CYP3A5,CYP2C19,CYP2B6			
Steroid hormone						
Glucocorticoids	Dexamethasone (Decadron)	CYP3A4	CYP17A1,CYP3A5			
	Cortisol (hydrocortisone) (Solucortef, Anucort-hc)	CYP3A4	CYP3A5			
	Prednisone (Deltasone, Rayos)	HSD11B2	CYP3A4,CYP3A5,SLC19A1,SULTs,UGTs			
There are additional SERMs (Tamoxifen and Toremifene) described under antineoplastics)						

PGx Report - Recreational Drugs

Type: Alcohol, Barbiturates, Benzodiazepines, Cannabinoids, Synthetic Cannabis, Dissociative Drugs, Tobacco

Drug Class	Generic	Primary Mechanism Involved	Other Mechanisms Involved	May Have Decreased Efficacy	Used As Directed	May Have Increased Toxicity
Amphetamines	3,4-methylenedioxy-methamphetamine (MDMA) (Ecstasy)	Renal Excretion,CYP2D6	CYP1A2,CYP3A4,CYP3A5,FMO3			
	Methamphetamine (Desoxyn, recreational drug)	CYP2D6,Renal Excretion	FMO3,ACSM1,GLYAT			
Barbiturates	Amobarbital	CYP3A4	CYP3A5,CYP2B6,CYP2C9			
	Phenobarbital (Luminal)	CYP2C19,CYP2C9				
Benzodiazepines	Alprazolam (Xanax)	CYP3A4	CYP3A5			
	Clonazepam (Klonopin)	CYP3A4	CYP2C19,CYP3A5			
	Diazepam (Valium, Diastat)	CYP2C19,CYP3A4	CYP3A5,CYP2B6,CYP1A2			
Cannabinoids & Related Drugs	Cannabidiol (CBD) (CBD oil)	CYP3A4	CYP2C19,CYP3A5			
	Delta 9-tetra hydrocannabinol (9 THC) (Marinol, Syndros)	CYP2C9	CYP2C19,CYP3A4,CYP3A5			
	Cannabinol (CBN)	CYP2C9	CYP2C19,CYP3A4,CYP3A5			
Synthetic Cannabis	JWH-018	CYP1A2	CYP2C9			
	AM2201	CYP1A2	CYP2C9			
Xanthine	Caffeine	CYP1A2				
Dissociative Drugs	Ketamine (Ketalar)	CYP3A4	CYP2B6,CYP2C9,CYP3A5			
	Phencyclidine (PCP) (Angel dust)	CYP3A4	CYP3A5,CYP1A2			
Ergoline derivatives	Lysergic acid diethylamide (LSD)	CYP3A4	CYP3A5			

Genomic Test Results

Genotype/Haplotype Details

CYP1A2

Allele Tested: *1A,*1C,*1F.

Genetic results: CYP1A2 *1F/*1F

Phenotype: Extensive metabolizer with higher inducibility

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
CYP1A2		-3860G>A	*1C	rs2069514	G/G
CYP1A2		-163C>A	*1F	rs762551	A/A

CYP1A2 is the most important gene in the metabolism of: Asenapine, Bromazepam, Carmustine, Clozapine, Cyamemazine, Cyclobenzaprine, Eltrombopag, Estradiol, Febuxostat, Flutamide, Frovatriptan, Imipramine, Leflunomide, Lidocaine, Loxapine, Mirtazapine, Nabumetone, Naratriptan, Nintedanib, Palonosetron, Pomalidomide, Promazine, Pyrazinamide, Ramelteon, Rasagiline, Riluzole, Ropinirole, Tacrine, Theophylline, Thiothixene, Tizanidine, Triamterene, Trifluoperazine, Zileuton, Zolmitriptan.

Drugs and substances known to induce CYP1A2 activity include: beta-naphthoflavone, char-grilled meat, Marijuana, Modafinil, Omeprazole, Tobacco.

Drugs and substances known to inhibit CYP1A2 activity include: Amiodarone, Efavirenz, Fluoroquinolones, Fluvoxamine, Ticlopidine, Verapamil.

CYP1A2 activity is dependent upon hepatic and renal function status as well as age.

Genotype/Haplotype Details

CYP2B6

Allele Tested: *1,*18.

Genetic results: CYP2B6 *1/*1

Phenotype: Extensive metabolizer

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
CYP2B6	Ile328Thr	983T>C	*18	rs28399499	T/T

CYP2B6 is the most important gene in the metabolism of: Bupropion, Cyclophosphamide, Efavirenz, Iphosphamide, Meperidine, Ondansetron, Selegiline, Sertraline.

Drugs and substances known to induce CYP2B6 activity include: Artemisinin, Carbamazepine, Efavirenz, Nevirapine, Phenobarbital, Phenytoin, Rifampicin.

Drugs and substances known to inhibit CYP2B6 activity include: Clopidogrel, Orphenadrine, Thiotepa, Ticlopidine, Voriconazole.

Genotype/Haplotype Details

CYP2C9

Allele Tested: *1,*2,*3,*4,*5,*6,*8,*11,*13.

Genetic results: CYP2C9 *1/*2

Phenotype: Intermediate metabolizer

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
CYP2C9	Arg144Cys	430C>T	*2	rs1799853	C/T
CYP2C9	Ile359Leu	1075A>C	*3	rs1057910	A/A
CYP2C9	Ile359Asn	1076T>C	*4	rs56165452	T/T
CYP2C9	Asp360Glu	1080C>G	*5	rs28371686	C/C
CYP2C9	Lys273Argfs	817delA	*6	rs9332131	A/A
CYP2C9	Arg150His/Leu	449G>A	*8	rs7900194	G/G
CYP2C9	Arg335Trp	1003C>T	*11	rs28371685	C/C
CYP2C9	Leu90Pro	269T>C	*13	rs72558187	T/T

CYP2C9 is the most important gene in the metabolism of: Acenocoumarol, Alosetron , Azilsartan, Bosentan, Cannabinol (CBN), Celecoxib, Chloramphenicol, Delta 9-tetra hydrocannabinol (9_THC), Dronabinol, Fenoprofen, Flurbiprofen, Fluvastatin, Gliclazide, Glimepiride, Glipizide, Gliquidone, Ibuprofen, Indomethacin, Irbesartan, Ketobemidone, Lacosamide, Lornoxicam, Losartan, Mefenamic acid, Meloxicam, Mestranol, Naproxen, Nateglidine, Paramethadione, Parecoxib, Phenprocoumon, Piroxicam, Primidone, Sulfapyrazone, Tapentadol, Tenoxicam, Terbinafine, Thiamylal, Tolazamide, Tolbutamide, Torasemide, Trimethadione, Valsartan, Vismodegib, Warfarin, Zafirlukast.

Drugs and substances known to induce CYP2C9 activity include: Carbamazepine, Nevirapine, Phenobarbital, Rifampicin, Secobarbital.

Drugs and substances known to inhibit CYP2C9 activity include: Amentoflavone, Amiodarone, Apigenin, Isoniazid, Fluconazole, Miconazole, Sulfaphenazole, Valproic acid.

Genotype/Haplotype Details

CYP2C19

Allele Tested: *1,*2,*3,*4,*5,*6,*7,*8,*10,*17.

Genetic results: CYP2C19 *1/*1

Phenotype: Extensive metabolizer

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
CYP2C19	Splicing defect	681G>A	*2	rs4244285	G/G
CYP2C19	Trp212Ter	636G>A	*3	rs4986893	G/G
CYP2C19	Met1 Val	1A>G	*4	rs28399504	A/A
CYP2C19	Arg433Trp	1297C>T	*5	rs56337013	C/C
CYP2C19	Arg132Gln	395G>A	*6	rs72552267	G/G
CYP2C19	Splicing defect	819+2T>A	*7	rs72558186	T/T
CYP2C19	Trp120Arg	358T>C	*8	rs41291556	T/T
CYP2C19	Pro227Leu	680C>T	*10	rs6413438	C/C
CYP2C19		-806C>T	*17	rs12248560	C/C

CYP2C19 is the most important gene in the metabolism of: Brivacetam, Carisoprodol, Citalopram, Clobazam, Clopidogrel, Dexlansoprazole, Diazepam, Enfuvirtide, Esomeprazole, Flunitrazepam, Hexobarbital, Mephénytoin, Moclobemide, Nelfinavir, Nilutamide, Omeprazole, Pantoprazole, Pentamidine, Phenobarbital, Phenytoin, Proguanil, Rabeprazole, Temazepam, Teniposide, Voriconazole.

Drugs and substances known to induce CYP2C19 activity include: Artemisinin, Carbamazepine, Efavirenz, Norethisterone, Rifampicin, Ritonavir, St. John's Wort.

Drugs and substances known to inhibit CYP2C19 activity include: Chloramphenicol, Esomeprazole, Felbamate, Fluvoxamine, Isoniazid, Lansoprazole, Moclobemide, Omeprazole.

Genotype/Haplotype Details

CYP2D6

Allele Tested: *1,*2,*3,*4A,*4K,*4M,*5,*6A,*6C,*7,*9,*10,*12,*14A,*14B,*15,*17,*29,*34,*39,*41,*69,and CNVs.

Genetic results: CYP2D6 *2/*3

Phenotype: Intermediate metabolizer

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
CYP2D6	Arg296Cys	886C>T	*2	rs16947	T/C
CYP2D6	Ser486Thr	1457G>C	*2	rs1135840	G/C
CYP2D6	Arg259Glyfs	775delA	*3	rs35742686	A/-
CYP2D6	Splicing defect	506-1G>A	*4	rs3892097	G/G
CYP2D6			*5/CNVs	CYP2D6_CNVs	2
CYP2D6	Trp152Glyfs	454delT	*6	rs5030655	T/T
CYP2D6	His324Pro	971A>C	*7	rs5030867	A/A
CYP2D6	Lys281del	841_843delAAG	*9	rs5030656	AAG/AAG
CYP2D6	Pro34Ser	100C>T	*10	rs1065852	C/C
CYP2D6	Gly42Arg	124G>A	*12	rs5030862	G/G
CYP2D6	Gly169Ter/Arg	505G>A	*14	rs5030865	G/G
CYP2D6	46fs	137-138insT	*15	rs774671100	-/-
CYP2D6	Thr107Ile	320C>T	*17	rs28371706	C/C
CYP2D6	Val338Met	1012G>A	*29	rs59421388	G/G
CYP2D6	Splicing defect	985+39G>A	*41	rs28371725	G/G

CYP2D6 is the most important gene in the metabolism of: Aclidinium, Amitriptyline, Amoxapine, Arformoterol, Aripiprazole, Atomoxetine, Bisoprolol, Carvedilol, Chlorpromazine, Clomipramine, Clonidine, Codeine, Cyclizine, Dapoxetine, Darifenacin, Debrisoquine, Desipramine, Dexmethylphenidate, Dextromethorphan, Diphenhydramine, Donepezil, Dosulepin, Doxazosin, Doxepin, Duloxetine, Encainide, Ethylmorphine, Flecaïnide, Fluoxetine, Fluphenazine, Fluvoxamine, Formoterol, Galantamine, Hydrocodone, Hydroxychloroquine, Iloperidone, Labetalol, Lisdexamfetamine, Lorcaſerin, Maprotiline, Methamphetamine, Methylnaltrexone, Methylphenidate, Metoclopramide, Metoprolol, Mexiletine, Mianserin, Modafinil, Nebivolol, Nefazodone, Nortriptyline, Paliperidone, Paroxetine, Perphenazine, Primaquine, Procainamide, Prochlorperazine, Promethazine, Propafenone, Propranolol, Protriptyline, Reserpine, Risperidone, Sertindole, Sparteine, Tetrabenazine, Thioridazine, Timolol, Tolterodine, Tramadol, Trimipramine, Umeclidinium, Venlafaxine, Vicoprofen, Vortioxetine, Zuclopenthixol.

In Caucasians, approximately 6 -10% are CYP2D6 poor metabolizers and up to 7% are ultrarapid drug metabolizers.

Drugs and substances known to induce CYP2D6 activity include: Dexamethasone, Glutethimide, Rifampicin.

Drugs and substances known to inhibit CYP2D6 activity include: Bupropion, Fluoxetine, Paroxetine, Quinidine, Ritonavir.

Genotype/Haplotype Details

CYP3A4

Allele Tested: *1A,*1B,*22.

Genetic results: CYP3A4 *1A/*22

Phenotype: Intermediate metabolizer

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
CYP3A4		-392A>G	*1B	rs2740574	A/A
CYP3A4		522-191C>T	*22	rs35599367	C/T

Genotype/Haplotype Details

CYP3A5

Allele Tested: *1,*2,*3A,*6,*7.

Genetic results: CYP3A5 *3A/*3A

Phenotype: Poor metabolizer

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
CYP3A5	Thr398Asn	1193C>A	*2	rs28365083	C/C
CYP3A5	Splicing defect	689-1A>G	*3	rs776746	G/G
CYP3A5	Splicing defect	624G>A	*6	rs10264272	G/G
CYP3A5	Thr346Tyfs	1035_1036insT	*7	rs41303343	-/-

CYP3A4/5 are the most important genes in the metabolism of: Abiraterone, Albendazole, Alfentanil, Alfuzosin, Aliskiren, Almotriptan, Alprazolam, Amiodarone, Amlodipine, Amobarbital, Anastrozole, Apixaban, Aprepitant, Armodafinil, Arteether, Artemether, Artemisinin, Astemizole, Atazanavir, Atorvastatin, Avanafil, Axitinib, Bedaquiline, Bepiridil, Bicalutamide, Boceprevir, Bosutinib, Bromocriptine, Bromperidol, Brotizolam, Budesonide, Buprenorphine, Buspirone, Cabozantinib, Cannabidiol (CBD), Carbamazepine, Ceritinib, Cerivastatin, Chlordiazepoxide, Chlorpheniramine, Cilansetron, Cilostazol, Cinacalcet, Cinitapride, Cisapride, Clarithromycin, Clebopride, Clindamycin, Clonazepam, Clorazepate, Colchicine, Cortisol (hydrocortisone), Crizotinib, Cyclosporine, Cyproterone, Darunavir, Dasatinib, Delavirdine, Desogestrel, Dexamethasone, Dextropropoxyphene, Dienogest, Dihydrocodeine, Dihydroergotamine, Diltiazem, Disopyramide, Docetaxel, Dolasetron, Domperidone, Dronedarone, Droperidol, Dutasteride, Eletriptan, Elvitegravir, Eplerenone, Ergotamine, Erlotinib, Erythromycin, Escitalopram, Estazolam, Eszopiclone, Ethinylestradiol, Ethosuximide, Etoposide, Etoricoxib, Etravirine, Everolimus, Exemestane, Felbamate, Fentanyl, Finasteride, Flurazepam, Fluticasone, Fosamprenavir, Fulvestrant, Gefitinib, Gemfibrozil, Glyburide, Granisetron, Halofantrine, Haloperidol, Hydroxyzine, Ibrutinib, Ilaprazole, Imatinib, Indinavir, Itraconazole, Ivabradine, Ivacaftor, Ketamine, Ketoconazole, Ketoprofen, Lansoprazole, Lapatinib, Lestaurtinib, Letrozole, Levacetylmethadol, Levomepromazine, Levomilnacipran, Levonorgestrel, Loperamide, Lopinavir, Loratadine, Lormetazepam, Lovastatin, Lurasidone, Lysergic acid diethylamide (LSD), Macitentan, Maraviroc, Masitinib, Mefloquine, Methadone, Midazolam, Mifepristone, Mometasone, Montelukast, Mosapride, Mycophenolate mofetil, Neratinib, Nevirapine, Nifedipine, Nilotinib, Nimodipine, Nitrazepam, Nordazepam, Ornidazole, Ospemifene, Oxybutynin, Oxycodone, Pacritinib, Paritaprevir, Pazopanib, Perampanel, Phencyclidine (PCP), Pimecrolimus, Pimozide, Ponatinib, Pramlukast, Prednisone, Quazepam, Quetiapine, Quinidine, Quinine, Ranolazine, Reboxetine, Regorafenib, Rifabutin, Rifampicin, Rilpivirine, Ritonavir, Rivaroxaban, Roflumilast, Ruxolitinib, Salmeterol, Saquinavir, Saxagliptin, Scopolamine, Sibutramine, Sildenafil, Silodosin, Simeprevir, Simvastatin, Sirolimus, Sitagliptin, Solifenacin, Sorafenib, Sufentanil, Sunitinib, Tacrolimus, Tadalafil, Tamoxifen, Tamsulosin, Telaprevir, Telithromycin, Temsirolimus, Terazosin, Terfenadine, Testosterone, Tiagabine, Ticagrelor, Tilidine, Tinidazole, Tipranavir, Toceranib, Tofacitinib, Tolvaptan, Toremfene, Trazodone, Triazolam, Tropicamide, Udenafil, Ulipristal, Vandetanib, Vardenafil, Verapamil, Vilanterol, Vilazodone, Vinblastine, Vincristine, Vorapaxar, Zaleplon, Ziprasidone, Zolpidem, Zonisamide, Zopiclone, Zotepine.

Drugs and substances known to induce CYP3A4/5 activity include: Carbamazepine, Efavirenz, Nevirapine, Phenobarbital, Phenytoin, Pioglitazone, Rifabutin, Rifampicin, St. John's Wort, Troglitazone.

Drugs and substances known to inhibit CYP3A4/5 activity include: Chloramphenicol, Clarithromycin, Grapefruit juice flavonoids, Indinavir, Itraconazole, Ketoconazole, Nefazodone, Nelfinavir, Ritonavir.

Genotype/Haplotype Details

VKORC1

Allele Tested: *1,*2.

Genetic results: VKORC1 *1/*2

Phenotype: Intermediate sensitivity to Warfarin

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
VKORC1		-1639G>A	*2	rs9923231	G/A

The VKORC1 gene encodes the vitamin K epoxide reductase enzyme, the drug target of Warfarin.

Genotype/Haplotype Details

UGT2B7

Allele Tested: *1a,*2b.

Genetic results: UGT2B7 *1a/*2b

Phenotype: Intermediate metabolizer

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
UGT2B7		-161C>T	*2b	rs7668258	C/T

UGT2B7 is the most important gene in the metabolism of: Clofibrate, Diclofenac, Hydromorphone, Morphine, Lorazepam-r, Naloxone, Naltrexone, Oxazepam-r, Oxymorphone, Zidovudine.

Genotype/Haplotype Details

OPRM1

Allele Tested: *1,*2.

Genetic results: OPRM1 *1/*1

Phenotype: Sensitive to Opioids

Gene	Protein change	Nucleotide change	Allele tested	Marker	Genotype
OPRM1	Asn40Asp	118A>G	*2	rs1799971	A/A

1. Zhao, X. et al. An obesity genetic risk score is associated with metabolic syndrome in Chinese children. *Gene* 535, 299–302 (2014).
2. Kring, S. I. I. et al. Polymorphisms of serotonin receptor 2A and 2C genes and COMT in relation to obesity and type 2 diabetes. *PLoS One* 4, e6696 (2009).
3. Aklillu, E. et al. Genetic polymorphism of CYP1A2 in Ethiopians affecting induction and expression: characterization of novel haplotypes with single-nucleotide polymorphisms in intron 1. *Mol. Pharmacol.* 64, 659–69 (2003).
4. Nakajima, M. et al. Genetic polymorphism in the 5'-flanking region of human CYP1A2 gene: effect on the CYP1A2 inducibility in humans. *J. Biochem.* 125, 803–8 (1999).
5. Allorge, D. et al. Identification of a novel splice-site mutation in the CYP1A2 gene. *Br. J. Clin. Pharmacol.* 56, 341–4 (2003).
6. Murayama, N. et al. Six novel nonsynonymous CYP1A2 gene polymorphisms: catalytic activities of the naturally occurring variant enzymes. *J. Pharmacol. Exp. Ther.* 308, 300–6 (2004).
7. Han, X.-M. et al. Inducibility of CYP1A2 by omeprazole in vivo related to the genetic polymorphism of CYP1A2. *Br. J. Clin. Pharmacol.* 54, 540–3 (2002).
8. Klein, K. et al. Genetic variability of CYP2B6 in populations of African and Asian origin: allele frequencies, novel functional variants, and possible implications for anti-HIV therapy with efavirenz. *Pharmacogenet. Genomics* 15, 861–73 (2005).
9. Sibbing, D. et al. Cytochrome 2C19*17 Allelic Variant, Platelet Aggregation, Bleeding Events, and Stent Thrombosis in Clopidogrel-Treated Patients With Coronary Stent Placement. *Circulation* 121, 512–518 (2010).
10. Ferguson, R. J. et al. A new genetic defect in human CYP2C19: mutation of the initiation codon is responsible for poor metabolism of S-mephenytoin. *J. Pharmacol. Exp. Ther.* 284, 356–61 (1998).
11. Ibeanu, G. C. et al. A novel transversion in the intron 5 donor splice junction of CYP2C19 and a sequence polymorphism in exon 3 contribute to the poor metabolizer phenotype for the anticonvulsant drug S-mephenytoin. *J. Pharmacol. Exp. Ther.* 290, 635–40 (1999).
12. de Morais, S. M. et al. The major genetic defect responsible for the polymorphism of S-mephenytoin metabolism in humans. *J. Biol. Chem.* 269, 15419–22 (1994).
13. De Morais, S. M. et al. Identification of a new genetic defect responsible for the polymorphism of (S)-mephenytoin metabolism in Japanese. *Mol. Pharmacol.* 46, 594–8 (1994).
14. Xiao, Z. S. et al. Differences in the incidence of the CYP2C19 polymorphism affecting the S-mephenytoin phenotype in Chinese Han and Bai populations and identification of a new rare CYP2C19 mutant allele. *J. Pharmacol. Exp. Ther.* 281, 604–9 (1997).
15. Blaisdell, J. et al. Identification and functional characterization of new potentially defective alleles of human CYP2C19. *Pharmacogenetics* 12, 703–11 (2002).
16. Ibeanu, G. C. et al. Identification of new human CYP2C19 alleles (CYP2C19*6 and CYP2C19*2B) in a Caucasian poor metabolizer of mephenytoin. *J. Pharmacol. Exp. Ther.* 286, 1490–5 (1998).
17. DeLozier, T. C., Lee, S.-C., Coulter, S. J., Goh, B. C. & Goldstein, J. A. Functional characterization of novel allelic variants of CYP2C9 recently discovered in southeast Asians. *J. Pharmacol. Exp. Ther.* 315, 1085–90 (2005).
18. Sandberg, M., Johansson, I., Christensen, M., Rane, A. & Eliasson, E. The impact of CYP2C9 genetics and oral contraceptives on cytochrome P450 2C9 phenotype. *Drug Metab. Dispos.* 32, 484–9 (2004).
19. Allabi, A. C., Gala, J.-L. & Horsmans, Y. CYP2C9, CYP2C19, ABCB1 (MDR1) genetic polymorphisms and phenytoin metabolism in a Black Beninese population. *Pharmacogenet. Genomics* 15, 779–86 (2005).
20. Dickmann, L. J. et al. Identification and functional characterization of a new CYP2C9 variant (CYP2C9*5) expressed among African Americans. *Mol. Pharmacol.* 60, 382–7 (2001).
21. Imai, J. et al. Polymorphism of the cytochrome P450 (CYP) 2C9 gene in Japanese epileptic patients: genetic analysis of the CYP2C9 locus. *Pharmacogenetics* 10, 85–9 (2000).
22. Guo, Y. et al. Catalytic activities of human cytochrome P450 2C9*1, 2C9*3 and 2C9*13. *Xenobiotica.* 35, 853–61 (2005).
23. Liu, Y. et al. Decreased Warfarin Clearance Associated With the CYP2C9 R150H (*8) Polymorphism. *Clin. Pharmacol. Ther.* 91, 660–665 (2012).
24. Sakuyama, K. et al. Functional Characterization of 17 CYP2D6 Allelic Variants (CYP2D6.2, 10, 14A-B, 18, 27, 36, 39, 47-51, 53-55, and 57). *Drug Metab. Dispos.* 36, 2460–2467 (2008).
25. Marez, D. et al. Polymorphism of the cytochrome P450 CYP2D6 gene in a European population: characterization of 48 mutations and 53 alleles, their frequencies and evolution. *Pharmacogenetics* 7, 193–202 (1997).
26. Oscarson, M., Hidestrand, M., Johansson, I. & Ingelman-Sundberg, M. A combination of mutations in the CYP2D6*17 (CYP2D6Z) allele causes alterations in enzyme function. *Mol. Pharmacol.* 52, 1034–40 (1997).
27. Rau, T., Diepenbruck, S., Diepenbruck, I. & Eschenhagen, T. The 2988G>A polymorphism affects splicing of a CYP2D6 minigene. *Clin. Pharmacol. Ther.* 80, 555-8-60 (2006).
28. Kagimoto, M., Heim, M., Kagimoto, K., Zeugin, T. & Meyer, U. A. Multiple mutations of the human cytochrome P450IID6 gene (CYP2D6) in poor metabolizers of debrisoquine. Study of the functional significance of individual mutations by expression of chimeric genes. *J. Biol. Chem.* 265, 17209–14 (1990).
29. Hanioka, N., Kimura, S., Meyer, U. A. & Gonzalez, F. J. The human CYP2D locus associated with a common genetic defect in drug oxidation: a G1934----A base change in intron 3 of a mutant CYP2D6 allele results in an aberrant 3' splice recognition site. *Am. J. Hum. Genet.* 47, 994–1001 (1990).

30. Hofmann, M. H. et al. Aberrant Splicing Caused by Single Nucleotide Polymorphism c.516G>T [Q172H], a Marker of CYP2B6*6, Is Responsible for Decreased Expression and Activity of CYP2B6 in Liver. *J. Pharmacol. Exp. Ther.* 325, 284–292 (2008).
31. Broly, F. & Meyer, U. A. Debrisoquine oxidation polymorphism: phenotypic consequences of a 3-base-pair deletion in exon 5 of the CYP2D6 gene. *Pharmacogenetics* 3, 123–30 (1993).
32. Marez, D. et al. An additional allelic variant of the CYP2D6 gene causing impaired metabolism of sparteine. *Hum. Genet.* 97, 668–70 (1996).
33. Evert, B., Griese, E. U. & Eichelbaum, M. A missense mutation in exon 6 of the CYP2D6 gene leading to a histidine 324 to proline exchange is associated with the poor metabolizer phenotype of sparteine. *Naunyn. Schmiedebergs. Arch. Pharmacol.* 350, 434–9 (1994).
34. Wennerholm, A. et al. The African-specific CYP2D6*17 allele encodes an enzyme with changed substrate specificity. *Clin. Pharmacol. Ther.* 71, 77–88 (2002).
35. Sachse, C., Brockmüller, J., Bauer, S., Reum, T. & Roots, I. A rare insertion of T226 in exon 1 of CYP2D6 causes a frameshift and is associated with the poor metabolizer phenotype: CYP2D6*15. *Pharmacogenetics* 6, 269–72 (1996).
36. Westlind, A., Löfberg, L., Tindberg, N., Andersson, T. B. & Ingelman-Sundberg, M. Interindividual differences in hepatic expression of CYP3A4: relationship to genetic polymorphism in the 5'-upstream regulatory region. *Biochem. Biophys. Res. Commun.* 259, 201–5 (1999).
37. Elens, L. et al. Novel CYP3A4 intron 6 single nucleotide polymorphism is associated with simvastatin-mediated cholesterol reduction in The Rotterdam Study. *Pharmacogenet. Genomics* 21, 861–866 (2011).
38. Dai, D. et al. Identification of variants of CYP3A4 and characterization of their abilities to metabolize testosterone and chlorpyrifos. *J. Pharmacol. Exp. Ther.* 299, 825–31 (2001).
39. Sata, F. et al. CYP3A4 allelic variants with amino acid substitutions in exons 7 and 12: evidence for an allelic variant with altered catalytic activity. *Clin. Pharmacol. Ther.* 67, 48–56 (2000).
40. Kuehl, P. et al. Sequence diversity in CYP3A promoters and characterization of the genetic basis of polymorphic CYP3A5 expression. *Nat. Genet.* 27, 383–91 (2001).
41. Jounaïdi, Y., Hyrilles, V., Gervot, L. & Maurel, P. Detection of CYP3A5 allelic variant: a candidate for the polymorphic expression of the protein? *Biochem. Biophys. Res. Commun.* 221, 466–70 (1996).
42. Hustert, E. et al. The genetic determinants of the CYP3A5 polymorphism. *Pharmacogenetics* 11, 773–9 (2001).
43. Josephson, F. et al. CYP3A5 genotype has an impact on the metabolism of the HIV protease inhibitor saquinavir. *Clin. Pharmacol. Ther.* 81, 708–12 (2007).
44. Sandholt, C. H. et al. Studies of metabolic phenotypic correlates of 15 obesity associated gene variants. *PLoS One* 6, e23531 (2011).
45. Davis, C. et al. Binge eating disorder and the dopamine D2 receptor: Genotypes and sub-phenotypes. *Prog. Neuro-Psychopharmacology Biol. Psychiatry* 38, 328–335 (2012).
46. Simone, B. et al. Risk of venous thromboembolism associated with single and combined effects of Factor V Leiden, Prothrombin 20210A and Methylenetetrahydrofolate reductase C677T: a meta-analysis involving over 11,000 cases and 21,000 controls. *Eur. J. Epidemiol.* 28, 621–47 (2013).
47. Klarin, D. et al. Genetic Analysis of Venous Thromboembolism in UK Biobank Identifies the ZFPM2 Locus and Implicates Obesity as a Causal Risk Factor. *Circ. Cardiovasc. Genet.* 10, e001643 (2017).
48. McMahon, F. J. et al. Variation in the Gene Encoding the Serotonin 2A Receptor Is Associated with Outcome of Antidepressant Treatment. *Am. J. Hum. Genet.* 78, 804–814 (2006).
49. Xu, X., Brookes, K., Sun, B., Iliott, N. & Asherson, P. Investigation of the serotonin 2C receptor gene in attention deficit hyperactivity disorder in UK samples. *BMC Res. Notes* 2, 71 (2009).
50. Epstein, L. H. et al. Food reinforcement, the dopamine D2 receptor genotype, and energy intake in obese and nonobese humans. *Behav. Neurosci.* 121, 877–86 (2007).
51. Davis, C. et al. Opiates, overeating and obesity: a psychogenetic analysis. *Int. J. Obes. (Lond.)* 35, 1347–54 (2011).
52. Voora, D. et al. The SLCO1B1*5 genetic variant is associated with statin-induced side effects. *J. Am. Coll. Cardiol.* 54, 1609–16 (2009).
53. Sugishita, M. et al. Pharmacogenetic association between GSTP1 genetic polymorphism and febrile neutropenia in Japanese patients with early breast cancer. *Breast Cancer* 23, 195–201 (2016).
54. Rieder, M. J. et al. Effect of VKORC1 Haplotypes on Transcriptional Regulation and Warfarin Dose. *N. Engl. J. Med.* 352, 2285–2293 (2005).
55. Teichert, M. et al. Vitamin K epoxide reductase complex subunit 1 (VKORC1) polymorphism and aortic calcification: the Rotterdam Study. *Arterioscler. Thromb. Vasc. Biol.* 28, 771–6 (2008).

Risk of Laboratory Technical Problems or Laboratory Error

Standard and effective procedures are in place at testing laboratory to protect against and prevent both technical and operational problems although problems may still occur. Errors can occur due to improper sample collection by patients and physicians. Damage to sample can occur during shipment due to such issues as improper paperwork, mislabeled/misaddressed packaging, loss/delay in receipt of sample at certified testing lab, etc. Issues which may prevent the lab from obtaining results include, but are not limited to: contamination of DNA sample; human &/or testing system error; results which cannot be interpreted; and, mislabeling of DNA sample.

When such issues are encountered, the lab may request a new sample. Re-testing does not guarantee that results will be obtained.

There is a statistically small percentage of inaccurate reporting that may include, but is not limited to such issues as: a false report that a genotype is present. Such errors may cause, but is not limited to: incorrect decisions/recommendations on medical treatment; incorrect decisions/recommendations on diet and/or fitness plans. In cases where laboratory error is suspected or is proven to have occurred, the patient's healthcare professional may recommend/request additional evaluation/testing. Additional testing may be recommended/requested to verify results for any reason presented by patient's healthcare professional.

Limitations

Testing purpose(s): 1) To provide information on how tested individual's genetic profile may affect carrier status for: a) certain inherited disease, b) reaction to certain drugs, c) risk of certain common health conditions, and/or d) response to selected diet, exercise, and/or nutrition recommendations. 2) To obtain information on tested individual's ancient ancestry. Testing purposes are dependent upon specific genetic testing ordered by patient's healthcare professional. Based on testing results, patients should make no changes to medical care [including, but not limited to, changes in dosage or frequency of medication, diet and/or exercise regimens, or pregnancy planning] without the advice of and consultation with a healthcare professional.

Genetic testing is an evolving science. Current testing protocols and results are based on the current/existing developments, information and testing techniques known at this time.

In the future, new variants may be identified and/or more research may be developed on the significance of currently identified variants that will drive changes in the interpretation of previously obtained genetic testing results. Current testing may not include identification of certain variants associated with: diet, exercise or nutrition; disease; and/or, drug response due to these issues.

Factors such as age, diet, ethnicity, family health history, and/or personal health, not related to genetics can also impact the likelihood of developing certain conditions or exhibiting certain drug reactions. Therefore, patients may not always exhibit and/or require the specific diet, nutrition and/or exercise, disease, or drug response expected or consistent with his/her genetic test results.

The genetic associations of certain conditions, particularly those related to diet and exercise, have only been observed/studied in Caucasian populations only. This limitation means that interpretations and recommendations are made in the context of Caucasian-only studies and results may or may not be relevant to those tested who are non-Caucasian or mixed ethnicity individuals.

Healthcare professionals may recommend additional testing to be performed by an independent laboratory or consult with an outside, independent genetic counselor or healthcare professional.



FDA Disclaimer and Physician Notice:

Advanced Genomic Solutions (AGS) Ltd. is accredited by the College of American Pathologists (CAP Number: 9479295) and Clinical Laboratory Improvement Amendments (CLIA) of 1988 (CLIA Number: 99D2143058) to perform high complexity clinical testing. This test was developed and its performance characteristics determined by AGS. It has not been cleared or approved by the US Food and Drug Administrations. This test is not intended for the purpose of medical diagnosis / medical treatment and is used for advisory purposes only. This test only detects specific allele(s) instead of all alleles for the genes. It does not rule out the possibility that other alleles in the genes might be potential variants. Individuals carrying non-tested alleles may have different responses and phenotype results. Apart from genetic factors, non-genetic factors such as age, diet, supplements, concomitant medications, personal health history, family health history, ethnicity, pregnancy and environmental factors need to be taken into account when making clinical decisions for medications and their dosages. Patients are advised to consult their treating doctors before any medication change. Inappropriate or premature medication change or cessation may result in serious health consequences. The laboratory disclaims all responsibility for any negative or potentially negative side effects experienced by the user.

Methodology and Limitations:

Testing for genetic variation/mutation on listed genes was performed using PCR with allele-specific probes and/or the application refractory mutation system (ARMS). Test results do not rule out the possibility that this individual could be a carrier of other mutations/variants not detected by this gene mutation variation panel. Rare mutations surrounding these alleles may also affect our detection of genetic variations. Other non-genetic and genetic factors that are not tested by this assay can affect the management and sensitivity of drugs. Thus, the interpretation is given as a probability. Therefore, this genetic information shall be interpreted in conjunction with other clinical findings and familial history for the administration of specific drugs.

Tested Alleles Include:

COMT, CYP1A2 (*1C, *1F), CYP2B6 (*18), CYP2C19 (*2, *3, *4, *5, *6, *7, *8, *10, *17), CYP2C9 (*2, *3, *4, *5, *6, *8, *11, *13), CYP2D6 (*2, *3, *4, *6, *7, *9, *10, *12, *14, *15, *17, *29, *41, CNVs (Copy number variations)), CYP3A4 (*1B, *22), CYP3A5 (*2, *3A, *6, *7), DRD2, F2, F5, HTR2A, HTR2C, MTHFR, OPRM1, SLCO1B1 (*5), UGT2B7 (*2B), VKORC1 (*2)

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Pharmacogenomic Test Summary

CYP1A2	*1F/*1F	Extensive metabolizer with higher inducibility
CYP2B6	*1/*1	Extensive metabolizer
CYP2C9	*1/*2	Intermediate metabolizer
CYP2C19	*1/*1	Extensive metabolizer
CYP2D6	*2/*3	Intermediate metabolizer
CYP3A4	*1A/*22	Intermediate metabolizer
CYP3A5	*3A/*3A	Poor metabolizer
VKORC1	*1/*2	Intermediate sensitivity to Warfarin
SLCO1B1	*1A/*5	Intermediate function
UGT2B7	*1a/*2b	Intermediate metabolizer
OPRM1	*1/*1	Sensitive to Opioids

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