

NAME: Report, Neurology ACC #: P241070005

SEX:

**DOB:** 1/1/2001

#### **SPECIMEN DETAILS**

SPECIMEN TYPE: Buccal Swab

COLLECTION DATE: 4/16/2024 4:25 PM

RECEIVED DATE: 4/16/2024 4:27 PM

**REPORT DATE:** 4/16/2024

#### **PROVIDER INFORMATION**

**ORDERING PHYSCIAN**: Doctor Test

PROVIDER:



# Pharmacogenomic Test

Thank you for choosing Omni Health Diagnostics Test. This report contains four color-coded sections to easily show whether there is a genetic predisposition that may affect the patient's response to drugs or indicate the potential for adverse effects.



#### **Rx Medication Review**

a list of prescribed drugs and any gene or drug interactions



#### **Drug Guide**

a drug focused report by therapeutic category



# Summary of Genes Tested

a summary of your results for all genes tested.



# Detailed Explanation of Findings

a more informative view of drug and gene relationships

This is a matrix of all drugs currently prescribed and contemplated. The matrix determines if there is any drug-to-drug or drug-to-gene interaction for the medications provided. Visit the online portal to view how any changes to these drugs may impact risk of drug-to-drug or drug-to-gene interactions.

We illustrate the impact of the tested genes on the most commonly prescribed medications. Simply identify therapeutic category of interest and review the impact of genetics on these drugs listed by medication name (both brand and generic). The impact of genetics as shown in the drug guide is derived by considering ALL tested genes that are relevant for each listed drug (also called combinatorial pharmacogenetics).

We show the patient's genotype and phenotype for each of the genes tested. This summary helps to quickly understand how your genes are impacting your medication's effectiveness.

We look at each gene separately and explains how the genotype and phenotype may impact drug responses. For each tested gene, the report shows how the phenotype impacts drugs, along with a list of the most commonly prescribed drugs affected by each gene.



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## **Molecular PGX PGx - Neurology Panel Report**

ent Patient Medications: All provided medications as of 4/16/2024		
venlafaxine (Effexor)	venlafaxine (Effexor) - High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)	
Midodrine	Midodrine - Standard Precautions	
mirtazapine (Remeron)	mirtazapine (Remeron) - Standard Precautions	
Naratriptan	Naratriptan - Standard Precautions	
Neostigmina	Neostigmina - Standard Precautions	

#### **GUIDANCE LEVELS**



A medication has potentially reduced efficacy, increased toxicity or the patient has an increased risk for the indicated condition.

\*Note: DDI = Drug-Drug Interactions as found by DrugBank



Guidelines exist for adjusting dosage, increased vigilance or the patient has a moderate risk for indicated condition.



The medication can be prescribed according to standard regimens or the patient's risk for the indicated condition is not increased.

Patient: Report, Neurology

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SEX:

## **Potentially Impacted Medications:**

#### **DRUG GUIDE**

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
Antidiabetic	_	glyburide (Diabeta, Micronase) Repaglinide (Prandin, Prandimet)	Nateglinide (Starlix) Chlorpropamide (Diabinese) glimepiride (Amaryl) glipizide (Glucotrol) tolbutamide (Orinase)	
Anti-Infectives		indinavir (Crixivan) ritonavir (Norvir) clarithromycin (Biaxin) efavirenz (Sustiva) erythromycin (E-Mycin) saquinavir (Invirase) telithromycin (Ketek)	nelfinavir (Viracept)	
Cardiovascular	Antianginal	ranolazine (Ranexa)		
	Antiarrhythimcs	Amiodarone (Nexterone, Pacerone) Disopyramide (Norpace) dofetilide (Tikosyn) Sotalol (Betapace, Sorine, Sotylize)	propafenone (Rythmol) quinidine (Quinidine)	flecainide (Tambocor) Mexiletine (Mexitil)
	Anticoagulants	Apixaban (Eliquis) Betrixaban (Bevyxxa) Prasugrel (Effient) rivaroxaban (Xarelto) ticargelor (Brilinta) Vorapaxar (Zontivity)	warfarin (Coumadin, Jantoven) clopidogrel ++ (Plavix)	
	Antihypertensive	amlodipine (Norvasc) Atenolol (Tenormin) Bisoprolol (Zebeta) diltiazem (Cardizem) felodipine (Plendil) Labetalol (Normodyne, Trandate) lercanidipine (Zanidip) nifedipine (Adalat, Procardia) nisoldipine (Sular) nitrendipine (Baypress) Olmesartan (Benicar) Telmisartan (Micardis) Valsartan (Diovan, Entresto)	losartan (Cozaar, Hyzaar) Irbesartan (Avapro) Candesartan cilexetil (Atacand) Azilsartan medoxomil (Edarbi, Edarbyclor)	timolol (Blocadren) metoprolol (Lopressor, Toprol) nebivolol (Bystolic) propanolol (Inderal) carvedilol (Coreg)



NAME : Report, Neurology ACC # : P241070005 DOB : 1/1/2001

SEX:

## **DRUG GUIDE**

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	<b>Standard Precaution</b>	<b>Use With Caution</b>	<b>Consider Alternatives</b>
Cholinesterase	Cholesterol Lowering	atorvastatin (Lipitor, Caduet) lovastatin (Mevacor, Altoprev, Advior) pravastatin (Pravachol) rosuvastatin (Crestor) simvastatin (FloLip, Zocor)	fluvastatin (Lescol)	Rivastigmine (Exelon)
Inhibitors		Memantine (Namenda)		Donepezil (Aricept) Galantamine (Razadyne, Reminyl)
Gastrointestinal			Dexlansoprazole (Dexilant, Kapidex) esomeprazole (Nexium) lansoprazole (Prevacid) omeprazole (Prilosec) pantoprazole (Protonix) rabeprazole (Aciphex)	
	Antiemetics	Aprepitant (Emend-oral) Granisetron (Sancuso, Sustol) Ondansetron (Zofran, Zuplenz) Rolapitant (Varubi)	Dronabinol (Marinol)	Metoclopramide (Reglan Dolasetron (Anzemet)
Immunological		cyclosporine (Gengraf) hydrocortisone tacrolimus (Prograf, Protopic)	zafirlukast (Accolate)	
	Cholinergic Agonists		Cevimeline (Evoxac)	
	Selective Immunosuppressants		Siponimod (Mayzent)	
Infections	Antifungals	Fluconazole (Diflucan) Itraconazole (Sporanox)	Voriconazole (Vfend)	
Miscellaneous Metabolic Agents				Eliglustat (Cerdelga)
Neuropsychiatric	ADHD Drug	Guanfacine (Intuniv) Lisdexamfetamine (Vyvanse) Methylphenidate (Ritalin, Aptensio XR, Concerta, Metadate, Quillivant ER)	Clonidine (Kapvay)	Dextroamphetamine (Dexadrine) amphetamine (Adderall, Evekeo) atomoxetine (Strattera)
	Antiaddictives			Lofexidine (Lucemyra)



NAME : Report, Neurology **ACC #:** P241070005 **DOB:** 1/1/2001

SEX:

## **DRUG GUIDE**

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
	Anticonvulsants	tiagabine (Gabitril) carbamazepine (Tegretol, Carbatrol, Epitol) Felbamate (Felbatol) Lamotrigine (Lamictal) Levetiracetam (Keppra) Oxcarbazepine (Trileptal, Oxtellar XR) Topiramate (Topamax) Valproic acid (Topamax) zonisamide (Zonegran) Pregabalin (Lyrica)	Primidone (Mysoline) phenytoin (Dilantin)	
	Antidepressant	trazodone (Oleptro) vilazodone (Viibryd) desvenlafaxine (Pristiq) buproprion (Wellbutrin, Zyban) mirtazapine (Remeron) nefazodone (Serzone)	sertraline (Zoloft)	doxepin (Sinequan, Silenor, Prudoxin, Zonalon) escitalopram (Lexapro) fluoxetine (Prozac, Sarafem) Fluvoxamine (Luvox) imipramine (Tofranil) Maprotiline (Ludiomil) citalopram (Celexa) clomipramine (Anafranil) desipramine (Norpramin amitriptyline (Elavil) Vortioxetine (Trintellix) Trimipramine (Surmontil venlafaxine (Effexor) nortriptyline (Aventyl,Pamelor) paroxetine (Paxil, Brisdelle) Protriptyline (Vivactil)
	Antiemetics			Meclizine (Antivert)
	Antipsychotic	clozapine (Clozaril) Cariprazine (Vraylar) promazine (Sparine) lurasidone (Latuda) olanzapine (Zyprexa) ziprasidone (Geodon)	quetiapine (Seroquel) haloperidol (Haldol) aripiprazole (Abilify, Aristada) asenapine (Saphris) Brexpiprazole (Rexulti)	Fluphenazine (Prolixin) chlorpromazine (Thorazine) risperidone (Risperdal) thioridazine (Mellaril) perphenazine (Trilafon) Pimozide (Orap) lloperidine (Fanapt)
	Anxiolytic	zolpidem (Ambien) Clonazepam (Klonipin) alprazolam (Xanax) buspirone (BuSpar) triazolam (Halcion) midazolam (Versed)	Clobazam (Onfi) diazepam (Valium) phenobarbital	
	Other	Valbenazine (Ingrezza)		Dextromethorphan (Nuedexta) Tetrabenazine (Xenazine



NAME : Report, Neurology ACC # : P241070005 DOB : 1/1/2001

SEX:

## **DRUG GUIDE**

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
	Pain Management		duloxetine (Cymbalta)	
	Precognitive Drug		tacrine (Cognex)	
Oncology				
		docetaxel (Taxotere) ifosfamide (Ifex) vincristine (Vincasar, Oncovin)		
Other				
		caffeine theophylline (Theo-24, Elixophylline, Theochron)		
Pain Manageme	nt	Acetylsalicylic acid (Aspirin)		
	Muscle Relaxant	cyclobenzaprine (Flexaril, Amrix) Methocarbamol (Robaxin) tizanidine (Zanaflex)	Milnacipran (Savella)	
	NSAID	Acetaminophen (Tylenol) Ketorolac (Toradol) Nabumetone (Relafen) ropivacaine (Naropin)	Diclofenac (Voltaren) Flurbiprofen (Ansaid, Ocufen) ibuprofen (Advil, Motrin) Indomethacin (Indocin, Tivorbex) naproxen (Aleve) Piroxicam (Feldene) Meloxicam (Mobic)	celecoxib (Celebrex)
	Opioids	meperidine (Demerol) methadone (Dolophine) alfentanil (Alfenta) Buprenorphine (Butrans, Buprenex) buprenorphine/naloxone (Suboxone, Zubsolv, Bunavail) fentanyl (Actiq, Duragesic, Sublimaze) Hydromorphone (Dilaudid, Exalgo) Morphine (MS Contin) Oxymorphone (Opana, Numorphan)	tapentadol (Nucynta) carisoprodol++ (Soma)	oxycodone++ (Oxycontin, Percocet) hydrocodone++ (Vicodin) Benzhydrocodone (Apadaz) tramadol++ (Ultram) codeine++ (Codeine, Fioricet with codeine)
	Other	lidocaine (xylocaine, Lidoderm) zolmitriptan (Zomig)		
Rheumatology	Anti Hyperuricemeics/Anti- Gout	Colchicine (Mitigare) Febuxostat (Uloric)		



**NAME : Report,Neurology ACC # :** P241070005 **DOB :** 1/1/2001

SEX:

## **DRUG GUIDE**

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	<b>Standard Precaution</b>	<b>Use With Caution</b>	<b>Consider Alternatives</b>
	Immunomodulators	Apremilast (Otezla) Tofacitinib (Xeljanz)	Leflunomide (Arava)	
Steroids		estradiol testosterone	progesterone	
Urologicals	5-Alpha Reductase Inhibitors	Finasteride (Proscar)		
	Alpha-Blockers	Doxazosin (Cardura) Silodosin (Rapaflo) Terazosin (Hytrin)		Tamsulosin (Flomax)
	Antispasmodics for OAB	Oxybutynin (Ditropan) Solifenacin (Vesicare) Darifenacin (Enablex)	Mirabegron (Myrbetriq)	Tolterodine (Tolterodine)
	Erectile Dysfunction	sildenafil (Viagra) Tadalafil (Cialis) Vardenafil (Levitra) Avanafil (Stendra)		

<sup>++</sup> Pro-drug; may not be effective in Poor Metabolizers due to inability to metabolize and produce active metabolite

<sup>\*</sup> The enzyme encoded by this gene is a minor metabolic pathway for this drug (of minor clinical importance)

0	citalopram (Celexa)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
0	Vortioxetine (Trintellix)	High Risk ( CYP2D6: Poor Metabolizer)
0	timolol (Blocadren)	High Risk ( CYP2D6: Poor Metabolizer)
0	doxepin (Sinequan, Silenor, Prudoxin, Zonalon)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
0	Protriptyline (Vivactil)	High Risk ( CYP2D6: Poor Metabolizer)
0	desipramine (Norpramin)	High Risk ( CYP2D6: Poor Metabolizer)
0	nortriptyline (Aventyl,Pamelor)	High Risk ( CYP2D6: Poor Metabolizer)
0	metoprolol (Lopressor, Toprol)	High Risk ( CYP2D6: Poor Metabolizer)



NAME : Report, Neurology ACC # : P241070005

SEX:

**DOB:** 1/1/2001

9	paroxetine (Paxil, Brisdelle)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
9	nebivolol (Bystolic)	High Risk ( CYP2D6: Poor Metabolizer)
9	clomipramine (Anafranil)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
9	Maprotiline (Ludiomil)	High Risk ( CYP2D6: Poor Metabolizer)
9	escitalopram (Lexapro)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
9	carvedilol (Coreg)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer, CYP2C9: Intermediate Metabolizer)
9	fluoxetine (Prozac, Sarafem)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C9: Intermediate Metabolizer)
9	amitriptyline (Elavil)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
9	imipramine (Tofranil)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
9	venlafaxine (Effexor)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
9	propanolol (Inderal)	High Risk ( CYP2D6: Poor Metabolizer)
9	Fluvoxamine (Luvox)	High Risk ( CYP2D6: Poor Metabolizer)
9	Trimipramine (Surmontil)	High Risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer)
	glipizide (Glucotrol)	Potential risk ( CYP2C9: Intermediate Metabolizer)
1	diazepam (Valium)	Potential risk ( CYP2C19: Intermediate Metabolizer)



NAME : Report, Neurology ACC # : P241070005

**DOB**: 1/1/2001 **SEX**:

!	tacrine (Cognex)	Potential risk ( CYP2D6: Poor Metabolizer)
!	tolbutamide (Orinase)	Potential risk ( CYP2C19: Intermediate Metabolizer, CYP2C9: Intermediate Metabolizer)
!	Candesartan cilexetil (Atacand)	Potential risk ( CYP2C9: Intermediate Metabolizer)
1	esomeprazole (Nexium)	Potential risk ( CYP2C19: Intermediate Metabolizer)
!	Clobazam (Onfi)	Potential risk ( CYP2C19: Intermediate Metabolizer)
1	Nateglinide (Starlix)	Potential risk ( CYP2C9: Intermediate Metabolizer)
1	Azilsartan medoxomil (Edarbi, Edarbyclor)	Potential risk ( CYP2C19: Intermediate Metabolizer, CYP2C9: Intermediate Metabolizer)
!	duloxetine (Cymbalta)	Potential risk ( CYP2D6: Poor Metabolizer)
!	fluvastatin (Lescol)	Potential risk ( CYP2C9: Intermediate Metabolizer)
!	Dexlansoprazole (Dexilant, Kapidex)	Potential risk ( CYP2C19: Intermediate Metabolizer)
1	losartan (Cozaar, Hyzaar)	Potential risk ( CYP2C9: Intermediate Metabolizer)
<u> </u>	progesterone	Potential risk ( CYP2C9: Intermediate Metabolizer)
1	glimepiride (Amaryl)	Potential risk ( CYP2C9: Intermediate Metabolizer)
!	nelfinavir (Viracept)	Potential risk ( CYP2C19: Intermediate Metabolizer)
	sertraline (Zoloft)	Potential risk ( CYP2D6: Poor Metabolizer, CYP2C19: Intermediate Metabolizer, CYP2C9: Intermediate Metabolizer)



NAME : Report, Neurology ACC # : P241070005

**DOB**: 1/1/2001 **SEX**:

!	lansoprazole (Prevacid)	Potential risk ( CYP2C19: Intermediate Metabolizer)
!	phenobarbital	Potential risk ( CYP2C19: Intermediate Metabolizer, CYP2C9: Intermediate Metabolizer)
!	omeprazole (Prilosec)	Potential risk ( CYP2C19: Intermediate Metabolizer)
!	Chlorpropamide (Diabinese)	Potential risk ( CYP2C9: Intermediate Metabolizer)
!	Irbesartan (Avapro)	Potential risk ( CYP2C9: Intermediate Metabolizer)
!	rabeprazole (Aciphex)	Potential risk ( CYP2C19: Intermediate Metabolizer)
!	pantoprazole (Protonix)	Potential risk ( CYP2C19: Intermediate Metabolizer)



NAME : Report, Neurology ACC # : P241070005 DOB : 1/1/2001

SEX:

## SUMMARY OF YOUR EXTREME RISK GENES

The following is a summary of findings, including your genotype and phenotype for each of your Extreme risk genes.

## **Extreme Risk Genes**

Gene (Genotype)	Phenotype (Gene expression)	What it means
CYP2D6 *4/*4	Poor Metabolizer	This genotype predicts markedly reduced or no metabolic activity for the enzyme controlled by this gene. High risk for drug accumulation and adverse drug reactions. ++ Caution should be observed with prodrugs, e.g., codeine. Little or no active metabolite formation is expected and a full effect of the drug is not expected.

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**Accession:** P241070005

**Page:** 11 of 17



**NAME : Report, Neurology ACC # :** P241070005 **DOB :** 1/1/2001

SEX:

# SUMMARY OF YOUR INCREASED RISK GENES

The following is a summary of findings, including your genotype and phenotype for each of your Increased risk genes.

#### **Increased Risk Genes**

Gene (Genotype)	Phenotype (Gene expression)	What it means
CYP2C19 *1/*7	Intermediate Metabolizer	This genotype predicts less than normal metabolic enzyme activity for the enzyme controlled by this gene. Increased potential for drug accumulation and adverse drug reactions. ++ Caution should be observed with pro-drugs, e.g., clopidogrel. Less than normal active metabolite formation is expected and a full effect of the drug may not be achieved.
CYP2C9 *1/*2	Intermediate Metabolizer	This genotype predicts less than normal metabolic enzyme activity for the enzyme controlled by this gene. Increased potential for drug accumulation and adverse drug reactions.



**NAME : Report,Neurology ACC # :** P241070005 **DOB :** 1/1/2001

SEX:

# **SUMMARY OF YOUR NORMAL RISK GENES**

The following is a summary of findings, including your genotype and phenotype for each of your Normal risk genes.

**Normal Risk Genes** 

Gene (Genotype)

Phenotype (Gene expression)

What it means

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**Accession:** P241070005



**NAME : Report,Neurology ACC # :** P241070005 **DOB :** 1/1/2001

SEX:

## **DETAILED EXPLAINATION OF YOUR CYP2D6 GENE**

The following is a detailed explaination of your CYP2D6 gene, inclusing your genotype, phenotype, and a common medicines metabolized by the gene.

#### **Extreme Risk**

Gene (Genotype	Phenotype (Gene expression)	What it means
CYP2D6 *4/*4	Poor Metabolizer	This genotype predicts markedly reduced or no metabolic activity for the enzyme controlled by this gene. High risk for drug accumulation and adverse drug reactions. ++ Caution should be observed with prodrugs, e.g., codeine. Little or no active metabolite formation is expected and a full effect of the drug is not expected.
	Common Medi	cines Metabolized by CYP2D6
Drug Type	Generic Name (Brand	Name)
Anti-Infectives	indinavir (Crixivan) *,	ritonavir (Norvir) *
Cardiovascular	(Lopressor, Toprol), no	cainide (Tambocor), lercandipine (Zandip), metoprolol ebivolol (Bystolic), propafenone (Rythmol), propanolol (Inderal), ands), timolol (Blocadren)
Neuropsychiatric	amitriptyline (Elavil), amphetamine (Adderall), aripiprazole (Abilify), asenapine (Saphris), atomoxetine (Strattera), bupropion (Wellbutrin), chlorpromazine (Thorazine), citalopram (Celexa) *, clomipramine (Anafranil), desipramine (Norpramin), desvenlafaxine (Pristiq)*, doxepin (Sinequan, Silenor,Prudoxin, Zonalon), duloxetine (Cymbalta), escitalopram (Lexapro), fluoxetine (Prozac),haloperidol (Haldol), iloperidone (Fanapt), imipramine (Tofranil), mirtazapine (Remeron) *, nortriptyline (Aventyl,Pamelor), olanzapine (Zyprexa) *, paroxetine (Paxil), perphenazine (Trilafon), quetiapine (Seroquel) *, risperidone (Risperdal), sertraline (Zoloft) *, tacrine (Cognex), thioridazine (Mellaril), trazadone (Oleptro) *, venlafaxine (Effexor)	
Oncologic	tamoxifen ++	
Pain	,	*, codeine++, cyclobenzaprine (Flexeril) *, hydrocodone++ ne *, oxycodone++ (Oxycontin), tiagabine (Gabitril) *, tramadol++

<sup>++</sup> Pro-drug; may not be effective in Poor Metabolizers due to inability to metabolize and produce active metabolite

Patient: Report, Neurology

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**Accession:** P241070005

**Page:** 14 of 17

<sup>\*</sup> The enzyme encoded by this gene is a minor metabolic pathway for this drug (of minor clinical importance)



**NAME : Report, Neurology ACC # :** P241070005 **DOB :** 1/1/2001

SEX:

## **DETAILED EXPLAINATION OF YOUR CYP2C9 GENE**

**Phenotype** 

The following is a detailed explaination of your CYP2C9 gene, inclusing your genotype, phenotype, and a common medicines metabolized by the gene.

#### **Increased Risk**

Gene	(Gene expression)	What it means	
CYP2C9 *1/*2	Intermediate Metabolizer	This genotype predicts less than normal metabolic enzyme activity for the enzyme controlled by this gene. Increased potential for drug accumulation and adverse drug reactions.	
	Common Medi	cines Metabolized by CYP2C9	
Drug Type	Generic Name (Brand N	lame)	
Anti-Infectives	efavirenz (Sustiva) *		
Cardiovascular	glipizide (Glucotrol), gl	carvedilol (Coreg) *, clopidogrel (Plavix) *, fluvastatin (Lescol), glimepiride (Amaryl), glipizide (Glucotrol), glyburide (Diabeta), losartan (Cozaar), rosuvastatin (Crestor), tolbutamide (Orinase), warfarin (Coumadin)	
Immunomodulation	n zarlukast (Accolate)		
Neuropsychiatric	fluoxetine (Prozac) *, p	phenytoin (Dilantin), phenobarbital	
Oncology	tamoxifen (Nolvadex)	tamoxifen (Nolvadex) *	
Other	sildenafil (Viagra) *	sildenafil (Viagra) *	
Pain	carisoprodol celecoxib (Celebrex), ibuprofen (Advil, Motrin), methac	done *, naproxen (Aleve), tapentadol (Nucynta)	
Steroids	progesterone		

<sup>++</sup> Pro-drug; may not be effective in Poor Metabolizers due to inability to metabolize and produce active metabolite

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Patient: Report, Neurology Accession: P241070005

**Page:** 15 of 17

<sup>\*</sup> The enzyme encoded by this gene is a minor metabolic pathway for this drug (of minor clinical importance)



Gene

PATIENT INFORMATION

NAME : Report, Neurology ACC # : P241070005 DOB : 1/1/2001

SEX:

What it means

#### **DETAILED EXPLAINATION OF YOUR CYP2C19 GENE**

Phenotype (Gene expression)

The following is a detailed explaination of your CYP2C19 gene, inclusing your genotype, phenotype, and a common medicines metabolized by the gene.

**Increased Risk** 

CYP2C19 *1/*7	ntermediate Metabolizer	This genotype predicts less than normal metabolic enzyme activity for the enzyme controlled by this gene. Increased potential for drug accumulation and adverse drug reactions. ++ Caution should be observed with pro-drugs, e.g., clopidogrel. Less than normal active metabolite formation is expected and a full effect of the drug may not be achieved.		
Common Medicines Metabolized by CYP2C19  Drug Type Generic Name (Brand Name)				
Antivirals, Hormones, and Anti-Diabetics	efavirenz (Sustiva) *, nelfinavir (Viracept), progesterone *, tolbutamide (Orinase) *			
GERD	esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), rabeprazole (Aciphex)			
Neuropsychiatric	citalopram (Celexa), clomipramine (Analafril) *, diazepam (Valium), doxepin (Sinequan, Silenor, Prudoxin, Zonalon), escitalopram (Lexapro), imipramine (Tofranil), paroxetine (Paxil) *, perphenazine (Trilafon) *, phenobarbital, phenytoin (Dilantin), sertraline (Zoloft), venlafaxine (Effexor) *, vilazodone (Viibryd) *			
Oncologic	tamoxifen ++			
Pain	carisoprodol ++ (Som (Nucynta)	a), ibuprofen *, meperidine (Demerol), methadone, tapentadol		

<sup>++</sup> Pro-drug; may not be effective in Poor Metabolizers due to inability to metabolize and produce active metabolite

#### **METHOD SUMMARY**

Genetic analysis was performed via Real-Time Polymerase Chain Reaction (PCR). Genotyping for Single Nucleotide Polymorphism (SNP) was performed using TaqMan® SNP Genotyping Assays, following the extraction of the DNA. For CYP2D6, a separate and distinct PCR reaction was performed, using a TaqMan® Copy Number Assay, to measure the number of CYP2D6 copies. The genetic variation and mutation analysis was performed at Omni Health Diagnostics in accordance with the protocols developed by Omni Health Diagnostics. This test is a Laboratory Developed Test (LDT) and has not been approved by the U.S. Food & Drug Administration.

Patient: Report, Neurology

#### **LOCI / MUTATIONS TESTED**

**CYP2C19:** \*1, \*2, \*3, \*4, \*5, \*6, \*7, \*8, \*9, \*10, \*17

**CYP2C9:** \*1, \*2, \*3, \*4, \*5, \*6, \*11

**CYP2D6:** \*1, \*2, \*3, \*4, \*5, \*6, \*7, \*8, \*9, \*10, \*12, \*14, \*17, \*29, \*41

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**Accession:** P241070005

Page: 16 of 17

<sup>\*</sup> The enzyme encoded by this gene is a minor metabolic pathway for this drug (of minor clinical importance)



NAME : Report, Neurology ACC # : P241070005 DOB : 1/1/2001

SEX:

#### FINAL REPORT REVIEWED AND RELEASED BY:

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**Limitation:** This test will not detect all the known alleles that result in altered or inactive tested genes. This test does not account for all individual variations in the individual tested. Absence of a detectable gene mutation does not rule out the possibility that a patient has different phenotypes due to the presence of an undetected polymorphism or due to other factors such as drug-drug interactions, comorbidities and lifestyle habits. This assay does not detect the decreased activity CYP2C9\*8 (rs7900194) allele and may potentially misclassify CYP2C9 intermediate or poor metabolizers as normal metabolizers. CYP2C9\*8 is most prevalent in African populations with an allele frequency of up to 5% (Pratt VM, et al. J Mol Diagn. 2019).

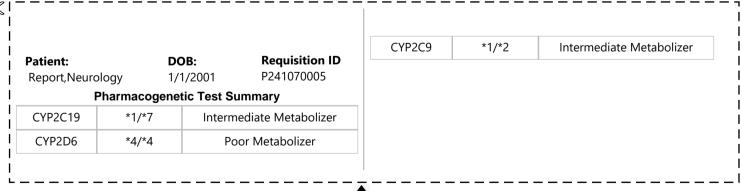
**Methodology:** PCR based assays detect listed alleles, including all common and most rare variants with known clinical significance at analytical sensitivity and specificity >99%. The assays were developed to detect polymorphisms in genes encoding drug metabolism enzymes (DMEs) and associated transport proteins. This panel provides coverage of essential, commonly studied markers within CYP2D6, CYP2C9, CYP2C19, and other important DME and clinical research genes.

**SmartPGx Disclaimer:** The information presented on this report is provided as general educational health information. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Only a physician, pharmacist or other healthcare professional should advise a patient on the use of the medications prescribed. The pharmacogenetic assay involves use of reporting software and genotype-phenotype associations performed by SmartPGx.. The software has not been evaluated by the Food and Drug Administration. The software, and the report generated by the software, is not intended to diagnose, treat, cure, or prevent any disease. A qualified designee within the lab uses SmartPGx to generate and subsequently review the report. The pharmacogenetic report is one of multiple pieces of information that clinicians should consider in guiding their therapeutic choice for each patient. It remains the responsibility of the health-care provider to determine the best course of treatment for a patient. Adherence to dose quidelines does not necessarily assure a successful medical outcome.

The information contained in this report is intended to be interpreted by a licensed physician or other licensed healthcare professional. This report is not intended to take the place of professional medical advice. Decisions regarding use of prescribed medications must be made only after consulting with a licensed physician or other licensed healthcare professional, and should consider each patient's medical history and current treatment regimen.

#### PATIENT INFORMATION CARD

This is summary genetic report for your patient to share with orther healthcare providers. Card can be cut out along dashed line, and carried with the patient.



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