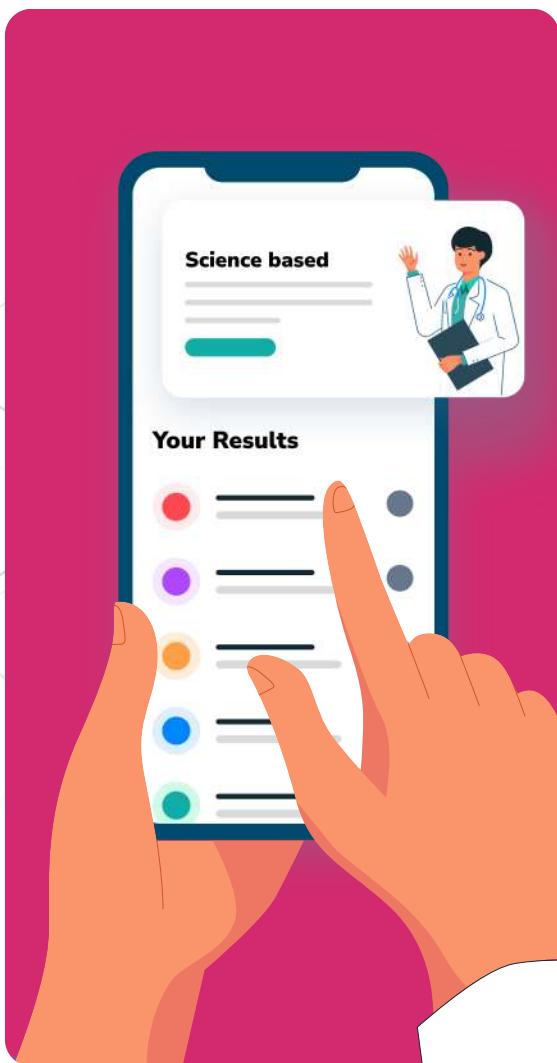


RxReady™



Ryan Tan

Date of Birth : **16 June 1975**

Report Date : **21 Jan 2025**

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Order ID : #3504-82488
Report Date : 21 Jan 2025

👤 Personal Information

Customer ID	TEUG00012101001
Name	Ryan Tan
Date of birth	15 June 1975
National ID/ Passport No.	S7512345J
Gender	Male

👤 Ordering Details

Ordered by	Dr Anna Lim
License No.	000123
Order ID	#3504-82488

🧪 Sample Details

Clinic Name	Nala Field Application	Lab Address	Jl. Pluit Selatan Raya No.19, Penjaringan, Jakarta Utara, DKI Jakarta
Address	Rukan Permata Senayan Blok H1 H2,	Collected Date	21/01/2025 (01:45 PM)
Type of Sample	Buccal Swab	Received Date	21/01/2025 (01:48 PM)
Sample ID	NL2025JAN211468	Processing Lab Address	Jl. Pluit Selatan Raya No.19, Penjaringan, Jakarta Utara, DKI Jakarta
Supplementary ID	-		
Test Method	Quantitative PCR		



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The DNA test results are not intended to be used by you as a substitute for professional medical advice. You should always seek the advice of a healthcare provider or physician for any diagnostic purpose with any questions you may have regarding the diagnosis, cure, treatment, mitigation or prevention of any disease or other medical conditions or impairment or the status of your health.

The laboratory may not be able to process your sample or the laboratory process may result in errors. The laboratory may not be able to process your DNA sample if it does not contain a sufficient amount of DNA. Furthermore, if the DNA sample that you have provided is contaminated and/or corrupted, the accuracy of the DNA test result may be impacted. Even with stringent acceptance criteria for sample processing that meets our high standards, a small, unknown fraction of the data generated during the laboratory process may be un-interpretable or incorrect and may therefore not be able to generate a corresponding report.

The test detects four genes and twenty variants based on the recommendations of the various medical societies and regulatory bodies. The following genetic variants will be detected in the assay: CYP2D6 rs1065852, rs5030655, rs3892097, rs35742686, rs16947, rs28371725, rs1135840, rs769258, rs5030865, rs5030656, rs59421388, rs267608319, exon 9 conversion (*36), deletion (*5) and duplication; CYP2C9 rs1799853, rs1057910; CYP2C19 rs4244285, rs4986893, rs12248560 ; SLCO1B1 rs4149056.

The copy number assays in this test do not differentiate between partial and whole gene deletions and/or duplications. Copy number variants that are more than three cannot be detected with this test and may have to be detected with a different platform. Tandem-hybrid arrangements in CYP2D6 are not distinguished.

Any complex rearrangements or mosaisms are also not detected in this test. A normal (wild-type) genotype signifies the absence of the targeted alleles and does not indicate the absence of other mutations not covered by the assay. The possibility cannot be ruled out that the indicated genotypes may be present and are below the limits of detection for this assay. The DNA test may not capture scientific findings which are not yet validated or not provided. Like all diagnostic tests, pharmacogenomic tests are one of multiple pieces of information that clinicians should consider when making therapeutic choice for each patient.

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PGx Medical Societies**CPIC (Clinical Pharmacogenetics Implementation Consortium)**

An international consortium of professionals interested in applying pharmacogenetics for patient care. Established in 2009, it consists of PGRN members, PharmGKB staff, and various experts. The guidelines are indexed in PubMed as clinical guidelines, endorsed by ASHP and ASCPT, and referenced in ClinGen and PharmGKB.

DPWG (Dutch Pharmacogenetics Working Group)

A multidisciplinary group of physicians, pharmacists, and other healthcare professionals. It was established in 2005 by the Royal Dutch Pharmacists Association (KNMP) with the objective of developing pharmacogenomic-based therapeutic (dose) recommendations. The guidelines are endorsed by the EACPT and the EAHP.

CPNDS (Canadian Pharmacogenomics Network for Drug Safety)

A pan-Canadian active surveillance network consisting of trained surveillance clinicians in 10 pediatric teaching hospitals across Canada, serving >75% of Canada's children. Established in 2005, the network's goal is to improve the safe use of medication by identifying genomic biomarkers of drug risk for serious ADRs.

PRO (Professional Societies)

A source that includes the French National Network of Pharmacogenetics (RNPGx), the Cystic Fibrosis Foundation and the American College of Rheumatology for appropriate drug presented.

Regulatory Bodies**FDA (Food and Drug Administration)**

An agency within the US Department of Health and Human Services. It is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices.

EMA (European Medicines Agency)

A decentralised agency of the European Union (EU) responsible for the scientific evaluation, supervision and safety monitoring of medicines in the EU. EMA is a networking organisation whose activities involve thousands of experts from across Europe. These experts carry out the work of EMA's scientific committees.

PMDA (Pharmaceuticals and Medical Devices Agency)

A Japan agency that was established and came into service on April 1, 2004, under the Law for the Pharmaceuticals and Medical Devices Agency, as a part of the Japan Association for the Advancement of Medical Equipment ([JAAME](#)).

Swissmedic

The Swiss authority responsible for the authorisation and supervision of therapeutic products. The activities of Swissmedic are based on the Law on Therapeutic Products.

HCSC (Health Canada Santé Canada)

A federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances.

Each guideline and label annotation has its own strength of evidence for every drug-gene pair interaction.

D. Localization of Evidence

- The drugs presented in this report are all drugs that are available in your country.
- Our PGx recommendations are always supported by research findings from studies done in your ethnic population (e.g. if you are Chinese, we provide supporting scientific evidence from studies in the Chinese population).
- RxReady tests for genetic polymorphisms that are relevant in the Asian population.

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III. Executive Report

PATIENT NAME	NATIONAL ID / PASSPORT NO.	ORDERING PROVIDER
Ryan Tan	S7512345J	Dr Anna Lim
GENDER	DATE OF BIRTH	ORDER ID
Male	15 June 1975	3504-82488

A. Genomic Information

Gene	Genotype	Phenotype
CYP2C19	*1/*1	CYP2C19 Normal Metabolizer
CYP2C9	*1/*2	CYP2C9 Intermediate Metabolizer
CYP2D6	*4/*35	CYP2D6 Intermediate Metabolizer
SLCO1B1	Rs4149056(TC)	SLCO1B1 Decreased Function

B. Current Medications

Simvastatin 20 mg once daily at night
Atenolol 50 mg once daily at night
Propafenone 150 mg three times daily
Omeprazole 20 mg once daily before breakfast
Paroxetine 20 mg once daily at night
Phenytoin 100 mg three times daily
Sumatriptan 50 mg as needed for migraine (max 200 mg/day)
Amoxicillin/ Clavulanate 875 mg/125 mg twice daily for 7 days

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Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
Fibrates					<ul style="list-style-type: none">Fenofibrate And Simvastatin
Nonselective NSAIDs					<ul style="list-style-type: none">Aspirin CYP2C9
Statins	<ul style="list-style-type: none">FluvastatinFluvastatin CYP2C9LovastatinSimvastatin		<ul style="list-style-type: none">AtorvastatinPitavastatin		<ul style="list-style-type: none">Fluvastatin SLCO1B1PravastatinRosuvastatin SLCO1B1

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Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Fibrates					<ul style="list-style-type: none"> Fenofibrate And Simvastatin
Nonselective NSAIDs					<ul style="list-style-type: none"> Aspirin CYP2C9
Statins	<ul style="list-style-type: none"> Fluvastatin Fluvastatin CYP2C9 Lovastatin Simvastatin 		<ul style="list-style-type: none"> Atorvastatin Pitavastatin 		<ul style="list-style-type: none"> Fluvastatin SLCO1B1 Pravastatin Rosuvastatin SLCO1B1

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3. Endocrinology

Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Blood Glucose Lowering Drugs					<ul style="list-style-type: none">Nateglinide
Sulfonylureas					<ul style="list-style-type: none">Glibenclamide CYP2C9Gliclazide CYP2C9Glimepiride CYP2C9Tolbutamide CYP2C9

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4. Family Medicine

Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
1st Gen Antipsychotics			• Zuclopentixol		<ul style="list-style-type: none"> • Flupenthixol • Haloperidol • Perphenazine
2nd Gen Antipsychotics					<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole Lauroxil • Brexpiprazole • Cariprazine • Clozapine CYP2D6 • Olanzapine CYP2D6 • Paliperidone • Quetiapine CYP2D6 • Risperidone
Alpha Blockers					<ul style="list-style-type: none"> • Tamsulosin
Analgesics					<ul style="list-style-type: none"> • Rimegepant
Angiotensin II Receptor Blockers					<ul style="list-style-type: none"> • Losartan CYP2C9
Antiangina					<ul style="list-style-type: none"> • Ranolazine
Antiarrhythmics Class I	• Propafenone		• Flecainide		
Antiarrhythmics Class III					<ul style="list-style-type: none"> • Amiodarone • Dronedarone CYP2D6
Anticholinergics					<ul style="list-style-type: none"> • Tiotropium • Umeclidinium
Anticoagulants					<ul style="list-style-type: none"> • Warfarin
Antiemetics And Antinauseants					<ul style="list-style-type: none"> • Ondansetron • Palonosetron
Antiepileptics					<ul style="list-style-type: none"> • Clobazam • Diazepam

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Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
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Alpha Blockers					<ul style="list-style-type: none"> Tamsulosin
Analgesics					<ul style="list-style-type: none"> Rimegepant
Angiotensin II Receptor Blockers					<ul style="list-style-type: none"> Losartan CYP2C9
Antiangina					<ul style="list-style-type: none"> Ranolazine
Antiarrhythmics Class I	• Propafenone		• Flecainide		
Antiarrhythmics Class III					<ul style="list-style-type: none"> Amiodarone Dronedarone CYP2D6
Anticholinergics					<ul style="list-style-type: none"> Tiropium Umeclidinium
Anticoagulants					<ul style="list-style-type: none"> Warfarin
Antiemetics And Antinauseants					<ul style="list-style-type: none"> Ondansetron Palonosetron
Antiepileptics					<ul style="list-style-type: none"> Clobazam Diazepam

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Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Long-Acting Beta Agonists					<ul style="list-style-type: none"> • Formoterol CYP2C19 • Formoterol CYP2D6
Monoamine Oxidase A Inhibitors					<ul style="list-style-type: none"> • Moclobemide
Nonselective NSAIDs					<ul style="list-style-type: none"> • Aceclofenac • Aspirin CYP2C9 • Diclofenac CYP2C9 • Flurbiprofen • Ibuprofen • Indomethacin • Meloxicam • Naproxen • Piroxicam
Opioid Cough Suppressants					<ul style="list-style-type: none"> • Codeine
Opioids					<ul style="list-style-type: none"> • Oxycodone • Tramadol CYP2D6
Other Antidepressants					<ul style="list-style-type: none"> • Vortioxetine
Others					<ul style="list-style-type: none"> • Abrocitinib CYP2C9 • Drospirenone And Ethynodiol • Eletriptan • Abrocitinib CYP2C19
Propulsives					<ul style="list-style-type: none"> • Metoclopramide CYP2D6

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Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Sulfonylureas					<ul style="list-style-type: none">• Glibenclamide CYP2C9• Gliclazide CYP2C9• Glimepiride CYP2C9• Tolbutamide CYP2C9
Tricyclic Antidepressants			<ul style="list-style-type: none">• Amitriptyline• Amitriptyline CYP2D6• Clomipramine• Clomipramine CYP2D6• Imipramine• Imipramine CYP2D6• Nortriptyline		<ul style="list-style-type: none">• Amitriptyline CYP2C19• Clomipramine CYP2C19• Imipramine CYP2C19

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5. Gastrointestinal System

Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
Antiemetics And Antinauseants				<ul style="list-style-type: none">Dronabinol	<ul style="list-style-type: none">OndansetronPalonosetronTropisetron
Others					<ul style="list-style-type: none">Eliglustat
Propulsives					<ul style="list-style-type: none">Metoclopramide CYP2D6
Proton Pump Inhibitors				<ul style="list-style-type: none">DexlansoprazoleLansoprazoleOmeprazolePantoprazole	<ul style="list-style-type: none">EsomeprazoleRabeprazole

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Report Date : 21 Jan 2025

6. Gynecology

Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
Alpha Blockers					<ul style="list-style-type: none">Tamsulosin
Antimuscarinics					<ul style="list-style-type: none">DarifenacinFesoterodineTolterodine
Beta Agonist					<ul style="list-style-type: none">Mirabegron
Hypothalamic Hormones					<ul style="list-style-type: none">Elagolix
Others					<ul style="list-style-type: none">Drospirenone And EthinylestradiolFlibanserin CYP2C19Flibanserin CYP2C9Flibanserin CYP2D6
Selective Estrogen Receptor Modulators					<ul style="list-style-type: none">Ospemifene CYP2C9

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7. Immunology

Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Immunosuppressants					• Siponimod

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8. Infectious Disease

Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
Antifungals					<ul style="list-style-type: none">• Terbinafine• Voriconazole CYP2C19• Voriconazole CYP2C9
Antimalarials					<ul style="list-style-type: none">• Quinine CYP2D6
Antiretrovirals					<ul style="list-style-type: none">• Atazanavir• Nelfinavir• Ritonavir
Antivirals					<ul style="list-style-type: none">• Letermovir

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9. Musculoskeletal System

Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Antigouts					<ul style="list-style-type: none">• Lesinurad
Muscle Relaxants					<ul style="list-style-type: none">• Tolperisone

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10. Neurology

Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
Antidementia Drugs					<ul style="list-style-type: none"> Donepezil Galantamine
Antiepileptics	<ul style="list-style-type: none"> Fosphenytoin 		<ul style="list-style-type: none"> Phenytoin CYP2C9 		<ul style="list-style-type: none"> Brivaracetam CYP2C19 Brivaracetam CYP2C9 Clobazam Diazepam Lacosamide Phenytoin CYP2C19
Anxiolytics					<ul style="list-style-type: none"> Diazepam
Others				<ul style="list-style-type: none"> Tetrabenazine 	<ul style="list-style-type: none"> Cevimeline Deutetetrabenazine Eletriptan Valbenazine

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11. Oncology

Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
Antimetabolites					<ul style="list-style-type: none">Methotrexate
Estrogen Receptor Antagonists	<ul style="list-style-type: none">Tamoxifen				
Immunosuppressants					<ul style="list-style-type: none">Upadacitinib
Other Antineoplastic Agents					<ul style="list-style-type: none">Rucaparib
Protein Kinase Inhibitors					<ul style="list-style-type: none">AxitinibErdafitinibGefitinibIbrutinib

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12. Ophthalmology

Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Beta Blocking Agents					• Timolol

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13. Pain Management

Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
Analgesics					<ul style="list-style-type: none"> Paracetamol, Caffeine, And Dihydrocodeine Paracetamol, Combinations Excl. Psycholeptics Rimegeptan
Antiplatelets					<ul style="list-style-type: none"> Aspirin CYP2C9
COX-2 Selective NSAIDs					<ul style="list-style-type: none"> Celecoxib Lumiracoxib
Muscle Relaxants					<ul style="list-style-type: none"> Carisoprodol
Nonselective NSAIDs					<ul style="list-style-type: none"> Aceclofenac Aspirin CYP2C9 Diclofenac CYP2C9 Dipyrone Flurbiprofen Ibuprofen Indomethacin Lornoxicam Meloxicam Nabumetone Naproxen Piroxicam Tenoxicam
Opioids					<ul style="list-style-type: none"> Oliceridine Oxycodone Tramadol CYP2D6

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14. Psychiatry

Drug Class	Change Prescription	Increase Starting Dose	Decrease Starting Dose	Monitor	Follow Standard Dosing
1st Gen Antipsychotics			<ul style="list-style-type: none"> Pimozide Zuclopentixol 		<ul style="list-style-type: none"> Flupenthixol Haloperidol Perphenazine Thioridazine
2nd Gen Antipsychotics					<ul style="list-style-type: none"> Aripiprazole Aripiprazole Lauroxil Brexpiprazole Cariprazine Clozapine CYP2D6 Iloperidone Olanzapine CYP2D6 Paliperidone Quetiapine CYP2D6 Risperidone Sertindole
Antiepileptics					<ul style="list-style-type: none"> Diazepam
Anxiolytics					<ul style="list-style-type: none"> Diazepam
Atypical Antidepressants				<ul style="list-style-type: none"> Bupropion 	<ul style="list-style-type: none"> Mirtazapine CYP2C19 Mirtazapine CYP2D6
Drugs Used In Addictive Disorders					<ul style="list-style-type: none"> Lofexidine
Drugs Used In Opioid Dependence					<ul style="list-style-type: none"> Methadone CYP2D6
Monoamine Oxidase A Inhibitors					<ul style="list-style-type: none"> Moclobemide
Other Antidepressants					<ul style="list-style-type: none"> Vortioxetine

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Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Psychostimulants					<ul style="list-style-type: none"> • Amfetamine • Atomoxetine • Methylphenidate • Modafinil • Pitolisant
Selective Serotonin Reuptake Inhibitors			<ul style="list-style-type: none"> • Paroxetine 		<ul style="list-style-type: none"> • Citalopram CYP2C19 • Citalopram CYP2D6 • Escitalopram CYP2C19 • Escitalopram CYP2D6 • Fluoxetine • Fluvoxamine CYP2C19 • Fluvoxamine CYP2D6 • Sertraline CYP2C19 • Sertraline CYP2D6
Selective Serotonin And Norepinephrine Reuptake Inhibitors					<ul style="list-style-type: none"> • Venlafaxine
Serotonin Reuptake Inhibitors					<ul style="list-style-type: none"> • Nefazodone
Serotonin/Norepinephrine Reuptake Inhibitors					<ul style="list-style-type: none"> • Desvenlafaxine • Duloxetine

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Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Tricyclic Antidepressants			<ul style="list-style-type: none">• Amitriptyline• Amitriptyline CYP2D6• Clomipramine• Clomipramine CYP2D6• Desipramine• Doxepin• Doxepin CYP2D6• Imipramine• Imipramine CYP2D6• Nortriptyline• Trimipramine• Trimipramine CYP2D6		<ul style="list-style-type: none">• Amitriptyline CYP2C19• Amoxapine• Clomipramine CYP2C19• Doxepin CYP2C19• Imipramine CYP2C19• Protriptyline• Trimipramine CYP2C19

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15. Respiratory System

Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Anticholinergics					<ul style="list-style-type: none">TiotropiumUmeclidinium
Antihistamines				<ul style="list-style-type: none">Meclizine	
Cough Suppressants					<ul style="list-style-type: none">DextromethorphanDextromethorphan And Quinidine
Long-Acting Beta Agonists					<ul style="list-style-type: none">ArformoterolFormoterol CYP2C19Formoterol CYP2D6
Opioid Cough Suppressants					<ul style="list-style-type: none">CodeineHydrocodone

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16. Urology

Drug Class	 Change Prescription	 Increase Starting Dose	 Decrease Starting Dose	 Monitor	 Follow Standard Dosing
Alpha Blockers					<ul style="list-style-type: none">Tamsulosin
Antimuscarinics					<ul style="list-style-type: none">DarifenacinFesoterodineTolterodine
Beta Agonist					<ul style="list-style-type: none">Mirabegron
Selective Serotonin Reuptake Inhibitors					<ul style="list-style-type: none">Dapoxetine

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Order ID : #3504-82488
Report Date : 21 Jan 2025

IV. Individual Drug Report

Abrocitinib || CYP2C19

Abrocitinib

**MODERATE RECOMMENDATION****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**

In patients who are CYP2C19 poor metabolizers, the AUC of abrocitinib is increased compared to CYP2C19 normal metabolizers due to reduced metabolic clearance.

Recommendations based on specific guidelines

- **FDA** **No actionable recommendation available for this drug-gene pair.**

More information about this drug-phenotype can also be found at **EMA** and **HCSC**.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Abrocitinib || CYP2C9

Abrocitinib



INFORMATION
AVAILABLE

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

Body weight, gender, CYP2C9 genotype, race and age did not have a clinically meaningful effect on abrocitinib exposure.

Recommendations based on specific guidelines

➤ EMA

- No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at [HCSC](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Aceclofenac

ACB, Aceclofenac, Airtal

**INFORMATION AVAILABLE****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

The pharmacokinetics of this drug is not significantly impacted by CYP2C9 genetic variants in vivo and/or there is insufficient evidence to provide a recommendation to guide clinical practice at this time.

Recommendations based on specific guidelines**No actionable recommendation available for this drug-gene pair.****Caveat**

Rare CYP2C9 variants may not be detected in genotype tests, classifying patients with these variants as having a normal metabolizer (NM) phenotype based on CYP2C9*1/1 results. The CYP2C9*1 allele may harbor reduced or non-functional variants, so reports should specify the variants or SNPs analyzed. CYP2C9 genotype is one of many factors to consider when prescribing NSAIDs. Age, sex, ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI risk. Use with caution in elderly patients, as they have reduced CYP2C9 metabolism and increased renal/GI risks. Combining NSAIDs with antiplatelets or anticoagulants raises bleeding risk or can interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

START **Initiation**

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.



Acenocoumarol || CYP2C9

Acenocoumarol

**STRONG RECOMMENDATION****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

Genetic variation may lead to a decrease in the required maintenance dose. However, there is insufficient evidence that this causes problems when therapy is initiated as usual (i.e. with frequent INR monitoring).

Recommendations based on specific guidelines

- DPWG **No actionable recommendation available for this drug-gene pair.**

SWISSMEDIC No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Amfetamine

Amphetamine



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

Although the enzymes involved in amphetamine metabolism have not been clearly defined, CYP2D6 is known to be involved with formation of 4-hydroxy-amphetamine. Since CYP2D6 is genetically polymorphic, population variations in amphetamine metabolism are a possibility.

Recommendations based on specific guidelines

- FDA

No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Amiodarone

Amiodarone, Aratac, Cordarone, Kendaron, Lamda, Rexidron, Tiaryt



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Amitriptyline

Amitriptyline, Apo-Amitriptyline, Trilin, Tripta



MODERATE
RECOMMENDATION

GENE
CYP2C19
CYP2D6

GENOTYPE
*1/*1
*4/*35

PHENOTYPE
CYP2C19 Normal Metabolizer
CYP2D6 Intermediate Metabolizer

Recommendation

Consider a 25% reduction of recommended starting dose.

CYP2D6 IM: Reduced metabolism of tricyclic antidepressants (TCAs) to less active compounds. Higher plasma concentrations of active drug may increase probability of side effects. CYP2C19 NM: Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

CPIC

Consider a 25% reduction of recommended starting dose. Patients may receive an initial low dose of a tricyclic antidepressants (TCAs), which is then increase over several days to the recommended steady-state dose.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Amitriptyline || CYP2C19

Amitriptyline, Apo-Amitriptyline, Trilin, Tripta



STRONG RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**

Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

► CPIC

Initiate therapy with recommended starting dose. Patients may receive an initial low dose of a tricyclic, which is then increase over several days to the recommended steady-state dose.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.



Amitriptyline || CYP2D6

Amitriptyline, Apo-Amitriptyline, Trilin, Tripta



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Consider 25% reduction of recommended starting dose.

Reduced metabolism of tricyclic antidepressants (TCAs) to less active compounds when compared to normal metabolizers. Higher plasma concentrations of active drug will increase the probability of side effects.

Recommendations based on specific guidelines

CPIC

Consider 25% reduction of recommended starting dose. Patients may receive an initial low dose of a tricyclic, which is then increased over several days to the recommended steady-state dose. Utilize therapeutic drug monitoring to guide dose adjustments. Titrate dose to observed clinical response with symptom improvement and minimal (if any) side effects.

DPWG Use 75% of the standard dose and monitor the efficacy and side effects or the plasma concentrations.

FDA No actionable recommendation available for this drug-gene pair.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Amoxapine

Amoxapine

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- No actionable recommendation available for this drug-gene pair.

May alter systemic concentrations.

Recommendations based on specific guidelines

FDA

- No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Arformoterol

Arformoterol



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Aripiprazole

Abilify, Arinia, Aripi, Aripiprazole, Ariski, Avram, Zipren, Zonia



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**

The genetic variation increases the plasma concentration of the sum of aripiprazole and the active metabolite dehydroaripiprazole to a limited degree. There is insufficient evidence that this increases the risk of side effects.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

30565279 24682161

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Aripiprazole lauroxil

Aripiprazole Lauroxil



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Aspirin || CYP2C9

Thrombo Aspilets, Aptor, Ascardia, Aspilets, Aspirin, Astika, Bayer Aspirin, Bodrexin, Cardio Aspirin, Cartylo, Contrexyn, Farmasal, Gramasal, Inzana, Miniaspi, Naspro, Nospirinal



INFORMATION
AVAILABLE

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

► No actionable recommendation available for this drug-gene pair.

The pharmacokinetics of this drug is not significantly impacted by CYP2C9 genetic variants in vivo and/or there is insufficient evidence to provide a recommendation to guide clinical practice at this time.

Recommendations based on specific guidelines

► CPIC

No actionable recommendation available for this drug-gene pair.

Caveat

Rare CYP2C9 variants may not be detected in genotype tests, classifying patients with these variants as having a normal metabolizer (NM) phenotype based on CYP2C9*1/1 results. The CYP2C9*1 allele may harbor reduced or non-functional variants, so reports should specify the variants or SNPs analyzed. CYP2C9 genotype is one of many factors to consider when prescribing NSAIDs. Age, sex, ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI risk. Use with caution in elderly patients, as they have reduced CYP2C9 metabolism and increased renal/GI risks. Combining NSAIDs with antiplatelets or anticoagulants raises bleeding risk or can interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.



Atazanavir

Atazanavir, Reyataz

**MODERATE
RECOMMENDATION****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

In patients who hold more than one CYP2C19 active gene (Extensive metabolizer: EM), the combination use of atazanavir/ritonavir (300mg/100mg once/day) and voriconazole (200mg twice/day) may potentially decrease plasma concentration of voriconazole and atazanavir.

Recommendations based on specific guidelines

- **PMDA** **No actionable recommendation available for this drug-gene pair.**

More information about this drug-phenotype can also be found at [HCSC](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Atenolol

Aiti, Alonet, Apo-Atenol, Atenolol, Atenosan, Betablok, Catenol, Farnormin, Hypernol, Internolol, Lotenal, Lotensi, Nif-Ten, Normaten, Noten, Prenolol, Pretenol, Tenol, Tenolol, Tenormin, Tensig, Urosin, Vascoten, Velorin



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Atomoxetine

Atomoxetine, Straterra



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer
(non-*10)

Recommendation

- **Initiate with 40 mg/day and increase to 80 mg/day after 3 days.**

Possibly higher atomoxetine concentrations but questionable clinical significance.

Recommendations based on specific guidelines

► CPIC

Initiate with 40 mg/day and increase to 80 mg/day after 3 days. If no clinical response and in the absence of adverse events after 2 weeks, consider increasing to 100 mg/day. If no clinical response observed after 2 weeks, consider obtaining a peak plasma concentration 1 to 2 hours after dose administered. If <200 ng/ml, consider a proportional increase to approach 400 ng/ml. Therapeutic range of 200 to 1000 ng/ml has been proposed. Modest improvement in response (reduction in ADHD-RS) is observed at peak concentrations >400 ng/ml. Dosages >100 mg/day may be needed to achieve target concentrations.

DPWG

Occurrence of side effects and/or a response later than 9 weeks: reduce dose. Check whether the effect is conserved. Plasma concentration is 2-3 times higher for IM than for EM at the same dose.

Caveat

Available exposure-response data from clinical trials are derived from concentrations drawn 60–90 minutes after dosing; although this measure may not be the best predictor of response, the relationship between other exposure measures, such as trough concentration at steady state, steady-state AUC, unbound atomoxetine concentrations, or total active compounds (unbound atomoxetine + unbound 4-OH aglycone), has not been evaluated.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

▢ **Indication**

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Atorvastatin

Actalipid, Apo-Atorvastatin, Atavor, Atofit, Atoris, Atorsan, Atorvachol, Atorvastatin, Atorvon, Atswift, Beatorva, Eturion, Fastor, Genlipid, Lipitor, Litorcom, Removchol, Simtor, Stator, Stavinor, Tavora, Torvalip, Tulip



MODERATE RECOMMENDATION

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

- Starting dose: <=40mg. Adjust based on guidelines. If >40mg needed, consider combination therapy.
Increased atorvastatin exposure as compared to normal and decreased function which may translate to increase myopathy risk.

Recommendations based on specific guidelines

➤ CPIC	Starting dose: <=40mg. Adjust based on guidelines. If >40mg needed, consider combination therapy. Prescriber should be aware of possible increase risk for myopathy especially for 40mg dose.
DPWG	Choose alternative (rosuvastatin/pravastatin/fluvastatin). If not possible or no risk factors for myopathy: monitor muscle symptoms.

Caveat

Genetic variation is just one factor when prescribing statins. Rare variants may not be included in the genotype test. Patients with rare variants that reduce SLCO1B1 function may be incorrectly assigned a normal phenotype. Many patients' statin therapy is never restarted after Statin-related musculoskeletal symptoms. As a result, LDL cholesterol values are higher as is their risk for cardiovascular disease. The evidenced-based recommendations for genotype-guided statin therapy are focused on reducing the risk of SAMS.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

33608664 32128760

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Avatrombopag

Avatrombopag

**INFORMATION AVAILABLE****GENE**

CYP2C9

GENOTYPE

*1/*2

PHENOTYPE

CYP2C9 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

Results in higher systemic concentrations.

Recommendations based on specific guidelines

➤ FDA

- No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at [EMA](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Axitinib

Axitinib, Inlyta

**INFORMATION
AVAILABLE****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer**Recommendation**

- No actionable recommendation available for this drug-gene pair.

Population pharmacokinetic analyses in patients with advanced cancer (including advanced RCC) and healthy volunteers indicate that there are no clinically relevant effects of age, gender, body weight, race, renal function, UGT1A1 genotype, or CYP2C19 genotype.

Recommendations based on specific guidelines

- EMA

No actionable recommendation available for this drug-gene pair.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

29524031

► **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Bisoprolol

B-Beta, Beta-One, Biofin, Bisocor, Bisohexal, Bisopro, Bisoprolol, Bisovell, Carbisol, Concor, Hapsen, Konblobet, Maintate, Selbix

**STRONG RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- No actionable recommendation available for this drug-gene pair.

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Brexpiprazole

Brexpiprazole, Rexulti

**STRONG RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

There are indications supporting an increase in the exposure to brexpiprazole, but no indications supporting an increase in side effects in patients with this gene variation.

Recommendations based on specific guidelines

- **DPWG** **No actionable recommendation available for this drug-gene pair.**

SWISSMEDIC Known slow CYP2D6 metabolizers: administration of half the usual dose. Known slow CYP2D6 metabolizers taking moderate/strong CYP3A4 inhibitors: administration of a quarter of the usual dose.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

28750151

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Brivaracetam || CYP2C19

Brivaracetam

**INFORMATION
AVAILABLE****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

24717838

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Brivaracetam || CYP2C9

Brivaracetam

**INFORMATION
AVAILABLE****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**

In vitro, the hydroxylation of brivaracetam is mediated mainly by CYP2C19. Another metabolite (the hydroxy acid metabolite) is produced predominantly by hydroxylation of the propyl side chain of the carboxylic acid metabolite (mainly by CYP2C9).

Recommendations based on specific guidelines

- **SWISSMEDIC No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Bupropion

Bupropion, Wellbutrin, Zyban



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- It may be necessary to decrease the dose of CYP2D6 substrates when used concomitantly with bupropion. Co-administration of bupropion with drugs that are metabolized by CYP2D6 can increase the exposures of drugs that are substrates of CYP2D6.

Recommendations based on specific guidelines

➤ FDA

It may be necessary to decrease the dose of CYP2D6 substrates when used concomitantly with bupropion. Particularly for drugs with a narrow therapeutic index. Patients treated concomitantly with bupropion and drugs that require metabolic activation by CYP2D6 to be effective may require increased doses of the drug.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Increase Monitoring

Although patient has a varied genetic profile, the intended medication can still be prescribed as recommended, but with more frequent monitoring for quick action to be taken in the event of unwanted reactions.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Cariprazine

Cariprazine, Symvenu

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Carisoprodol

Carisoprodol

**INFORMATION
AVAILABLE****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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**STRONG RECOMMENDATION**

Carvedilol

Blorec, Bloved, Carvedilol, Carvedilol Sandoz, Carvepen, Carvilo, Dilatrend, Vacodil, V-Bloc

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**

The plasma concentration of carvedilol can be elevated. This does not, however, result in an increase in side effects.

Recommendations based on specific guidelines

- DPWG **No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Celecoxib

Actrel, Celcox, Celdol, Celebrex, Celecoxib, Celecoxib Sandoz, Novexib, Remabrex



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Mildly reduced metabolism.

Recommendations based on specific guidelines

➤ CPIC	Initiate therapy with recommended starting dose. In accordance with the prescribing information, use the lowest effective dosage for shortest duration consistent with individual patient treatment goals.
PMDA	No actionable recommendation available for this drug-gene pair.

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

37062721

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Cevimeline

Cevimeline



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Citalopram || CYP2C19

Citalopram



STRONG RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Normal metabolism.

Recommendations based on specific guidelines

- **CPIC** **Initiate therapy with recommended starting dose.**

Caveat

Patients on a stable and effective dose of an SSRI most likely will not benefit from additional dose modifications based on CYP2D6 or CYP2C19 genotype results. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Citalopram || CYP2D6

Citalopram



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG **No actionable recommendation available for this drug-gene pair.**

SWISSMEDIC No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Clobazam

Anxibloc, Asabium, Clobazam, Clofritis, Frisium, Proclozam

**INFORMATION
AVAILABLE****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Clomipramine

Anafranil, Apo-Clomipramine, Clomipramine, Depranil



MODERATE RECOMMENDATION

GENE
CYP2C19
CYP2D6

GENOTYPE
*1/*1
*4/*35

PHENOTYPE
CYP2C19 Normal Metabolizer
CYP2D6 Intermediate Metabolizer

Recommendation

Consider a 25% reduction of recommended starting dose.

CYP2D6 IM: Reduced metabolism of tricyclic antidepressants (TCAs) to less active compounds. Higher plasma concentrations of active drug may increase probability of side effects. CYP2C19 NM: Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

CPIC

Consider a 25% reduction of recommended starting dose. Patients may receive an initial low dose of tricyclic antidepressants (TCAs), which is then increased over several days to the recommended steady-state dose.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Clomipramine || CYP2C19

Anafranil, Apo-Clomipramine, Clomipramine, Depranil



STRONG RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

- **CPIC** **Initiate therapy with recommended starting dose. Patients may receive an initial low dose, which then increased over several days to the recommended steady-state dose.**

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Clomipramine || CYP2D6

Anafranil, Apo-Clomipramine, Clomipramine, Depranil



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Consider 25% reduction of recommended starting dose.

Reduced metabolism of tricyclic antidepressants (TCAs) to less active compounds when compared to normal metabolizers. Higher plasma concentrations of active drug will increase the probability of side effects.

Recommendations based on specific guidelines

CPIC

Consider 25% reduction of recommended starting dose. Patients may receive an initial low dose of a tricyclic, which is then increased over several days to the recommended steady-state dose. Utilize therapeutic drug monitoring to guide dose adjustments. Titrate dose to observed clinical response with symptom improvement and minimal (if any) side effects.

DPWG

Use 70% of the standard dose. Monitor the effect and side effects of the plasma concentrations of clomipramine and desmethylclomipramine.

FDA

Monitor TCA plasma levels when co-administering Clomipramine with a P450 2D6 inhibitor.

More information about this drug-phenotype can also be found at [SWISSMEDIC](#).

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.



Clonidine

Catapres, Clonidine

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- No actionable recommendation available for this drug-gene pair.

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Clopidogrel

Apo-Clopidogrel, Artepido, Caplor, Ceruvin, Clopido, Clopidogrel, Clopidogrel Sandoz, Clopidogrel Stada, Clopigrel, Clopivid, Clotromboz, Cpg, Deplatt, G Plus - Clopidogrel, Gridokline, Medigrel, Pidovix, Placta, Pladogrel, Platless, Plavesco, Plavix, Therodel, Thinoclo, Trombikaf



STRONG RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- If considering clopidogrel, use at standard dose (75 mg/day).

Normal clopidogrel active metabolite formation; normal on-treatment platelet reactivity.

Recommendations based on specific guidelines

- CPIC If considering clopidogrel, use at standard dose (75 mg/day).

Caveat

An assigned CYP2C19*1 allele could potentially harbor an undetected genetic variant. Most clinical laboratories do not currently test for CYP2C19 deletions or structural variants. Therefore, clinical providers should understand which CYP2C19 variant alleles were genotyped when interpreting results. CYP2C19 genotype is just one factor that clinicians should consider when prescribing clopidogrel.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

33641235 33523336 34708996

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Clozapine || CYP2D6

Clopine, Clorilex, Clozapine, Clozapine Sandoz, Clozaryl, Clozer, Cycozam, Lozap, Nucloz, Nuzip, Sizoril



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No action is required for this gene-drug interaction.

Variation in CYP2D6 can affect the plasma concentration of clozapine, there are no clinical consequences to this change.

Recommendations based on specific guidelines

- DPWG No action is required for this gene-drug interaction.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Codeine

Codeine, Codikaf, L.T.R. Cough Linctus, Linctus Tussis Rubra, Sp-Codin Linctus



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- Use codeine label recommended age- or weight-specific dosing.
Reduced morphine formation.

Recommendations based on specific guidelines

➤ CPIC	Use codeine label recommended age- or weight-specific dosing. If no response and opioid use is warranted, consider a non-tramadol opioid.
DPWG	For COUGH: No action required. For PAIN: Be alert to a reduced effectiveness. In the case of inadequate effectiveness: try a dose increase, if this does not work: choose an alternative. Do not select tramadol, as this is also metabolized by CYP2D6. Morphine is not metabolized by CYP2D6. Oxycodone is metabolized by CYP2D6 to a limited extent, but this does not result in differences in analgesia in patients. If no alternative is selected: advise the patient to report inadequate analgesia. It is not possible to offer adequately substantiated advice for dose adjustment based on the limited available literature for this phenotype.

More information about this drug-phenotype can also be found at [CPNDS](#).

Caveat

Like all diagnostic tests, CYP2D6 genotype is one of multiple pieces of information that clinicians should consider in guiding their therapeutic choice for each patient. Furthermore, there are several other factors that cause potential uncertainty in the genotyping results and phenotype predictions.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Dapoxetine

Dapoxetine, Priligy

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Darifenacin

Darifenacin

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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Desipramine

Desipramine

**MODERATE RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer

Recommendation

Consider 25% reduction of recommended starting dose.

Reduced metabolism of TCAs to less active compounds when compared to normal metabolizers. Higher plasma concentrations of active drug will increase the probability of side effects.

Recommendations based on specific guidelines

CPIC

Consider 25% reduction of recommended starting dose. Patients may receive an initial low dose of a tricyclic, which is then increased over several days to the recommended steady-state dose. The starting dose in this guideline refers to the recommended steady-state dose. Utilize therapeutic drug monitoring to guide dose adjustments. Titrate dose to observed clinical response with symptom improvement and minimal (if any) side effects.

FDA

Desirable to monitor TCA plasma levels when co-administering a TCA with a known CYP2D6 inhibitor drug.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488
Report Date : 21 Jan 2025

Desvenlafaxine

Desvenlafaxine, Pristiq

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Deutetrabenazine

Deutetrabenazine



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Dexlansoprazole

Dexilant, Dexlansoprazole



MODERATE
RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate standard starting daily dose. Monitor for efficacy.**

Normal PPI metabolism; may be at increased risk of therapeutic failure compared with CYP2C19 IMs and PMs.

Recommendations based on specific guidelines

➤ CPIC

Initiate standard starting daily dose. Monitor for efficacy. Consider increasing dose by 50–100% for the treatment of H. pylori infection and erosive esophagitis. Daily dose may be given in divided doses.

Caveat

An assigned *1 allele could potentially harbor an undetected CYP2C19 genetic variant that results in altered metabolism and drug exposure. Most clinical laboratories do not currently test for CYP2C19 copy number variants or deletions. Therefore, clinical providers should understand which CYP2C19 variant alleles were genotyped when interpreting results. CYP2C19 genotype is just one factor that clinicians should consider when prescribing PPIs.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Increase Monitoring

Although patient has a varied genetic profile, the intended medication can still be prescribed as recommended, but with more frequent monitoring for quick action to be taken in the event of unwanted reactions.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Dextromethorphan

Axcel Dextromethorphan, Beathorphan, Dexcophan, Dextromethorphan, Dextromethorphan Linctus, Metophan, Nospan, Pusiran, Sunthorphan, Tussidex Forte Linctus, Tussils



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Dextromethorphan and Quinidine

Dextromethorphan and Quinidine



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Diazepam

Anxicalm, Apo-Diazepam, Dbl Diazepam, Diapo, Diazepam, Diazepam Lipuro, Dzp, Nozepav, Stesolid, Trazep, Valdimex, Valisanbe, Valium



INFORMATION
AVAILABLE

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic ineffectiveness.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Diclofenac || CYP2C9

Anuva, Diclofenac, Flamar, Zorvolex

**INFORMATION AVAILABLE****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation****> No actionable recommendation available for this drug-gene pair.**

The pharmacokinetics of this drug is not significantly impacted by CYP2C9 genetic variants in vivo and/or there is insufficient evidence to provide a recommendation to guide clinical practice at this time.

Recommendations based on specific guidelines**> CPIC****No actionable recommendation available for this drug-gene pair.****Caveat**

Rare CYP2C9 variants may not be detected in genotype tests, classifying patients with these variants as having a normal metabolizer (NM) phenotype based on CYP2C9*1/1 results. The CYP2C9*1 allele may harbor reduced or non-functional variants, so reports should specify the variants or SNPs analyzed. CYP2C9 genotype is one of many factors to consider when prescribing NSAIDs. Age, sex, ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI risk. Use with caution in elderly patients, as they have reduced CYP2C9 metabolism and increased renal/GI risks. Combining NSAIDs with antiplatelets or anticoagulants raises bleeding risk or can interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

37062721

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Dipyrone

Dipyrone



INFORMATION
AVAILABLE

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

► No actionable recommendation available for this drug-gene pair.

The pharmacokinetics of this drug is not significantly impacted by CYP2C9 genetic variants in vivo and/or there is insufficient evidence to provide a recommendation to guide clinical practice at this time.

Recommendations based on specific guidelines

► CPIC

No actionable recommendation available for this drug-gene pair.

Caveat

Rare CYP2C9 variants may not be detected in genotype tests, classifying patients with these variants as having a normal metabolizer (NM) phenotype based on CYP2C9*1/1 results. The CYP2C9*1 allele may harbor reduced or non-functional variants, so reports should specify the variants or SNPs analyzed. CYP2C9 genotype is one of many factors to consider when prescribing NSAIDs. Age, sex, ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI risk. Use with caution in elderly patients, as they have reduced CYP2C9 metabolism and increased renal/GI risks. Combining NSAIDs with antiplatelets or anticoagulants raises bleeding risk or can interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Disopyramide

Disopyramide



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Donepezil

Alzim, Aricept, Aricept Evess, Aripezil, Donacept, Donecept, Donepezil, Donepezil
Mevon, Dopezil, Pepezil, Fordesia, Hetero Donepezil Hydrochloride, Torpezil



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic ineffectiveness.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

31064198

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Doxepin

Apo-Doxepin, Doxepin, Sagalon



MODERATE RECOMMENDATION

GENE
CYP2C19
CYP2D6

GENOTYPE
*1/*1
*4/*35

PHENOTYPE
CYP2C19 Normal Metabolizer
CYP2D6 Intermediate Metabolizer

Recommendation

Consider a 25% reduction of recommended starting dose.

CYP2D6 IM: Reduced metabolism of tricyclic antidepressants (TCAs) to less active compounds. Higher plasma concentrations of active drug may increase probability of side effects. CYP2C19 NM: Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

CPIC

Consider a 25% reduction of recommended starting dose. Patients may receive an initial low dose of tricyclic antidepressants (TCAs), which is then increased over several days to the recommended steady-state dose.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Doxepin || CYP2C19

Apo-Doxepin, Doxepin, Sagalon

**STRONG RECOMMENDATION****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer**Recommendation**

- **Initiate therapy with recommended starting dose.**

Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

CPIC

- Initiate therapy with recommended starting dose. Patients may receive an initial low dose, which then increase over several days to the recommended steady-state dose.**

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

START **Initiation**

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.



Doxepin || CYP2D6

Apo-Doxepin, Doxepin, Sagalon

**MODERATE RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****> Consider 25% reduction of recommended starting dose.**

Reduced metabolism of tricyclic antidepressants (TCAs) to less active compounds when compared to normal metabolizers. Higher plasma concentrations of active drug will increase the probability of side effects.

Recommendations based on specific guidelines

CPIC	Consider 25% reduction of recommended starting dose. Patients may receive an initial low dose of a tricyclic, which is then increased over several days to the recommended steady-state dose. Utilize therapeutic drug monitoring to guide dose adjustments. Titrate dose to observed clinical response with symptom improvement and minimal (if any) side effects.
DPWG	Use 80% of the standard dose and monitor the effect and side effects or the plasma concentrations of doxepin and nordoxepin in order to set the maintenance dose. The therapeutic range is 100-250 ng/mL for the sum of doxepin and nordoxepin plasma concentrations. Values higher than 400 ng/mL are considered toxic.
FDA	No actionable recommendation available for this drug-gene pair.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date :** 21 Jan 2025

Dronabinol

Dronabinol



GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

➤ **Monitor for adverse reactions.**

May result in higher systemic concentrations and higher adverse reaction risk.

Recommendations based on specific guidelines

➤ FDA

Monitor for adverse reactions.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Increase Monitoring**

Although patient has a varied genetic profile, the intended medication can still be prescribed as recommended, but with more frequent monitoring for quick action to be taken in the event of unwanted reactions.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Dronedarone || CYP2D6

Dronedarone, Multaq

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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Drospirenone and Ethinylestradiol

Drospera, Gveza, Jastinda, Liza, Synfonia, Yasmin, Yaz

**INFORMATION
AVAILABLE****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Duloxetine

Cymbalta, Duloxetine, Dulxota

**MODERATE RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

Duloxetine is a substrate of CYP1A2 and CYP2D6; however, existing data do not support a clinically meaningful impact of CYP2D6 on duloxetine and thus was assigned CPIC level C (no recommendation).

Recommendations based on specific guidelines

- **CPIC** **No actionable recommendation available for this drug-gene pair.**

DPWG No actionable recommendation available for this drug-gene pair.

SWISSMEDIC No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Elagolix

Elagolix

**INFORMATION
AVAILABLE****GENE**
SLCO1B1**GENOTYPE**
rs4149056(TC)**PHENOTYPE**
SLCO1B1 Decreased Function**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Scan to view this report on your
mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Eletriptan

Eletriptan, Relpax

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

In vitro studies show that eletriptan is mainly metabolized by the hepatic cytochrome P-450 enzyme CYP3A4. In vitro studies also suggest low involvement of CYP2D6, although clinical studies indicate that there is no clinically relevant effect of CYP2D6 polymorphism on the pharmacokinetics of eletriptan.

Recommendations based on specific guidelines

- **SWISSMEDIC No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Eliglustat

Eliglustat

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- Use the standard dose If NO co-medication with a moderate or strong CYP2D6 or CYP3A inhibitor or strong CYP3A inducer.

This gene variation reduces the conversion of eliglustat to inactive metabolites. However, in the absence of CYP2D6 and CYP3A inhibitors, this does not result in a clinically significant increase risk of side effects.

Recommendations based on specific guidelines

➤ DPWG

- Use the standard dose If NO co-medication with a moderate or strong CYP2D6 or CYP3A inhibitor or strong CYP3A inducer.
- Co-medication with BOTH a MODERATE to STRONG CYP2D6 INHIBITOR AND a MODERATE to STRONG CYP3A INHIBITOR: Eliglustat is contra-indicated.
1. Choose an alternative if possible.
- Co-medication with a STRONG CYP2D6 INHIBITOR:
1. Use a dose of 84mg eliglustat 1x daily.
- Co-medication with a MODERATE CYP2D6 INHIBITOR:
1. Consider a dose of 84mg eliglustat 1x daily.
 2. Be alert to side effects.
- Co-medication with a STRONG CYP3A INHIBITOR:
1. Choose an alternative if possible.
 2. If an alternative is not an option: consider a dose of 84 mg eliglustat 1x daily and be alert to side effects.
- Co-medication with a MODERATE CYP3A INHIBITOR:
1. Choose an alternative.
 2. If an alternative is not an option: consider a dose of 84mg eliglustat 1x daily and be alert to side effects.
- Co-medication with a STRONG CYP3A INDUCER: Eliglustat is not recommended. The plasma concentration may decrease so sharply that a therapeutic effect cannot be achieved.
1. Choose an alternative if possible.

FDA

CYP2D6 IMs: 84 mg orally 2x daily. Co-administration with strong CYP3A inhibitors is contraindicated in intermediate and poor CYP2D6 metabolizers.

More information about this drug-phenotype can also be found at [EMA](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Erdafitinib

Balversa, Erdafitinib

**MODERATE
RECOMMENDATION****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

CYP2C9 activity is reduced in individuals with genetic variants, such as the CYP2C9*2 and CYP2C9*3 polymorphisms.

Recommendations based on specific guidelines

FDA

- No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Escitalopram || CYP2C19

Cipralex, Depram, Elxion, Escipra, Escitalopram, Escitalopram Oxalate, Lepax, Lexapro



STRONG RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Normal metabolism.

Recommendations based on specific guidelines

- **CPIC** **Initiate therapy with recommended starting dose.**

Caveat

Patients on a stable and effective dose of an SSRI most likely will not benefit from additional dose modifications based on CYP2D6 or CYP2C19 genotype results. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

28614176

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Escitalopram || CYP2D6

Cipralex, Depram, Elxion, Escipra, Escitalopram, Escitalopram Oxalate, Lepax, Lexapro



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**
This is not a gene-drug interaction.

Recommendations based on specific guidelines

➤ DPWG	No actionable recommendation available for this drug-gene pair.
FDA	No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Esomeprazole

Arcolase, Axiago, Depump, Emanera, Emazole, Emp, Epivetier, Esmozin, Esoferr, Esola, Esomax, E-Some, Esomeprazole, Esomeprazole Sandoz, Esoz, Esozid, Exocid, Ezocan, Ezol, Ezomeb, Jubium, Lanxium, Nexigas, Nexium, Nexium Mups, Proxium, S - Omevell, Simprazol, Sompraz

GENE	GENOTYPE	PHENOTYPE
CYP2C19	*1/*1	CYP2C19 Normal Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

The CPIC Dosing Guideline for CYP2C19 and Proton Pump Inhibitor Dosing states that inconsistent findings regarding the effect of CYP2C19 genotype on the pharmacokinetics and therapeutic response to esomeprazole preclude making recommendations for these proton pump inhibitors.

Recommendations based on specific guidelines

- CPIC No actionable recommendation available for this drug-gene pair.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

27107097 28674348 26730167

✓ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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INFORMATION
AVAILABLE

Order ID : #3504-82488

Report Date : 21 Jan 2025

Fenofibrate and Simvastatin



MODERATE
RECOMMENDATION

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

➤ No actionable recommendation available for this drug-gene pair.

The Swiss drug label for Simvastatin and Fenofibrate states that the decreased function of hepatic OATP transport proteins may increase systemic simvastatin exposure and the risk for myopathy and rhabdomyolysis. Decreased function may result from inhibition by interacting drugs (e.g., ciclosporin) or occur in patients carrying the SLCO1B1 c.521T>C genotype.

Recommendations based on specific guidelines

➤ SWISSMEDIC No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Fesoterodine

Fesoterodine

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Scan to view this report on your
mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Flecainide

Flecainide, Tambocor

**STRONG RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- Indications other than diagnosis of Brugada syndrome: reduce the dose to 75% of the standard dose and record an ECG and monitor the plasma concentration.

The genetic variation reduces conversion of flecainide to inactive metabolites. This may increase the risk of side effects.

Recommendations based on specific guidelines**DPWG**

Indications other than diagnosis of Brugada syndrome: reduce the dose to 75% of the standard dose and record an ECG and monitor the plasma concentration. Provocation test for diagnosis of Brugada syndrome: No action required. At a dose of 2.0 mg/kg body weight to a maximum of 150 mg, the response is better for patients with alleles that result in reduced activity. All 5 patients with these alleles and 20% of the patients with two fully active alleles exhibited a response within 30 minutes.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Flibanserin || CYP2C19

Flibanserin

**INFORMATION
AVAILABLE****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Flibanserin || CYP2C9

Flibanserin



INFORMATION
AVAILABLE

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Flibanserin || CYP2D6

Flibanserin



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

In 12 poor metabolizers of CYP2D6, steady state Cmax and AUC of flibanserin 50 mg twice daily was decreased by 4% and increased by 18%, respectively, compared to exposures among 19 extensive metabolizers, intermediate metabolizers and ultrarapid metabolizers of CYP2D6.

Recommendations based on specific guidelines

- FDA

No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Fluoxetine

Antiprestine, Apo-Fluoxetine, Deprezac, Doxetin, Elizac, Fluoxetine, Fluoxetine-Teva, Fluoxone Divule, Foransi, Kalxetin, Magrilan, Nopres, Noxetine, Pms-Fluoxetine, Prestin, Proctin, Prozac, Sactine, Zac



INFORMATION AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

➤ No actionable recommendation available for this drug-gene pair.

Decreased metabolism of fluoxetine and increased fluoxetine:norfluoxetine ratio but similar total active enantiomer concentrations compared to normal metabolizers.

Recommendations based on specific guidelines

➤ CPIC No actionable recommendation available for this drug-gene pair.

DPWG NO action is needed for this gene-drug interaction.

Caveat

Patients on stable and effective antidepressant medication doses without significant tolerability concerns may not benefit from dose modifications based on CYP2D6, CYP2C19, and/or CYP2B6 genotype results. Pharmacogenetic test results are one of many pieces of clinical information to be considered when optimizing antidepressant drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Flupenthixol

Fluanxol, Flupenthixol

**STRONG RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

This is NOT a gene-drug interaction. No studies have been published in which the kinetics and the effects of flupentixol were studied for this phenotype.

Recommendations based on specific guidelines

- DPWG **No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Flurbiprofen

Flurbiprofen, Froben, Strepfen



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Mildly reduced metabolism.

Recommendations based on specific guidelines

- CPIC **Initiate therapy with recommended starting dose. In accordance with the prescribing information, use the lowest effective dosage for shortest duration consistent with individual patient treatment goals.**

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Fluvastatin

Fluvastatin, Lescol

**MODERATE RECOMMENDATION****GENE**
SLCO1B1
CYP2C9**GENOTYPE**
rs4149056(TC)
*1/*2**PHENOTYPE**
SLCO1B1 Decreased Function
CYP2C9 Intermediate Metabolizer**Recommendation**

- If dose >20mg needed for desired efficacy, consider an alternative statin or combination therapy.
CYP2C9 Intermediate metabolizer: Increased fluvastatin exposure. SLCO1B1 Decreased function: Increased fluvastatin exposure.

Recommendations based on specific guidelines

CPIC

If dose >20mg needed for desired efficacy, consider an alternative statin or combination therapy.
Alternatively, prescribe <=20mg per day as a starting dose and adjust doses of fluvastatin based on disease-specific guidelines.

Caveat

Genetic variation is just one factor when prescribing statins. Rare variants may not be included in the genotype test. Patients with rare variants that reduce SLCO1B1 function may be incorrectly assigned a normal phenotype. Many patients' statin therapy is never restarted after Statin-related musculoskeletal symptoms. As a result, LDL cholesterol values are higher as is their risk for cardiovascular disease. The evidenced-based recommendations for genotype-guided statin therapy are focused on reducing the risk of SAMS.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✖ Change Prescription

There is a high chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism.

START Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488
Report Date : 21 Jan 2025

Fluvastatin || CYP2C9

Fluvastatin, Lescol

**MODERATE RECOMMENDATION****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- If dose >40mg needed for desired efficacy, consider an alternative statin or combination therapy.
Increased fluvastatin exposure as compared to normal metabolizer which may translate to increase myopathy risk.

Recommendations based on specific guidelines

CPIC

- If dose >40mg needed for desired efficacy, consider an alternative statin or combination therapy.
Alternatively, prescribe <=40mg per day as a starting dose and adjust doses of fluvastatin based on disease-specific guidelines.

Caveat

Genetic variation is just one factor when prescribing statins. Rare variants may not be included in the genotype test. Patients with rare variants that reduce SLCO1B1 function may be incorrectly assigned a normal phenotype. Many patients' statin therapy is never restarted after Statin-related musculoskeletal symptoms. As a result, LDL cholesterol values are higher as is their risk for cardiovascular disease. The evidenced-based recommendations for genotype-guided statin therapy are focused on reducing the risk of SAMS.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✖ Change Prescription

There is a high chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism.

START Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488**Report Date :** 21 Jan 2025

Fluvastatin || SLCO1B1

Fluvastatin, Lescol



MODERATE
RECOMMENDATION

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

- **Prescribe desired starting dose and adjust doses of fluvastatin based on disease-specific guidelines.**
Increased fluvastatin exposure as compared to normal function; typical myopathy risk with <=40 mg.

Recommendations based on specific guidelines

➤ CPIC	Prescribe desired starting dose and adjust doses of fluvastatin based on disease-specific guidelines. Prescriber should be aware of possible increased risk for myopathy especially for doses >40mg per day.
DPWG	No actionable recommendation available for this drug-gene pair.

Caveat

Genetic variation is just one factor when prescribing statins. Rare variants may not be included in the genotype test. Patients with rare variants that reduce SLCO1B1 function may be incorrectly assigned a normal phenotype. Many patients' statin therapy is never restarted after Statin-related musculoskeletal symptoms. As a result, LDL cholesterol values are higher as is their risk for cardiovascular disease. The evidenced-based recommendations for genotype-guided statin therapy are focused on reducing the risk of SAMS.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Fluvoxamine || CYP2C19

Apo-Fluvoxamine, Faverin, Fluvoxamine, Luvox



INFORMATION
AVAILABLE

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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mobile phone

Order ID : #3504-82488

Report Date : 21 Jan 2025

Fluvoxamine || CYP2D6

Apo-Fluvoxamine, Faverin, Fluvoxamine, Luvox



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Initiate therapy with recommended starting dose.

Reduced metabolism when compared to extensive metabolizers. Higher plasma concentrations may increase the probability of side effects.

Recommendations based on specific guidelines

CPIC Initiate therapy with recommended starting dose.

DPWG No actionable recommendation available for this drug-gene pair.

Caveat

Patients on stable and effective antidepressant medication doses without significant tolerability concerns may not benefit from dose modifications based on CYP2D6, CYP2C19, and/or CYP2B6 genotype results. Pharmacogenetic test results are one of many pieces of clinical information to be considered when optimizing antidepressant drug therapy

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Formoterol || CYP2C19

Atimos, Duaklir Genuair, Foradil, Formoterol



INFORMATION
AVAILABLE

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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mobile phone

Order ID : #3504-82488

Report Date : 21 Jan 2025

Formoterol || CYP2D6

Atimos, Duaklir Genuair, Foradil, Formoterol



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

► No actionable recommendation available for this drug-gene pair.

Some patients may be deficient in CYP2D6 or 2C19 or both. Whether a deficiency in one or both of these isozymes results in elevated systemic exposure to formoterol or systemic adverse effects has not been adequately explored.

Recommendations based on specific guidelines

► FDA

No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

► Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Fosphenytoin

Fosphenytoin



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- Consider avoiding fosphenytoin as an alternative to carbamazepine in patients who are CYP2C9*3 carriers.
May result in higher systemic concentrations and higher adverse reaction risk (central nervous system toxicity).

Recommendations based on specific guidelines

➤ FDA

Consider avoiding fosphenytoin as an alternative to carbamazepine in patients who are CYP2C9*3 carriers. Alternatively, consider starting at the lower end of the dosage range and monitor serum concentrations. Refer to FDA labeling for specific dosing recommendations. Genotyping is not a substitute for clinical vigilance and patient management.

More information about this drug-phenotype can also be found at [HCSC](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Change Prescription

There is a high chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Galantamine

Galantamine, Reminyl



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

31064198

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Gefitinib

Actagef, Gefinib, Gefitiero, Gefitinib, Gefiza, Genessa, Ingefitinib, Iressa, Iretinib



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

► NO action is needed.

Side effects can occur more frequently, as the gene variation increases the gefitinib plasma concentration. However, the side effects are reversible and manageable, to an extent that adjustment of the therapy in advance is not necessary.

Recommendations based on specific guidelines

► DPWG NO action is needed.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

**STRONG RECOMMENDATION**

Glibenclamide || CYP2C9

Apo-Glyburide, Benil, Clamide, Daonil, Dibelet, Fimediab, Glibenclamide, Glimide, Glyboral, Harmida, Hisacha, Latibet, Prodiabet, Renabetic, Sp-Diatab, T.O.Nil, Trodeb

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate metabolizer

Recommendation

➤ No action is required for this gene-drug interaction.

The only relevant clinical consequence that was found is an increased effectiveness of glibenclamide without an increase in frequency and severity of hypoglycaemia for a group of 1 *1/*2 and 15 *1/*3.

Recommendations based on specific guidelines

➤ DPWG No action is required for this gene-drug interaction.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

**STRONG RECOMMENDATION**

Gliclazide || CYP2C9

Apo-Gliclazide, Diamicron, Dianorm, Diapro, Diverin, Fonylin, Gliavis, Glicab, Gliclada, Gliclazide, Glidex, Glikamel, Glimicron, Glizide, Glucodex, Glucored, Glukolos, Glyade, Glyclazide, Gored, Linodiab, Medociazide, Melicron, Mexan, Pedab, Sp-Glimed, Sun-Glizide, Xepabet

GENE
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate metabolizer

Recommendation

- No action is required for this gene-drug interaction.

The genetic variation increases the effectiveness of gliclazide.

Recommendations based on specific guidelines

- DPWG No action is required for this gene-drug interaction.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Glimepiride || CYP2C9

Amaglu, Amaryl, Amidiab, Anpiride, Dialosa, Diapride, Diaversa, Friladar, Glamarol, Gliaride, Glimefion, Glimepiride, Glimepix, Glimetic, Glucokaf, Glucoryl, Gluvas, Metrix, Norizec, Relide, Simryl, Velacom, Versibet



STRONG RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate metabolizer

Recommendation

- **No action is required for this gene-drug interaction.**

No significant kinetic or clinical consequences have been found for the genetic variation.

Recommendations based on specific guidelines

- DPWG **No action is required for this gene-drug interaction.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

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Haloperidol

Apo-Haloperidol, Dores, Govotil, Haloperidol, Haloxen, Lodomer, Manace, Motivan, Myung In Haloperidol, Seradol, Upsikis



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**

The genetic variation results in a higher plasma concentration, but the effect is small and no clinically significant effects were found.

Recommendations based on specific guidelines

- DPWG **No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Hydrocodone

Hydrocodone



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- Use hydrocodone label recommended age- or weight-specific dosing.
Minimal evidence for pharmacokinetic or clinical effect.

Recommendations based on specific guidelines

- CPIC Use hydrocodone label recommended age- or weight-specific dosing. If no response and opioid use is warranted, consider non-codeine or non-tramadol opioid.

Caveat

Like all diagnostic tests, CYP2D6 genotype is one of multiple pieces of information that clinicians should consider in guiding their therapeutic choice for each patient. Furthermore, there are several other factors that cause potential uncertainty in the genotyping results and phenotype predictions.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Report Date : 21 Jan 2025

Ibrutinib

Ibrutinib, Imbruvica

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Ibuprofen

Xepafen, Zentarin, Zofen, Advil, Anafen, Apo-Ibuprofen, Arbupon, Arfen, Arthrifen, Axofen, Bifen, Bodrexin Ibp, Brufen, Bufect, Bunofa, Caldolor, Coldy's Jr, Dofen Forte, Dolofen F, Dratadin, Etafen, Etafen Forte, Farsifén, Febryn, Fenatic, Fenida, Fenpro, Fenris, Hufagripp, Ibrosic, Ibufen, Ibuleve, Ibuprofen, Ifen, Insic, Intrafen, Iprox, Irgafen, Junifen, Lexaprofen, Liflamal, Medcofen, Mediprofen, Mofen, Moris, Neo Linucid, Novaxifen, Nurofen, Oraprofen, Ostarin, Panafen, Peinlos, Perofen, Profen, Pointi, Proris, Proris Forte, Prosinal, Prosinal Forte, Provinas, Repass, Rhelafen, Ribunal, Salfenal, Simiris, Spedifen, Termofen, Tiafen, Trobuges



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

➤ **Initiate therapy with recommended starting dose.**

Mildly reduced metabolism.

Recommendations based on specific guidelines

➤ CPIC

Initiate therapy with recommended starting dose. In accordance with the prescribing information, use the lowest effective dosage for shortest duration consistent with individual patient treatment goals.

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

▢ **Indication**

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Report Date : 21 Jan 2025

Iloperidone

Iloperidone

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation** **Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

 **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Imipramine

Apo-Imipramine, Imipramine



MODERATE
RECOMMENDATION

GENE
CYP2C19
CYP2D6

GENOTYPE
*1/*1
*4/*35

PHENOTYPE
CYP2C19 Normal Metabolizer
CYP2D6 Intermediate Metabolizer

Recommendation

Consider a 25% reduction of recommended starting dose.

CYP2D6 IM: Reduced metabolism of tricyclic antidepressants (TCAs) to less active compounds. Higher plasma concentrations of active drug may increase probability of side effects. CYP2C19 NM: Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

CPIC

Consider a 25% reduction of recommended starting dose. Patients may receive an initial low dose of tricyclic antidepressants (TCAs), which is then increased over several days to the recommended steady-state dose.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Imipramine || CYP2C19

Apo-Imipramine, Imipramine



STRONG RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

- **CPIC** **Initiate therapy with recommended starting dose. Patients may receive an initial low dose, which then increased over several days to the recommended steady-state dose.**

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Imipramine || CYP2D6

Apo-Imipramine, Imipramine



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Consider 25% reduction of recommended starting dose.

Reduced metabolism of tricyclic antidepressants (TCAs) to less active compounds when compared to normal metabolizers. Higher plasma concentrations of active drug will increase the probability of side effects.

Recommendations based on specific guidelines

CPIC

Consider 25% reduction of recommended starting dose. Patients may receive an initial low dose of a tricyclic, which is then increased over several days to the recommended steady-state dose. Utilize therapeutic drug monitoring to guide dose adjustments. Titrate dose to observed clinical response with symptom improvement and minimal (if any) side effects.

DPWG

Use 70% of the standard dose and monitor the side effect or the plasma concentrations of imipramine and desipramine. Monitoring is done in order to set the maintenance dose. The therapeutic range is 150-300 ng/mL for the sum of the imipramine and desipramine plasma concentrations. Values exceeding 500 ng/mL are considered toxic.

FDA

No actionable recommendation available for this drug-gene pair.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Indomethacin

Indomethacin

**INFORMATION AVAILABLE****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- No recommendation is available for this drug-gene pair.

The pharmacokinetics of this drug is not significantly impacted by CYP2C9 genetic variants in vivo and/or there is insufficient evidence to provide a recommendation to guide clinical practice at this time.

Recommendations based on specific guidelines

- CPIC

No recommendation is available for this drug-gene pair.

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

▢ **Indication**

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Lacosamide

Lacosamide, Vimpat



INFORMATION
AVAILABLE

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- There are no clinically relevant differences in the pharmacokinetics of lacosamide.

Results from a trial in poor metabolizers (PM) (N=4) and extensive metabolizers (EM) (N=8) of cytochrome P450 (CYP) 2C19 showed that lacosamide plasma concentrations were similar in PMs and EMs, but plasma concentrations and the amount excreted into urine of the O-desmethyl metabolite were about 70% reduced in PMs compared to EMs.

Recommendations based on specific guidelines

- FDA

There are no clinically relevant differences in the pharmacokinetics of lacosamide. Between CYP2C19 poor metabolizers and extensive metabolizers.

More information about this drug-phenotype can also be found at [EMA](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Lansoprazole

Caprazol, Digest, Dobrizol, Erphalanz, Inazol, Inhipraz, Lagas, Lancid, Lanpracid, Lansoprazole, Lanzogra, Lapraz, Lasgan, Lasoprol, Laz, Lexid, Loprezol, Nufaprazol, Prazotec, Prevacid, Prosogan, Prosogan Fd, Zolesco



MODERATE RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

► Initiate standard starting daily dose. Monitor for efficacy.

Normal PPI metabolism; may be at increased risk of therapeutic failure compared with CYP2C19 IMs and PMs.

Recommendations based on specific guidelines

- CPIC **Initiate standard starting daily dose. Monitor for efficacy. Consider increasing dose by 50–100% for the treatment of Helicobacter pylori infection and erosive esophagitis. Daily dose may be given in divided doses.**

SWISSMEDIC No actionable recommendation available for this drug-gene pair.

Caveat

There are important limitations to CYP2C19 genetic tests. Targeted genotyping tests focus on known star (*) alleles and are not designed to detect novel variants. Rare allelic CYP2C19 variants may not be included in the genotype test, and patients with these variants may be assigned an NM phenotype (CYP2C19*1/*1) by default. An assigned *1 allele could harbor an undetected CYP2C19 variant that alters metabolism and drug exposure. Rare alleles with gene deletions at the CYP2C19 locus (*36 and *37) have been reported; however, most clinical laboratories do not test for CYP2C19 copy number variants or deletions. Clinical providers must understand the limitations of targeted genotyping and which CYP2C19 variant alleles were tested when interpreting results. CYP2C19 genotype is just one factor clinicians should consider when prescribing PPIs.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

► Increase Monitoring

Although patient has a varied genetic profile, the intended medication can still be prescribed as recommended, but with more frequent monitoring for quick action to be taken in the event of unwanted reactions.

► Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.



Lesinurad

Lesinurad

**MODERATE RECOMMENDATION****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

At the 400 mg dose, compared with CYP2C9 normal metabolizers (NM), increased lesinurad exposures were observed in CYP2C9 IM (approximately a 22% increase in AUC) and in CYP2C9 PM (approximately a 111% increase in AUC), accompanied by higher lesinurad renal excretion.

Recommendations based on specific guidelines

- EMA **No actionable recommendation available for this drug-gene pair.**

More information about this drug-phenotype can also be found at [SWISSMEDIC](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Letermovir

Letermovir



INFORMATION
AVAILABLE

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

➤ **No actionable recommendation available for this drug-gene pair.**

The effect of genetic variants in the OATP1B1 gene SLCO1B1 (rs4149056, rs2306283, rs4149032) and UGT1A1 (rs4148323 and promoter TA repeat variants) on the pharmacokinetics of Letermovir was evaluated in 299 study participants. There were no clinically relevant effects of these variants on Letermovir exposure.

Recommendations based on specific guidelines

➤ **SWISSMEDIC No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Lofexidine

Lofexidine

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Lornoxicam

Lornoxicam



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Mildly reduced metabolism.

Recommendations based on specific guidelines

- CPIC **Initiate therapy with recommended starting dose. In accordance with the prescribing information, use the lowest effective dosage for shortest duration consistent with individual patient treatment goals.**

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

➤ **Indication**

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Losartan || CYP2C9

Acetensa, A-Losartan, Angioten, Angizaar, Cozaar, Hyperten, Insaar, Lifezar, Lortan, Losagen, Losargard, Losartan, Losartan Bluepharma, Losartan Hexal, Losartan Potassium, Losartas, Lozarsin, Myotan, Rosart, Santesar, Sartocad, Trosan



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

Approximately 14% of a perorally administered dose of losartan is converted to an active metabolite. In vitro studies show that cytochrome P450 2C9 and 3A4 are involved in the conversion of losartan into its metabolites.

Recommendations based on specific guidelines

- SWISSMEDIC No actionable recommendation available for this drug-gene pair.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

33509019

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Lovastatin

Apo-Lovastatin, Cholvastin, Ellanco, Elstatin, Justin, Lochol, Loctin, Lofacol, Lotyn, Lovastatin, Lovatin, Medostatin, Minipid, Rovacor



MODERATE
RECOMMENDATION

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

- Prescribe an alternative statin depending on the desired potency.

Increased lovastatin acid exposure as compared to normal function which may translate to increase myopathy risk.

Recommendations based on specific guidelines

➤ CPIC

Prescribe an alternative statin depending on the desired potency. If lovastatin therapy is warranted, limit dose to <=20mg/day.

Caveat

Genetic variation is just one factor when prescribing statins. Rare variants may not be included in the genotype test. Patients with rare variants that reduce SLCO1B1 function may be incorrectly assigned a normal phenotype. Many patients' statin therapy is never restarted after Statin-related musculoskeletal symptoms. As a result, LDL cholesterol values are higher as is their risk for cardiovascular disease. The evidenced-based recommendations for genotype-guided statin therapy are focused on reducing the risk of SAMS.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✖ Change Prescription

There is a high chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Lumiracoxib

Lumiracoxib

**INFORMATION AVAILABLE****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- No recommendation is available for this drug-gene pair.

The pharmacokinetics of this drug is not significantly impacted by CYP2C9 genetic variants in vivo and/or there is insufficient evidence to provide a recommendation to guide clinical practice at this time.

Recommendations based on specific guidelines

- CPIC

No recommendation is available for this drug-gene pair.

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

▢ **Indication**

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Meclizine

Meclizine

**GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- **Monitor for adverse reactions and clinical effect.**

May affect systemic concentrations.

Recommendations based on specific guidelines

- **FDA** **Monitor for adverse reactions and clinical effect.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Increase Monitoring

Although patient has a varied genetic profile, the intended medication can still be prescribed as recommended, but with more frequent monitoring for quick action to be taken in the event of unwanted reactions.

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Order ID : #3504-82488
Report Date : 21 Jan 2025

Meloxicam

Arimed, Arrox, Artrilox, Atrocox, Cameloc, Coxilab, Denilox, Flamoxi, Flasicox, Fri-Art, Futamel, Genxicam, Hexcam, Hufaxicam, Koniflam, Liloxicam, Loxicox, Loxil, Loximei, Mecox, Meflam, Melet, Melfion, Melicam, Melocid, Melogra, Melovix, Melox, Meloxicam, Meloxin, Mevilon, Mexpharm, Mobic, Mobiflex, Movicox, Movix, Moxam, Moxic, Nucoxi, Nufaxicam, Nulox, Ostelox, Oxcam, Relox, Remelox, Velcox, X-Cam



MODERATE RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**

Mildly reduced metabolism.

Recommendations based on specific guidelines

► CPIC	Initiate therapy with recommended starting dose. In accordance with the prescribing information, use the lowest effective dosage for shortest duration consistent with individual patient treatment goals.
HCSC	No actionable recommendation available for this drug-gene pair.

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

26774055 29024493

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Methadone || CYP2D6

Methadone



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

No effect or insufficient evidence for methadone adverse events, opioid dose requirements, or analgesia.

Recommendations based on specific guidelines

➤ CPIC

- No actionable recommendation available for this drug-gene pair.

Caveat

Like all diagnostic tests, CYP2D6 genotype is one of multiple pieces of information that clinicians should consider in guiding their therapeutic choice for each patient. Furthermore, there are several other factors that cause potential uncertainty in the genotyping results and phenotype predictions.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

**STRONG RECOMMENDATION**

Methotrexate

Abitrexate, Dbl Methotrexate, Ebetrexat, Emthexate, Ferxate, Kemotrexate, Methotrexate, Methotrexate Ebewe™, Metoject, Rheu-Trex, Sanotrexate, Trexan

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

- **No actionable recommendation available for this drug-gene pair.**

Several polymorphisms of the SLCO1B1 gene, notably rs4149081 and rs11045879 have been strongly associated for the first time with methotrexate clearance and gastrointestinal toxicity.

Recommendations based on specific guidelines

► PRO

No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Methylphenidate

Concerta, Medikinet Mr, Methylphenidate, Prohiper, Ritalin, Rubifen



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Metoclopramide || CYP2D6

Apo-Metoclop, Damaben, Emeliv, Emeran, Ethiferan, Gavistal, Hufaclop, Maril, Metoclopramide, Nausile, Navoren, Nilatika, Norvom, Omevomid, Primpren, Primperan, Pulin, Sotatic, Syntomide, Tivomit, Tomit, Vertivom, Vopram, Vosea, Xylastin



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Metoprolol

Apo-Metoprolol, Betaloc Zok, Denex, Fapresor, Lopresor, Loprolol, Metoprolol



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Initiate standard dosing.

Decreased metabolism of metoprolol leading to increased drug concentrations; however, this does not have any clinically significant changes in heart rate, blood pressure, or clinical outcomes.

Recommendations based on specific guidelines

CPIC

Initiate standard dosing.

DPWG

GRADUAL REDUCTION in HEART RATE or SYMPTOMATIC BRADYCARDIA: prescribe no more than 50% of the standard dose. The use of smaller steps in dose titration can also be done together or as another option. For OTHER CASES: no action required.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Mirabegron

Betmiga, Mirabegron



INFORMATION
AVAILABLE

GENE

CYP2D6

GENOTYPE

*4/*35

PHENOTYPE

CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Mirtazapine || CYP2C19

Apo-Mirtazapine, Mirtazapine, Mirtazapine Sandoz, Mirzap, Remeron Soltab



INFORMATION
AVAILABLE

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Mirtazapine || CYP2D6

Apo-Mirtazapine, Mirtazapine, Mirtazapine Sandoz, Mirzap, Remeron Soltab



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**
The higher plasma concentration of mirtazapine does not result in an increase in the side effects.

Recommendations based on specific guidelines

- DPWG **No actionable recommendation available for this drug-gene pair.**

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

31158907 26595747 25475885

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Moclobemide

Moclobemide, Moclobemide Hexal



INFORMATION
AVAILABLE

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Modafinil

Modafinil



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Nabumetone

Goflex

**INFORMATION AVAILABLE****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation****> No recommendation is available for this drug-gene pair.**

The pharmacokinetics of this drug is not significantly impacted by CYP2C9 genetic variants in vivo and/or there is insufficient evidence to provide a recommendation to guide clinical practice at this time.

Recommendations based on specific guidelines**> CPIC****No recommendation is available for this drug-gene pair.****Caveat**

Rare CYP2C9 variants may not be detected in genotype tests, classifying patients with these variants as having a normal metabolizer (NM) phenotype based on CYP2C9*1/1 results. The CYP2C9*1 allele may harbor reduced or non-functional variants, so reports should specify the variants or SNPs analyzed. CYP2C9 genotype is one of many factors to consider when prescribing NSAIDs. Age, sex, ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI risk. Use with caution in elderly patients, as they have reduced CYP2C9 metabolism and increased renal/GI risks. Combining NSAIDs with antiplatelets or anticoagulants raises bleeding risk or can interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Naproxen

Alif, Xenifar

**INFORMATION AVAILABLE****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation****> No actionable recommendation available for this drug-gene pair.**

The pharmacokinetics of this drug is not significantly impacted by CYP2C9 genetic variants in vivo and/or there is insufficient evidence to provide a recommendation to guide clinical practice at this time.

Recommendations based on specific guidelines**> CPIC****No actionable recommendation available for this drug-gene pair.****Caveat**

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Nateglinide

Nateglinide, Starlix Tablet

**MODERATE
RECOMMENDATION****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

Data available from both in vitro and in vivo experiments indicate that nateglinide is predominantly metabolized by CYP2C9 with involvement of CYP3A4 to a smaller extent.

Recommendations based on specific guidelines

➤ EMA

- No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Nebivolol

Linoven, Nebilet, Nebivolol, Nevodio

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

Nebivolol is metabolized via alicyclic and aromatic hydroxylation, N-dealkylation and glucuronidation, partly to active metabolites.

Although the aromatic hydroxylation is part of the CYP2D6-dependent genetic oxidative polymorphism, the active metabolites achieve a similar effect in the rapidly and slowly metabolizing patients.

Recommendations based on specific guidelines

- **SWISSMEDIC No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Nefazodone

Nefazodone

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Nelfinavir

Nelfinavir

**INFORMATION
AVAILABLE****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

Nelfinavir is metabolized by CYP3A and CYP2C19. Coadministration of nelfinavir and drugs that induce CYP3A or CYP2C19, such as rifampin, may decrease nelfinavir plasma concentrations and reduce its therapeutic effect. Coadministration of nelfinavir and drugs that inhibit CYP3A or CYP2C19 may increase nelfinavir plasma concentrations.

Recommendations based on specific guidelines

- FDA

No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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mobile phone

Order ID : #3504-82488**Report Date : 21 Jan 2025**

Nortriptyline

Apo-Nortriptyline, Nortriptyline



MODERATE RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Consider 25% reduction of recommended starting dose.

Reduced metabolism of TCAs to less active compounds when compared to normal metabolizers. Higher plasma concentrations of active drug will increase the probability of side effects.

Recommendations based on specific guidelines

CPIC	Consider 25% reduction of recommended starting dose. Patients may receive an initial low dose of a tricyclic, which is then increased over several days to the recommended steady-state dose. The starting dose in this guideline refers to the recommended steady-state dose. Utilize therapeutic drug monitoring to guide dose adjustments. Titrate dose to observed clinical response with symptom improvement and minimal (if any) side effects.
DPWG	Use 60% of the standard dose. Monitor effect and side effects or plasma concentration to set maintenance dose. The therapeutic range of nortriptyline is 50-150 ng/mL. Values exceeding 250 ng/mL are considered toxic.
FDA	No actionable recommendation available for this drug-gene pair.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Olanzapine || CYP2D6

Apo-Olanzapine, Jubrexa, Olancor Fc, Olankline, Olanzapine, Olanzapine Mevon, Olanzapine Stada, Olanzavite, Olaz, Olzan, Olzanid, Onzapin, Prolanza, Remital, Sopavel, Tolanz, Zypin, Zyprexa Im, Zyprexa Zydis



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

26856397

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Oliceridine

Oliceridine

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Omeprazole

Etagastrin, Gastrazol, Gastrofer, Inhipump, Lanacer, Lokev, Losec, Losec Mups, Meisec, Norsec, Ocid, Ofizol, Olit, Omberzol, Omed, Omenole, Omepradex, Omeprazole, Omeprazole Kabi, Omeprazole Sandoz, Omesec, Omevell, Oneyus, Omezol Lyo-, Omezole, Omicap, Omz, Penrazol, Probitor Gastro-Resistant, Proceptin, Promesec, Protop, Pumpitor, Ramezol, Redusec, Rindopump, Rocer, Romesec, Solcer, Ulpraz Zolacap, Zenpro, Zimor, Zolloclid



MODERATE RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate standard starting daily dose. Monitor for efficacy.**

Normal PPI metabolism; may be at increased risk of therapeutic failure compared with CYP2C19 IMs and PMs.

Recommendations based on specific guidelines

► **CPIC**

Initiate standard starting daily dose. Monitor for efficacy. Consider increasing dose by 50-100% for the treatment of H. pylori infection and erosive esophagitis. Daily dose may be given in divided doses.

Caveat

There are important limitations to CYP2C19 genetic tests. Targeted genotyping tests focus on known star (*) alleles and are not designed to detect novel variants. Rare allelic CYP2C19 variants may not be included in the genotype test, and patients with these variants may be assigned an NM phenotype (CYP2C19*1/*1) by default. An assigned *1 allele could harbor an undetected CYP2C19 variant that alters metabolism and drug exposure. Rare alleles with gene deletions at the CYP2C19 locus (*36 and *37) have been reported; however, most clinical laboratories do not test for CYP2C19 copy number variants or deletions. Clinical providers must understand the limitations of targeted genotyping and which CYP2C19 variant alleles were tested when interpreting results. CYP2C19 genotype is just one factor clinicians should consider when prescribing PPIs.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

24996380 27107097 25498969

Increase Monitoring

Although patient has a varied genetic profile, the intended medication can still be prescribed as recommended, but with more frequent monitoring for quick action to be taken in the event of unwanted reactions.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Ondansetron

Cendatron, Ceteron, Dansefion, Dantroxal, Entron, Frazon, Fudanton, Gencetron, Glotron, Imorfoz, Insetron, Invomit, Kliran, Lametic, Maxtron, Mefoz, Narfoz, Natzo, Nausimex, Odanostin, Odnatron, ODR, Ondacap, Ondamet, Ondane, Ondansetron, Ondansetron Hexal, Ondansetron Kabi, Ondansetron Sandoz, Ondansetron-Aft, Ondarin, Ondaster, Ondavar, Ondavell, Ondero, Ondesco, Onetic, Onron, Rivomet, Setronax, Sydnatron, Trisetron, Tronadex, Trovensis, Vastercon, Vomceran, Vometraz, Vometron, Vomigo, Vondatum, Zetral, Zetron, Zofran



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose. Insufficient evidence showing clinical impact based on CYP2D6 genotype.**

Very limited data available for CYP2D6 intermediate metabolizers.

Recommendations based on specific guidelines

➤ CPIC	Initiate therapy with recommended starting dose. Insufficient evidence showing clinical impact based on CYP2D6 genotype.
FDA	No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at [SWISSMEDIC](#).

Caveat

Rare CYP2D6 variants may not be included in the genotype test used and patients with rare variants may be assigned a "wildtype" (CYP2D6*1) genotype by default. Thus, an assigned "wildtype" allele could potentially harbor a no or decreased function variant. Furthermore, it is important that the genetic testing platform include testing for gene copy number to identify CYP2D6 UMs. Caution should be used regarding molecular diagnostics of CYP2D6 gene copy-number variation because commercially available genotyping results may differ between diagnostic laboratories depending on assay design. Like all diagnostic tests, CYP2D6 genotype is one of multiple pieces of information that clinicians should consider when making their therapeutic choice.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Ospemifene || CYP2C9

Ospemifene, Sensio

**INFORMATION
AVAILABLE****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate Metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

Ospemifene is metabolized primarily by CYP3A4 and CYP2C9. CYP2C19 and other pathways contribute to the metabolism of ospemifene. In order of decreasing potency, ospemifene was suggested to be a weak inhibitor for CYP2B6, CYP2C9, CYP2C19, CYP2C8, CYP2D6 and CYP3A4 in *in vitro* studies.

Recommendations based on specific guidelines

- **FDA**

No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at [HCSC](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Oxycodone

Oxycodone, Oxycodone Wockhardt, Oxycontin, Oxycontin Neo, Oxyneo, Oxynorm, Targin



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No recommendation for oxycodone therapy because of weak evidence regarding adverse events or analgesia.

Decreased metabolism of oxycodone to active metabolite oxymorphone, but this does not appear to translate into decreased analgesia or side effects.

Recommendations based on specific guidelines

➤ CPIC	No recommendation for oxycodone therapy because of weak evidence regarding adverse events or analgesia.
DPWG	No actionable recommendation available for this drug-gene pair.

Caveat

Like all diagnostic tests, CYP2D6 genotype is one of multiple pieces of information that clinicians should consider in guiding their therapeutic choice for each patient. Furthermore, there are several other factors that cause potential uncertainty in the genotyping results and phenotype predictions.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Paliperidone

Invega, Invega Sustenna, Invega Trinza, Paliperidone



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No adjustment in the paliperidone dose on the basis of predicted phenotype is warranted.

Recommendations based on specific guidelines

- HCSC No adjustment in the paliperidone dose on the basis of predicted phenotype is warranted. This is based on a population pharmacokinetic analysis to evaluate the influence of predicted CYP2D6 phenotype on exposure.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Palonosetron

Aloxi, Palofer, Palonosetron, Paloset, Paloxi, Palset, Prosmol



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

► Dose adjustment is not necessary.

The genetic polymorphism CYP2D6 does not significantly influence the overall body clearance of palonosetron compared to healthy individuals.

Recommendations based on specific guidelines

► SWISSMEDIC Dose adjustment is not necessary.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

► Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

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Pantoprazole

Alpanzole, Caprol, Ciprazol, Controloc, Duonazole, Erprazol, Panloc, Panso, Pantera, Pantin, Pantacapri, Pantomet, Pantomex, Pantoprazole, Pantoprazole Normon, Pantoprazole Sandoz, Pantopump, Panvell, Panzole, Panzolec, Peptazol, Pepzol, Pranza, Prazopump, Pumpisel, Topazol, Vomizole



MODERATE RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate standard starting daily dose. Monitor for efficacy.**

Normal PPI metabolism; may be at increased risk of therapeutic failure compared with CYP2C19 IMs and PMs.

Recommendations based on specific guidelines

- **CPIC** **Initiate standard starting daily dose. Monitor for efficacy. Consider increasing dose by 50–100% for the treatment of H. pylori infection and erosive esophagitis. Daily doses may be given in divided doses.**

Caveat

There are important limitations to CYP2C19 genetic tests. Targeted genotyping tests focus on known star (*) alleles and are not designed to detect novel variants. Rare allelic CYP2C19 variants may not be included in the genotype test, and patients with these variants may be assigned an NM phenotype (CYP2C19*1/*1) by default. An assigned *1 allele could harbor an undetected CYP2C19 variant that alters metabolism and drug exposure. Rare alleles with gene deletions at the CYP2C19 locus (*36 and *37) have been reported; however, most clinical laboratories do not test for CYP2C19 copy number variants or deletions. Clinical providers must understand the limitations of targeted genotyping and which CYP2C19 variant alleles were tested when interpreting results. CYP2C19 genotype is just one factor clinicians should consider when prescribing PPIs.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Increase Monitoring

Although patient has a varied genetic profile, the intended medication can still be prescribed as recommended, but with more frequent monitoring for quick action to be taken in the event of unwanted reactions.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Paracetamol, Caffeine, and Dihydrocodeine

Paracetamol, Caffeine, and Dihydrocodeine



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Paracetamol, Combinations Excl. Psycholeptics

Paracetamol, Combinations Excl. Psycholeptics



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Paroxetine

Apo-Paroxetine, Paroxetine, Seroxat



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- Consider a lower starting dose and slower titration schedule as compared to normal metabolizers.

Reduced metabolism of paroxetine to less active compounds when compared to CYP2D6 normal metabolizers when starting treatment or at lower doses.

Recommendations based on specific guidelines

CPIC	Consider a lower starting dose and slower titration schedule as compared to normal metabolizers. Drug-drug interactions and other patient characteristics (e.g., age, renal function, liver function) should be considered when adjusting dose or selecting an alternative therapy.
DPWG	No action is needed for this gene-drug interaction.
FDA	No actionable recommendation available for this drug-gene pair.

Caveat

Patients on a stable and effective dose of an SSRI most likely will not benefit from additional dose modifications based on CYP2D6 or CYP2C19 genotype results. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

24868171

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Perphenazine

Apo-Perphenazine, Perphenazine



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Phenprocoumon || CYP2C9

Phenprocoumon



STRONG RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**

The genetic variation can result in a reduction in the required maintenance dose. However, there is not enough evidence to confirm that this causes problems with normal initiation of the therapy (i.e. frequent INR monitoring).

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Phenytoin || CYP2C19

Curelepz, Dbl Phenytoin, Decatona, Dextoin, Dilantin, Ikaphen, Kutoin, Phenitin, Phenytoin, Sanbetoin



MODERATE
RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

Phenytoin is metabolized by the cytochrome P450 enzymes CYP2C9 and CYP2C19.

Recommendations based on specific guidelines

➤ FDA

- No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Phenytoin || CYP2C9

Curelepz, Dbl Phenytoin, Decatona, Dextoin, Dilantin, Ikaphen, Kutoin, Phenitin, Phenytoin, Sanbetoин



STRONG RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate metabolizer

Recommendation

- The loading dose does not need to be adjusted. For the other doses, use 75% of the standard dose and assess the dose based on effect and serum concentration after 7-10 days.

Genetic variation reduces conversion of phenytoin to inactive metabolites. This increases the risk of side effects.

Recommendations based on specific guidelines

- DPWG The loading dose does not need to be adjusted. For the other doses, use 75% of the standard dose and assess the dose based on effect and serum concentration after 7-10 days. Advise the patient to get in touch if side effects (such as ataxia, nystagmus, slurred speech, sedation or rash) occur.

- FDA Intermediate or poor metabolizers may have lower phenytoin dose requirements. If early signs of dose-related central nervous system (CNS) toxicity develop, serum concentrations should be checked immediately.

More information about this drug-phenotype can also be found at **SWISSMEDIC**.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

25096692 30270535 31646624

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Pimozide

Pimozide



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **Use no more than 80% of the standard maximum dose: 16 mg/day (12 years and older).**

The risk of QT-prolongation – and thereby also the risk of torsade de points – is theoretically increase, because the genetic variation results in an increase in the plasma concentration of pimozide. The risk of an excessively high plasma concentration can be negated by following the dose recommendations provided.

Recommendations based on specific guidelines

- DPWG **Use no more than 80% of the standard maximum dose: 16 mg/day (12 years and older).**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

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Report Date : 21 Jan 2025

Piroxicam

Apo-Piroxicam, Aritic, Axcel, Benoxicam, Campain, Capxidin, Denicam, Faxiden, Feldco, Feldene, Flaxicam, Fleroxi, Genroxi, Grazeo, Infeld, Inpirox, Kifadene, Lanareuma, Lexicam, Licofel, Maxicam, Mesaden, Miradene, Novaxicam, Omeretik, Ovtelis, Pirocam, Pirofel, Piroxicam, Rheficam, Rhumagel, Robilex, Rosic, Rosiden, Roxidine, Roxifen, Samrox, Scandene, Selmatic, Triadene, Tropidene, Wiros, Xicalom, Xicam, Yasiden



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**

Mildly reduced metabolism.

Recommendations based on specific guidelines

► CPIC	Initiate therapy with recommended starting dose. In accordance with the prescribing information, use the lowest effective dosage for shortest duration consistent with individual patient treatment goals.
FDA	No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at [SWISSMEDIC](#).

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Piroxicam

Apo-Piroxicam, Aritic, Axcel, Benoxicam, Campain, Capxidin, Denicam, Faxiden, Feldco, Feldene, Flaxicam, Fleroxi, Genroxi, Grazeo, Infeld, Inpirox, Kifadene, Lanareuma, Lexicam, Licofel, Maxicam, Mesaden, Miradene, Novaxicam, Omeretik, Ovtelis, Pirocam, Pirofel, Piroxicam, Rheficam, Rhumagel, Robilex, Rosic, Rosiden, Roxidine, Roxifen, Samrox, Scandene, Selmatic, Triadene, Tropidene, Wiros, Xicalom, Xicam, Yasiden



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**

Mildly reduced metabolism.

Recommendations based on specific guidelines

► CPIC	Initiate therapy with recommended starting dose. In accordance with the prescribing information, use the lowest effective dosage for shortest duration consistent with individual patient treatment goals.
FDA	No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at [SWISSMEDIC](#).

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Pitolisant

Pitolisant

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Prasugrel || CYP2C19

Effient, Prasugrel



INFORMATION
AVAILABLE

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

In healthy subjects, patients with stable atherosclerosis, and patients with ACS receiving prasugrel, there was no relevant effect of genetic variation in CYP2B6, CYP2C9, CYP2C19, or CYP3A5 on the pharmacokinetics of prasugrel's active metabolite or its inhibition of platelet aggregation.

Recommendations based on specific guidelines

- FDA No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at **EMA** and **SWISSMEDIC**.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

32664772 30092595

✓ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Prasugrel || CYP2C9

Effient, Prasugrel



INFORMATION
AVAILABLE

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

In healthy subjects, patients with stable atherosclerosis, and patients with ACS receiving prasugrel, there was no relevant effect of genetic variation in CYP2B6, CYP2C9, CYP2C19, or CYP3A5 on the pharmacokinetics of prasugrel's active metabolite or its inhibition of platelet aggregation.

Recommendations based on specific guidelines

- FDA

No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at **EMA** and **SWISSMEDIC**.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Pravastatin

Apo-Pravastatin, Cholespar, Gravastin, Koleskol, Meprastin, Mevachol, Novales, Novosta, Prafaven, Pravastatin, Pravinat



MODERATE RECOMMENDATION

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

- **Prescribe desired starting dose and adjust doses of pravastatin based on disease-specific guidelines.**
Increased pravastatin exposure as compared to normal function; typical myopathy risk with doses <=40 mg.

Recommendations based on specific guidelines

- **CPIC** **Prescribe desired starting dose and adjust doses of pravastatin based on disease-specific guidelines. Prescriber should be aware of possible increase risk for myopathy with pravastatin especially with doses >40mg per day.**

Caveat

Genetic variation is just one factor when prescribing statins. Rare variants may not be included in the genotype test. Patients with rare variants that reduce SLCO1B1 function may be incorrectly assigned a normal phenotype. Many patients' statin therapy is never restarted after Statin-related musculoskeletal symptoms. As a result, LDL cholesterol values are higher as is their risk for cardiovascular disease. The evidenced-based recommendations for genotype-guided statin therapy are focused on reducing the risk of SAMS.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

▢ **Indication**

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Propafenone

Propafenone, Rytmonorm



GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- Either guide the dose by therapeutic drug monitoring, perform an ECG and be alert to side effects or choose an alternative.

Genetic variation increases the sum of the plasma concentrations of propafenone and the active metabolite 5-hydroxypropafenone. This may increase the risk of side effects.

Recommendations based on specific guidelines

- DPWG Either guide the dose by therapeutic drug monitoring, perform an ECG and be alert to side effects or choose an alternative. Antiarrhythmic drugs that are hardly if at all metabolized by CYP2D6 include, for example, sotalol, disopyramide, quinidine and amiodarone. It is not possible to offer adequately substantiated recommendations for dose adjustment based on the literature.

SWISSMEDIC No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Change Prescription

There is a high chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Propafenone

Propafenone, Rytmonorm



GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- Either guide the dose by therapeutic drug monitoring, perform an ECG and be alert to side effects or choose an alternative.

Genetic variation increases the sum of the plasma concentrations of propafenone and the active metabolite 5-hydroxypropafenone. This may increase the risk of side effects.

Recommendations based on specific guidelines

- DPWG Either guide the dose by therapeutic drug monitoring, perform an ECG and be alert to side effects or choose an alternative. Antiarrhythmic drugs that are hardly if at all metabolized by CYP2D6 include, for example, sotalol, disopyramide, quinidine and amiodarone. It is not possible to offer adequately substantiated recommendations for dose adjustment based on the literature.

SWISSMEDIC No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Change Prescription

There is a high chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Protriptyline

Protriptyline



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Quetiapine || CYP2D6

Alvoquel, Apo-Quetiapine, Ketipinor, Q-Pin, Quetiapine, Quetiapine Sandoz, Quetvell, Seroquel, Seroquin



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **No actionable recommendation available for this drug-gene pair.**
This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG **No actionable recommendation available for this drug-gene pair.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Quinidine

Quinidine

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- No actionable recommendation available for this drug-gene pair.

This is NOT a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Quinine || CYP2D6

Kina, Quinine



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Rabeprazole

Acilesol, Barole, Bepraz, Pariet, Rabeprazole, Rabeprazole Sandoz



INFORMATION
AVAILABLE

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

► **No actionable recommendation available for this drug-gene pair.**

Inconsistent findings regarding the effect of CYP2C19 genotype on the pharmacokinetics and therapeutic response to rabeprazole preclude making recommendations for these second-generation PPIs.

Recommendations based on specific guidelines

► CPIC

No actionable recommendation available for this drug-gene pair.

PMDA

No actionable recommendation available for this drug-gene pair.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

28674348

✓ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Ranolazine

Ranexa, Ranolazine

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Rimegepant

Rimegepant



INFORMATION
AVAILABLE

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

CYP2C9 activity is reduced in individuals with genetic variants such as the CYP2C9*2 and CYP2C9*3 alleles.

Recommendations based on specific guidelines

➤ FDA

- No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at [EMA](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Risperidone

Apo-Risperidone, Eperon, Neripros, Noprenia, Nuperdal, Persidal, Respirex, Ridal, Ridkline, Rispator, Rispefar, Risperdal, Risperdal Consta, Risperidex, Risperidone, Risperidone Mevon, Risperidone-Chanelle, Rizodal



STRONG RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

➤ No actionable recommendation available for this drug-gene pair.

There is little evidence to support an increase in side effects caused by the genetic variation. The genetic variation may lead to a decrease in the required maintenance dose. However, as the effect on the dose is smaller than that of the normal biological variation, action is not useful.

Recommendations based on specific guidelines

➤ DPWG No actionable recommendation available for this drug-gene pair.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

24828442

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Ritonavir

Norvir, Ritonavir



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Rosuvastatin || SLCO1B1

Alvostat, Apo-Rosuvastatin, Celmantin, Cholostar, Crestor, Eurovastin, Giventor, Nistrol, Pyfaros, Recansa, Rosatin, Rosfion, Rosucard, Rosufer, Rosupid, Rosuvastatin, Rosuvastatin Sandoz, Rosuvastatin Winthrop, Roswin, Rovas, Rovast, Rovastar, Rovaster, Rovator, Rozact, Ruvastin, Simrovas, Suvesco, Tintaros, Vastrol, Vivacor



STRONG RECOMMENDATION

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

- **Prescribe desired starting dose and adjust based on disease-specific and specific population guidelines.**
Increased rosuvastatin exposure as compared to normal function; typical myopathy risk with doses <=20 mg.

Recommendations based on specific guidelines

- **CPIC** Prescribe desired starting dose and adjust based on disease-specific and specific population guidelines. Possible increase risk for myopathy especially for doses >20mg.

- SWISSMEDIC** Dosage reduction is recommended.

Caveat

Genetic variation is just one factor when prescribing statins. Rare variants may not be included in the genotype test. Patients with rare variants that reduce SLCO1B1 function may be incorrectly assigned a normal phenotype. Many patients' statin therapy is never restarted after Statin-related musculoskeletal symptoms. As a result, LDL cholesterol values are higher as is their risk for cardiovascular disease. The evidenced-based recommendations for genotype-guided statin therapy are focused on reducing the risk of SAMS.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

33150478 25630984

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Rucaparib

Rucaparib



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

In vitro, rucaparib was metabolized primarily by CYP2D6 and to a lesser extent by CYP1A2 and CYP3A4. Based on population pharmacokinetic analyses, steady-state concentrations following rucaparib 600 mg twice daily did not differ significantly across CYP2D6 or CYP1A2 genotype subgroups.

Recommendations based on specific guidelines

- FDA

No actionable recommendation available for this drug-gene pair.

More information about this drug-phenotype can also be found at [EMA](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Sertindole

Sertindole

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Sertraline || CYP2C19

Apo-Sertraline, Deptral, Fatral, Fridep, Iglodep, Inosert, Nudep, Seratine, Serlof, Sernade, Sertraline, Setrof, Zerlin, Zoloft



STRONG RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Normal metabolism.

Recommendations based on specific guidelines

- **CPIC** **Initiate therapy with recommended starting dose. CYP2B6 metabolizer status, drug-drug interactions, and other patient characteristics (e.g., age, renal function, liver function) should also be considered.**

Caveat

Patients on a stable and effective dose of an SSRI most likely will not benefit from additional dose modifications based on CYP2D6 or CYP2C19 genotype results. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Sertraline || CYP2D6

Apo-Sertraline, Deptral, Fateral, Fridep, Iglodep, Inosert, Nudep, Seratine, Serlof, Sernade, Sertraline, Setrof, Zerlin, Zoloft

**STRONG RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation**

- No actionable recommendation available for this drug-gene pair.
This is not a gene-drug interaction.

Recommendations based on specific guidelines

- DPWG No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Simvastatin

Apo-Simvastatin, Cholestat, Colesbat, Cortavas, Covastin, Dha-Simvastatin, Esvat, Ifistatin, Kardak, Kolefion, Lesvatin, Lextatin, Lipivast, Mastatin, Mersivas, Mevastin, Norpid, Preschol, Priacin, Rechol, Rendapid, Rocoz, Selvas, Selvat, Selvim, Simbado, Simcard, Simchol, Simlo, Simtin, Simvacor, Simvas, Simvaschol, Simvasgen, Simvastal, Simvastatin, Simvasto, Simvor, Simzal, Sinova, Statcol, Statkoles, Svt, Tianvas, Valansim, Valemia, Vascor, Vasilip, Zencor, Zochol, Zocor



STRONG RECOMMENDATION

GENE
SLCO1B1

GENOTYPE
rs4149056(TC)

PHENOTYPE
SLCO1B1 Decreased Function

Recommendation

- **Prescribe an alternative statin. If simvastatin therapy is warranted, limit dose to <20mg/day.**

Increased simvastatin acid exposure as compared to normal function; increase risk of myopathy.

Recommendations based on specific guidelines

CPIC	Prescribe an alternative statin. If simvastatin therapy is warranted, limit dose to <20mg/day.
------	--

DPWG	Choose an alternative. Consider any additional risk factors for statin-induced myopathy. Atorvastatin is affected less severely by the SLCO1B1 gene variation, but is also affected by CYP3A4 inhibitors such as amiodarone, verapamil and diltiazem. Use of atorvastatin is not recommended for patients with additional risk factors for statin-induced myopathy. Rosuvastatin and pravastatin are influenced to a lesser extent by the SLCO1B1 gene variation. They are also not influenced by CYP3A4 inhibitors such as amiodarone, verapamil and diltiazem. Fluvastatin is not significantly influenced by the SLCO1B1 gene variation or CYP3A4 inhibitors. If an alternative is not an option: avoid simvastatin doses exceeding 40mg/day; advise the patient to contact their doctor in the event of muscle symptoms.
PRO	Lower to 20mg/day + CPK assay or use alternative: fluvastatin, lovastatin, rosuvastatin, atorvastatin, pravastatin.
FDA	The risk of adverse reaction (myopathy) is higher for patients on 80 mg than for those on lower doses.

More information about this drug-phenotype can also be found at [SWISSMEDIC](#).

Caveat

Genetic variation is just one factor when prescribing statins. Rare variants may not be included in the genotype test. Patients with rare variants that reduce SLCO1B1 function may be incorrectly assigned a normal phenotype. Many patients' statin therapy is never restarted after Statin-related musculoskeletal symptoms. As a result, LDL cholesterol values are higher as is their risk for cardiovascular disease. The evidenced-based recommendations for genotype-guided statin therapy are focused on reducing the risk of SAMS.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

33150478 25932441 30336686

► **Change Prescription**

There is a high chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism.

► **Initiation**

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Siponimod

Mayzent, Siponimod

**STRONG RECOMMENDATION****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

The genetic variation can slightly increase the exposure to siponimod. However, the effect is too small to expect any impact on efficacy or adverse effects.

Recommendations based on specific guidelines

➤ DPWG

No actionable recommendation available for this drug-gene pair.

FDA

For CYP2C9*1/*1, *1/*2 or *2/*2 genotypes: daily maintenance dose of 2mg starting on day 6 of treatment. Adjust dosage based on genotype according to drug label.

More information about this drug-phenotype can also be found at [HCSC](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Siponimod

Mayzent, Siponimod

**STRONG RECOMMENDATION****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate metabolizer**Recommendation**

- **No actionable recommendation available for this drug-gene pair.**

The genetic variation can slightly increase the exposure to siponimod. However, the effect is too small to expect any impact on efficacy or adverse effects.

Recommendations based on specific guidelines

- DPWG **No actionable recommendation available for this drug-gene pair.**

FDA For CYP2C9*1/*1, *1/*2 or *2/*2 genotypes: daily maintenance dose of 2mg starting on day 6 of treatment. Adjust dosage based on genotype according to drug label.

More information about this drug-phenotype can also be found at [HCSC](#).

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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mobile phone

Order ID : #3504-82488**Report Date : 21 Jan 2025**

Tamoxifen

Novaldex, Tamofen, Tamoxifen

**MODERATE RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer
(non-*10)**Recommendation**

- Consider aromatase inhibitor (AI) for postmenopausal or AI with ovarian function suppression for premenopausal women.

Lower endoxifen concentrations; higher risk of breast cancer recurrence, event-free, and recurrence-free survival.

Recommendations based on specific guidelines

> CPIC	Consider aromatase inhibitor (AI) for postmenopausal or AI with ovarian function suppression for premenopausal women. If AI use is contraindicated, consideration should be given to use a higher but FDA approved tamoxifen dose (40 mg/day). Avoid CYP2D6 strong to weak inhibitors.
DPWG	Select an alternative or measure the endoxifen concentration and increase the dose if necessary by a factor of 1.5-2. Aromatase inhibitors are a possible alternative for post-menopausal women. If TAMOXIFEN is selected: avoid co-medication with CYP2D6 inhibitors such as paroxetine and fluoxetine.
PRO	No actionable recommendation available for this drug-gene pair.
FDA	The impact of CYP2D6 intermediate or poor metabolism on efficacy is not well established.

More information about this drug-phenotype can also be found at **CPNDS** and **HCSC**.

Caveat

For the treatment of ER1 breast cancer, there are well-accepted tumor somatic factors that drive endocrine response, including the tumor expression of ER, PR, and HER2 expression, and other multigene assays that are associated with endocrine sensitivity. Although there are very few data, the implication of reduced CYP2D6 metabolism in patients with low-risk breast cancer (e.g., early-stage breast cancer where the risk of distant recurrence is low) may be substantially different than in patients with later stage disease with a much higher risk of distant recurrence.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

25091503 30357449 31821071

Change Prescription

There is a high chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488**Report Date :** 21 Jan 2025

Tamsulosin

Farlosin Sr, Harnal D, Harnal Ocas, Prostam, Tamsin, Tamsulosin, Tasulose



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488

Report Date : 21 Jan 2025

Tenoxicam

Analcam, Notritis, Pilopil, Tenoxicam, Thenil, Tilarco, Tilflam



MODERATE
RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Mildly reduced metabolism.

Recommendations based on specific guidelines

- CPIC **Initiate therapy with recommended starting dose. In accordance with the prescribing information, use the lowest effective dosage for shortest duration consistent with individual patient treatment goals.**

Caveat

Age, sex, race and ethnicity, liver dysfunction, comorbidities, concomitant medications, genetic linkage with CYP2C8, and other factors (genetic and environmental) influence adverse event risk. NSAIDs should be avoided in patients with renal dysfunction, heart failure, or high cardiovascular or GI adverse events. Usage in elderly patients must be with caution, as they have reduced CYP2C9 metabolism and increased renal risk and GI adverse events. Use extreme caution when combining NSAIDs with antiplatelets or anticoagulants as it can raise bleeding risk or interfere with platelet inhibition in the case of aspirin. NSAIDs also reduce antihypertensive efficacy, necessitating cautious use in hypertensive patients.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

➤ **Indication**

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Terbinafine

Dermafin, Farmsil, Haterbin, Interbi, Lamisil, Lisim, Meccaderma, Solveasy Tinea, Terbinafine, Termisil



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Tetrabenazine

Tetrabenazine



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- **Exercise caution, closely monitor, and gradually increase the dose in these patients only if tolerated.**

Patients receiving CYP2D6 inhibitors, CYP2D6 poor metabolizers deficient in CYP2D6 activity and CYP2D6 intermediate metabolizers with reduced CYP2D6 activity are at increased risk of developing side effects due to higher levels of the active metabolites of this product.

Recommendations based on specific guidelines



- PMDA **Exercise caution, closely monitor, and gradually increase the dose in these patients only if tolerated.**

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Increase Monitoring

Although patient has a varied genetic profile, the intended medication can still be prescribed as recommended, but with more frequent monitoring for quick action to be taken in the event of unwanted reactions.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Thioridazine

Thioridazine



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Ticagrelor

Clotaire, Ticagrelor, Brilinta

**INFORMATION
AVAILABLE****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

32664772 34708996 35727586

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Timolol

Duotrov, Isotic Adretor, Nyolol, Ophthamol, Ophil, Optimol, Tiamol, Timabak, Timo-Comod, Timol, Timolol, Timolol-Pos, Tim-Ophtal, Timoptol, Timoptol-Xe, Ximex Opticom

**INFORMATION AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****> No actionable recommendation available for this drug-gene pair.**

Potentiated systemic beta-blockade (e.g., decreased heart rate, depression) has been reported during combined treatment with CYP2D6 inhibitors (e.g. quinidine, fluoxetine, paroxetine) and timolol.

Recommendations based on specific guidelines**> EMA****No actionable recommendation available for this drug-gene pair.****Source**

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Tiotropium

Spiotto Respimat, Spiriva, Spiriva Respimat, Tiospirex, Tiotropium Bromide



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

In vitro experiments with human liver microsomes and human hepatocytes suggest that a fraction of the administered dose (74% of an intravenous dose is excreted unchanged in the urine, leaving 25% for metabolism) is metabolized by cytochrome P450-dependent oxidation and subsequent glutathione conjugation to a variety of Phase II metabolites.

Recommendations based on specific guidelines

- FDA No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

► Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Tolbutamide || CYP2C9

Tobumide, Tolbutamide, Tolmide

**STRONG RECOMMENDATION****GENE**
CYP2C9**GENOTYPE**
*1/*2**PHENOTYPE**
CYP2C9 Intermediate metabolizer**Recommendation**

- No actionable recommendation is available for this drug-gene pair.
No clinical consequences of the increase tolbutamide plasma concentration were observed.

Recommendations based on specific guidelines

- DPWG No actionable recommendation is available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Tolperisone

Tolperisone

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.

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mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Tolterodine

Detrusitol, Tolterodine

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation** **Follow Standard Dosing Guideline**

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

 **Follow Standard Dosing**

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Scan to view this report on your
mobile phone**Order ID : #3504-82488****Report Date : 21 Jan 2025**

Tramadol || CYP2D6

Acugesic, Centrasic, Dolgesik, Dolocap, Durotram, Forgesic, Mabron, Orasic, Pengesic, Radol, Sefmal, Stronginal, Thramed, Tracidol, Tradol, Tradonal, Tradosik, Tradyl, Tramadol Stada, Tramal, Tramofal, Tugesal, Zephanal



MODERATE
RECOMMENDATION

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- Use tramadol label recommended age- or weight-specific dosing.

Reduced O-desmethyltramadol (active metabolite) formation.

Recommendations based on specific guidelines

➤ CPIC	Use tramadol label recommended age- or weight-specific dosing. If no response and opioid use is warranted, consider a non-codeine opioid.
DPWG	1. Be alert to a reduced effectiveness. 2. In the case of inadequate effectiveness: try a dose increase. If this does not work: choose an alternative. Do not select codeine, as this is also metabolized by CYP2D6. Morphine is not metabolized by CYP2D6. Oxycodone is metabolized by CYP2D6 to a limited extent, but this does not result in differences in analgesia in patients. 3. If no alternative is selected: advise the patient to report inadequate analgesia. It is not possible to provide a recommendation for dose adjustment, because the total analgesic effect changes when the ratio between the mother compound and the active metabolite changes.

Caveat

Like all diagnostic tests, CYP2D6 genotype is one of multiple pieces of information that clinicians should consider in guiding their therapeutic choice for each patient. Furthermore, there are several other factors that cause potential uncertainty in the genotyping results and phenotype predictions.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

32488232 25948472

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Trimipramine

Trimipramine

**MODERATE RECOMMENDATION****GENE**
CYP2C19
CYP2D6**GENOTYPE**
*1/*1
*4/*35**PHENOTYPE**
CYP2C19 Normal Metabolizer
CYP2D6 Intermediate Metabolizer

Recommendation

- Consider a 25% reduction of recommended starting dose.

CYP2D6 IM: Reduced metabolism of TCAs to less active compounds. Higher plasma concentrations of active drug may increase probability of side effects. CYP2C19 NM: Normal metabolism of tertiary amines.

Recommendations based on specific guidelines



CPIC

Consider a 25% reduction of recommended starting dose. Patients may receive an initial low dose of tricyclic antidepressants (TCAs), which is then increased over several days to the recommended steady-state dose.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488**Report Date :** 21 Jan 2025

Trimipramine || CYP2C19

Trimipramine

**STRONG RECOMMENDATION****GENE**
CYP2C19**GENOTYPE**
*1/*1**PHENOTYPE**
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate therapy with recommended starting dose.**
Normal metabolism of tertiary amines.

Recommendations based on specific guidelines

- **CPIC** **Initiate therapy with recommended starting dose. Patients may receive an initial low dose, which then increased over several days to the recommended steady-state dose. The starting dose in this guideline refers to the recommended steady-state dose.**

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.

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Order ID : #3504-82488**Report Date :** 21 Jan 2025

Trimipramine || CYP2D6

Trimipramine

**MODERATE RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer

Recommendation

Consider 25% reduction of recommended starting dose.

Reduced metabolism of TCAs to less active compounds when compared to normal metabolizers. Higher plasma concentrations of active drug will increase the probability of side effects.

Recommendations based on specific guidelines

CPIC

Consider 25% reduction of recommended starting dose. Patients may receive an initial low dose of a tricyclic, which is then increased over several days to the recommended steady-state dose. The starting dose in this guideline refers to the recommended steady-state dose. Utilize therapeutic drug monitoring to guide dose adjustments. Titrate dose to observed clinical response with symptom improvement and minimal (if any) side effects.

FDA

No actionable recommendation available for this drug-gene pair.

Caveat

The application of genotype-based dosing is most appropriate when initiating therapy with a tricyclic. Obtaining a pharmacogenetic test after months of drug therapy may be less helpful in some instances, as the drug dose may have already been adjusted based on plasma concentrations, response, or side effects. Similar to all diagnostic tests, genetic tests are one of several pieces of clinical information that should be considered before initiating drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

Initiation

This drug-gene interaction recommendation is useful for initiation of this drug in naive patients. For patients who are already on stable dose or have used this drug before, effective drug monitoring and clinical judgement is more important.



Tropisetron

Setrovel, Tropisetron

**INFORMATION AVAILABLE****GENE**

CYP2D6

GENOTYPE

*4/*35

PHENOTYPE

CYP2D6 Intermediate Metabolizer

Recommendation

- Insufficient evidence showing clinical impact based on CYP2D6 genotype. Initiate therapy with recommended starting dose.

Very limited data available for CYP2D6 intermediate metabolizers.

Recommendations based on specific guidelines**CPIC**

- Insufficient evidence showing clinical impact based on CYP2D6 genotype. Initiate therapy with recommended starting dose.

Caveat

Rare CYP2D6 variants may not be included in the genotype test used and patients with rare variants may be assigned a "wildtype" (CYP2D6*1) genotype by default. Thus, an assigned "wildtype" allele could potentially harbor a no or decreased function variant. Furthermore, it is important that the genetic testing platform include testing for gene copy number to identify CYP2D6 UMs. Caution should be used regarding molecular diagnostics of CYP2D6 gene copy-number variation because commercially available genotyping results may differ between diagnostic laboratories depending on assay design. Like all diagnostic tests, CYP2D6 genotype is one of multiple pieces of information that clinicians should consider when making their therapeutic choice.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Umeclidinium

Incruse Ellipta

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****► No actionable recommendation available for this drug-gene pair.**

In vitro metabolism of umeclidinium is mediated primarily by CYP2D6. However, no clinically meaningful difference in systemic exposure to umeclidinium (500 mcg) (8 times the approved dose) was observed following repeat daily inhaled dosing to normal (ultrarapid, extensive, and intermediate metabolizers) and CYP2D6 poor metabolizer subjects.

Recommendations based on specific guidelines**► FDA****No actionable recommendation available for this drug-gene pair.****Source**

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488**Report Date : 21 Jan 2025**

Upadacitinib

Rinvoq

**INFORMATION
AVAILABLE****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****► No actionable recommendation available for this drug-gene pair.**

Upadacitinib is metabolized in vitro by CYP3A4 with a minor contribution from CYP2D6. CYP2D6 metabolic phenotype had no effect on upadacitinib pharmacokinetics (based on population pharmacokinetic analyses), indicating that inhibitors of CYP2D6 have no clinically relevant effect on upadacitinib exposures.

Recommendations based on specific guidelines**► FDA****No actionable recommendation available for this drug-gene pair.**More information about this drug-phenotype can also be found at **EMA** and **HCSC**.**Source**

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Valbenazine

Remleas



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

Follow Standard Dosing Guideline

No known increase risk of adverse drug reaction or therapeutic inefficacy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Venlafaxine

Avenfax, Deprevix, Efexor, Venladex Xr, Venlafaxine, Venlex Xr, Viepax



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No action recommended based on genotype because of minimal evidence regarding the impact on efficacy or side effects.

Decreased metabolism of venlafaxine to active metabolite O-desmethylvenlafaxine (desvenlafaxine) and decreased O-desmethylvenlafaxine : venlafaxine ratio as compared to CYP2D6 normal metabolizers.

Recommendations based on specific guidelines

- CPIC No action recommended based on genotype because of minimal evidence regarding the impact on efficacy or side effects.

- DPWG Avoid venlafaxine. Antidepressants that are not metabolized by CYP2D6 - or to a lesser extent - include, for example, duloxetine, mirtazapine, citalopram and sertraline. If it is not possible to avoid venlafaxine and side effects occur: reduce the dose, monitor the effect and side effects or check the plasma concentrations of venlafaxine and O-desmethylvenlafaxine. It is not known whether it is possible to reduce the dose to such an extent that the side effects disappear, while the effectiveness is maintained. In general, it is assumed that the effectiveness is determined by the sum of the plasma concentrations of venlafaxine and O-desmethylvenlafaxine. However, the side effects do not appear to be related to this sum. It is not possible to offer adequately substantiated advice for dose reduction based on the literature.

Caveat

Patients on stable and effective antidepressant medication doses without significant tolerability concerns may not benefit from dose modifications based on CYP2D6, CYP2C19, and/or CYP2B6 genotype results. Pharmacogenetic test results are one of many pieces of clinical information to be considered when optimizing antidepressant drug therapy.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

30485867

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

This report was validated and generated automatically. No signature is required. Recommendations given in this report are made using a lab developed test which should not supersede clinical judgement or medical expertise.



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Order ID : #3504-82488
Report Date : 21 Jan 2025

Venlafaxine

Avenfax, Deprevix, Efexor, Venladex Xr, Venlafaxine, Venlex Xr, Viepax



INFORMATION
AVAILABLE

GENE
CYP2D6

GENOTYPE
*4/*35

PHENOTYPE
CYP2D6 Intermediate Metabolizer

Recommendation

- No action recommended based on genotype because of minimal evidence regarding the impact on efficacy or side effects.

Decreased metabolism of venlafaxine to active metabolite O-desmethylvenlafaxine (desvenlafaxine) and decreased O-desmethylvenlafaxine : venlafaxine ratio as compared to CYP2D6 normal metabolizers.

Recommendations based on specific guidelines

- CPIC No action recommended based on genotype because of minimal evidence regarding the impact on efficacy or side effects.

- DPWG Avoid venlafaxine. Antidepressants that are not metabolized by CYP2D6 - or to a lesser extent - include, for example, duloxetine, mirtazapine, citalopram and sertraline. If it is not possible to avoid venlafaxine and side effects occur: reduce the dose, monitor the effect and side effects or check the plasma concentrations of venlafaxine and O-desmethylvenlafaxine. It is not known whether it is possible to reduce the dose to such an extent that the side effects disappear, while the effectiveness is maintained. In general, it is assumed that the effectiveness is determined by the sum of the plasma concentrations of venlafaxine and O-desmethylvenlafaxine. However, the side effects do not appear to be related to this sum. It is not possible to offer adequately substantiated advice for dose reduction based on the literature.

Caveat

Patients on stable and effective antidepressant medication doses without significant tolerability concerns may not benefit from dose modifications based on CYP2D6, CYP2C19, and/or CYP2B6 genotype results. Pharmacogenetic test results are one of many pieces of clinical information to be considered when optimizing antidepressant drug therapy.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

30485867

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Voriconazole || CYP2C19

Vfend, Vorica, Voriconazole, Voriconazole Sandoz, Vorigen, Voritrop



STRONG RECOMMENDATION

GENE
CYP2C19

GENOTYPE
*1/*1

PHENOTYPE
CYP2C19 Normal Metabolizer

Recommendation

- **Initiate therapy with recommended standard of care dosing.**
Normal voriconazole metabolism.

Recommendations based on specific guidelines

- **CPIC** **Initiate therapy with recommended standard of care dosing. Further dose adjustments or selection of alternative therapy may be necessary due to other clinical factors, such as drug interactions, hepatic function, renal function, species, site of infection, TDM, and comorbidities.**

Caveat

CYP2C19 genotyping cannot replace TDM, as other factors (i.e., drug interactions, hepatic function, renal function, species, site of infection, and comorbidities) also influence the use of voriconazole. Rare CYP2C19 variants are typically not included in common genotyping tests and patients are therefore assigned the "wild-type" (CYP2C19*1) allele by default. Thus, in rare cases, an assigned "wild-type" allele may harbor a no, decreased, or increase function variant. An individual's predicted CYP2C19 metabolizer status may also depend on other factors, including epigenetic phenomena, diet, comorbidities, or comedications.

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

33896064 25239277 30653146

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Voriconazole || CYP2C9

Vfend, Vorica, Voriconazole, Voriconazole Sandoz, Vorigen, Voritrop



INFORMATION
AVAILABLE

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate Metabolizer

Recommendation

- No actionable recommendation available for this drug-gene pair.

The EMA European Public Assessment Report for voriconazole contains warning information regarding the co-administration of drugs that are substrates, inhibitors or activators of CYP3A4, CYP2C9 or CYP2C19 due to drug-drug interactions.

Recommendations based on specific guidelines

➤ EMA

No actionable recommendation available for this drug-gene pair.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Vortioxetine

Brintellix, Vortioxetine

**MODERATE RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****> Initiate therapy with recommended starting dose.**

Reduced metabolism of vortioxetine to less active compounds when compared to CYP2D6 normal metabolizers. Higher plasma concentrations may increase the probability of side effects.

Recommendations based on specific guidelines**> CPIC****Initiate therapy with recommended starting dose.****Caveat**

Patients on stable and effective antidepressant medication doses without significant tolerability concerns may not benefit from dose modifications based on CYP2D6, CYP2C19, and/or CYP2B6 genotype results. Pharmacogenetic test results are one of many pieces of clinical information to be considered when optimizing antidepressant drug therapy.

Source

Publications related to local relevance for this drug-gene pair have not been published yet.

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

Indication

This drug-gene interaction recommendation is based on a specific diagnosis ONLY. Exercise prudent clinical judgement when using the drug for other indications.

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Scan to view this report on your
mobile phone**Name :** tes UGM1
Date of Birth : 01 Jan 2000**Order ID :** #3504-82488
Report Date : 21 Jan 2025

Warfarin

Apo-Warfarin, Marevan, Notisil, Orfarin, Rheoxen, Simarc, Warfarin



STRONG RECOMMENDATION

GENE
CYP2C9

GENOTYPE
*1/*2

PHENOTYPE
CYP2C9 Intermediate metabolizer

Recommendation

> NO action is required for this gene-drug interaction.

Genetic variation may lead to a decrease in the required maintenance dose. However, there is insufficient evidence that this causes problems when therapy is initiated as usual.

Recommendations based on specific guidelines

> DPWG

NO action is required for this gene-drug interaction.

CPNDS Pharmacogenetic-guided dosing should not replace regular INR monitoring. Rather, test results should be used to help physicians estimate an appropriate warfarin dose, while still using regular INR monitoring to ensure that stable anticoagulation is achieved. Testing of all warfarin-naïve patients for VKORC1 (-1639G>A), CYP2C9*2, and CYP2C9*3 should be considered before initiation of therapy and within the first 2 weeks of therapy. Genetic testing for CYP2C9*5, *6, *8 or *11 and CYP4F2 V433M is currently not recommended. Genotyping results should be interpreted using a pharmacogenetic dosing algorithm to estimate the required dose. After testing for CYP2C9*2, CYP2C9*3, and VKORC1 (-1639G>A), pharmacogenetic dosing algorithms that incorporate both clinical variables and genetic information should be used to predict a stable warfarin dose.

FDA Select initial dosage, taking into account clinical and genetic factors. Monitor and adjust dosages based on INR.

More information about this drug-phenotype can also be found at [HCSC](#).

Source

The curated publications relevant to the drug-gene pair and reported ethnicity are listed below:

29704269 31259883 30688796

Follow Standard Dosing

There is a low chance of sub-optimal response or adverse reaction due to patient's genetic polymorphism, no change is necessary.

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Name : tes UGM1
Date of Birth : 01 Jan 2000

Order ID : #3504-82488
Report Date : 21 Jan 2025

Zuclopentixol

Clopixol, Zuclopentixol

**STRONG RECOMMENDATION****GENE**
CYP2D6**GENOTYPE**
*4/*35**PHENOTYPE**
CYP2D6 Intermediate Metabolizer**Recommendation****➤ Use 75% of the standard dose.**

The risk of side effects may be elevated. The genetic variation leads to decreased conversion of zuclopentixol, which causes the plasma concentration to be approximately 1.35-fold higher.

Recommendations based on specific guidelines**➤ DPWG Use 75% of the standard dose.****Source**

Publications related to local relevance for this drug-gene pair have not been published yet.

➤ Decrease Starting Dose

Patient has altered metabolism rate or enhanced activation rate for drug indicated. Decreasing starting dose has shown to help prevent patient from experiencing adverse drug reaction.

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Order ID : #3504-82488

Report Date : 21 Jan 2025

Report Verification Receipt

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Order ID
#3504-82488

Test Order
RxReady

History

Step	Version	Date And Time	Executed By
Report Generation	v.1	21 January 2025 (15:49)	FAD Lab Director Test
Report Verification	v.1	21 January 2025 (15:49)	FAD Lab Director Test

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Report Date : 21 Jan 2025