

# IDgenetix® Test Report Features



## Laboratory Test Report

Patient Name: Doe, Jane		Patient ID: FC718-B	Age: 71	Gender: Female	DOB: 10/14/1950
Sample Type: Buccal Swab	Date Collected: 02/08/2022	Date Received: 02/10/2022	Ordering Physician: Cullors Ali		Client/Account #: CAI910
Test Ordered: NeuroIDgenetix 902		Indication: NeuroIDgenetix		Report Date: 02/17/2022	Report Status: Draft

### PHARMACOGENETIC TESTING BASED TREATMENT GUIDANCE

#### Depression Drug Therapy Selection & Dosing Guidance

1	Use as Directed	2	Use With Caution and/or Increased Monitoring	3	
	Drug		Drug	Dosing	
	<ul style="list-style-type: none"> <li>paroxetine (SSRI)<sup>1</sup></li> <li>desvenlafaxine (SNRI)</li> <li>duloxetine (SNRI)</li> <li>levomilnacipran (SNRI)</li> <li>venlafaxine (SNRI)</li> <li>bupropion (NDRI)<sup>1</sup></li> <li>mirtazapine (NaSSA)<sup>1</sup></li> <li>trazodone (SARI)</li> <li>vilazodone (SRI)</li> <li>vortioxetine (Serotonin Modulator and Stimulator)</li> <li>desipramine (TCA)<sup>1</sup></li> <li>nortriptyline (TCA)<sup>1</sup></li> <li>aripiprazole (SGA)<sup>1</sup></li> <li>brexpiprazole (SGA)</li> <li>quetiapine (SGA)<sup>1</sup></li> </ul>		<ul style="list-style-type: none"> <li>citalopram</li> <li>escitalopram</li> <li>sertraline</li> <li>amitriptyline<sup>1</sup></li> <li>doxepin<sup>1</sup></li> <li>imipramine<sup>1</sup></li> <li>fluoxetine<sup>*</sup></li> <li>fluvoxamine<sup>*</sup></li> </ul>	<ul style="list-style-type: none"> <li>Consider dose adjustment or alternate drug. Per CPIC guideline, consider a 50% reduction of recommended starting dose and titrate to response or select alternative drug not predominantly metabolized by CYP2C19 (CYP2C19 PM). Additionally, drug label cautions 20mg/day maximum dose given increased QT prolongation risk. PubMedID: 25974703</li> <li>Consider dose adjustment or alternate drug. Per CPIC guideline, consider a 50% reduction of recommended starting dose and titrate to response or select alternative drug not predominantly metabolized by CYP2C19 (CYP2C19 PM). Greatly reduced metabolism, higher plasma concentrations may increase the probability of side effects. PubMedID: 25974703</li> <li>Consider dose adjustment or alternate drug. Per CPIC guideline, consider a 50% reduction of recommended starting dose and titrate to response or select alternative drug not predominantly metabolized by CYP2C19. Greatly reduced metabolism, higher plasma concentrations may increase the probability of side effects (CYP2C19 PM). PubMedID: 25974703</li> <li>Consider dose adjustment or alternate drug. Consider 50% reduction of recommended starting dose (CYP2C19 PM). Utilize therapeutic drug monitoring to guide dose adjustments. CPIC Guideline PubMedID: 23486447</li> <li>Consider dose adjustment or alternate drug. Consider 50% reduction of recommended starting dose (CYP2C19 PM). Utilize therapeutic drug monitoring to guide dose adjustments. CPIC Guideline PubMedID: 23486447</li> <li>Consider dose adjustment or alternate drug. Consider 50% reduction of recommended starting dose (CYP2C19 PM). Utilize therapeutic drug monitoring to guide dose adjustments. CPIC Guideline PubMedID: 23486447</li> <li>Risk of metabolic interaction with citalopram</li> <li>Risk of metabolic interaction with citalopram</li> </ul>	4

### LABORATORY RESULTS AND PHARMACOGENETIC TEST ANALYSIS

Gene	5	6	7
	Star Allele Genotype/Diplotype	Metabolizer Phenotype PM/EM/UM	Clinically Significant
ABCB1 [NM_000927.4:c.3435C>T]	T/T	N/A	No
ADRA2A -1291C>G [NM_000681.3:c.-1252G>C]	C/G	N/A	No
COMT [NM_000754.3:c.472G>A]	A/G	N/A	Yes
CYP1A2	*1/*1	EM	No
CYP2C19	*2/*2	PM	Yes
CYP2C9	*1/*1	EM	No
CYP2D6	*1/*1	EM	No
CYP3A4	*1/*1	EM	No
CYP3A5	*1/*1	EM	No
HTR2A [NM_000621.4:c.-998G>A]	A/G	N/A	No
HTR2A [NM_000621.4:c.614-2211T>C]	C/T	N/A	No
HTR2C [NM_000868.2:c.-697G>C]	C/G	N/A	No
HTR2C [NM_000868.2:c.-759C>T]	C/T	N/A	No
HTR2C [NM_000868.2:c.68G>C]	G/G	N/A	No
MTHFR A1298C [NM_005957.3:c.1286A>C]	A/C	N/A	No
MTHFR C677T [NM_005957.3:c.665C>T]	C/T	N/A	No
NAT2	*4/*4	RA	No
OPRM1 [NM_000914.3:c.118A>G]	A/A	N/A	No
SLC6A4 5-HTTLPR	Long/Long	N/A	No
SLC6A4 [NM_001045.4:c.-1760C>T]	C/C	N/A	No

Laboratory Director:	Report Approver:	Report Approval Date:	*** Electronic Signature On file ***
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IDG-0098, Rev. 02

**1** “Use as Directed” Medications: Among the genes analyzed, no genetic variants or metabolic interactions were identified that would suggest a need for increased caution or dose adjustments.

**2** “Use with Caution and/or Increased Monitoring” Medications: One or more genetic variants or metabolic interactions have been identified that would indicate a need for increased caution, dose adjustment or selection of alternate medication.

**3** Medications the patient is currently taking are highlighted.

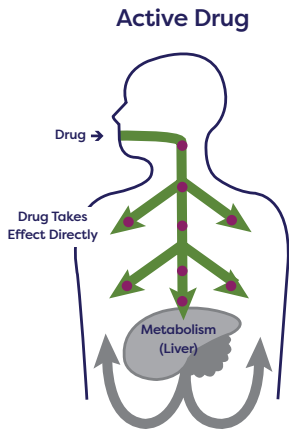
**4** The list of patient medications provided at the time of testing is used to display potential metabolic interactions with medications evaluated in the test panel.

**5** Genes, Genotype/Diplotype: Genes and genetic variants analyzed and the patient’s genetic variant result.

**6** Predicted drug metabolism phenotype. \*See back of test for definition of different metabolizer phenotypes.

**7** Clinically significant: “Yes” indicates genetic variant impacts one or more messages in Use with Caution.

## Metabolizer Phenotypes



\*Adapted from CPMED

Metabolizer Phenotype	Active Drug
<b>PM</b> Poor Metabolizer	<ul style="list-style-type: none"> <li>• ↑Systemic exposure</li> <li>• ↑Side effects/toxicity</li> <li>• ↓Dose requirements</li> </ul>
<b>IM</b> Intermediate Metabolizer	<ul style="list-style-type: none"> <li>• ↑Systemic exposure</li> <li>• ↑Side effects/toxicity</li> <li>• ↓Dose requirements</li> </ul>
<b>EM</b> Extensive Metabolizer	<ul style="list-style-type: none"> <li>• Standard dosing appropriate</li> </ul>
<b>UM</b> Ultra-Rapid Metabolizer	<ul style="list-style-type: none"> <li>• ↓Systemic exposure</li> <li>• ↓Side effects/toxicity</li> <li>• ↑Dose requirements</li> </ul>

## Sample Collection Process

### STEP 1

Rinse mouth with water, then swab inside both cheeks and gums firmly and vigorously for 40 seconds.



### STEP 2

On Barcode Sticker A, write patient name and date of birth. Place it on the Swab Container. For at-home sample collection, please review and sign Patient Consent Form.



### STEP 3

Send Collection Kit back using prepaid FedEx label and packaging.



## Gene Overview

Gene	Protein Function	Potential Clinical Significance	Medication Class or Condition
ABC11 (ATP Binding Cassette B1)	Transports substrates across extra- and intra-cellular membranes	Reduces response	Opioids
ADRA2A (Alpha 2A Adrenergic Receptor)	Regulates neurotransmitter release from adrenergic neurons in CNS	Treatment response or side effects	ADHD
COMT (Catechol-O-Methyl Transferase)	Degrades catecholamine neurotransmitters: dopamine, epinephrine & norepinephrine	Emotional & behavioral effects	ADHD meds, opioids & various others
CYP1A2, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5 (Cytochrome P450 Family)	Enzymes responsible for drug metabolism	Reduced efficacy or increased risk of side effects & toxicity	All therapeutic medication classes
HTR2A (Serotonin Receptor Subtype A)	Receptor for serotonin and various other drugs	Reduced response or increases rate of side effects	SSRIs & antipsychotics
HTR2C (Serotonin Receptor Subtype C)	Regulates metabolic homeostasis	Weight gain	Antipsychotics
MTHFR (Methylenetetrahydrofolate Reductase)	Activates folate/folic acid to a form the body can use	Benefit for adjunctive therapy with L-methylfolate	Depression & anxiety
NAT2 (N-Acetyltransferase 2)	Enzyme responsible for drug metabolism	Reduced response or increases rate of side effects	Pain
OPRM1 (Mu-Opioid Receptor)	Primary site of action for commonly used opioids	Various response to opioids & achieving analgesia	Opioids
SLC6A4 (Serotonin Transporter)	Responsible for reuptake of serotonin into presynaptic neuron	Reduced response or increases rate of side effects	SSRIs

## How Much Does an IDgenetix® Test Cost?

### Medicare (Part B) Covered Tests:

You will have a \$0 out-of-pocket cost.

### Medicare Advantage Covered Tests:

You may have to cover a portion of the cost. (typically \$330 or less)

### Commercial or Other Insurance:

Out-of-Network plans vary, but you may be expected to cover a portion of the cost (typically \$330 or less).

In-Network claims are subject to applicable co-pay, co-insurance, and deductible amounts. AltheaDx is in-network with the Multiplan Network; your insurance provider/insurance ID card will indicate the specific network (i.e., MultiPlan, PHCS, Beech Street, AMN/HMN/RAN, IHP or ValuePoint).

### Participating Medicaid States:

Normally, you will have a \$0 out of pocket cost.

### Uninsured:

Please contact us to find out how we can help.

Note: AltheaDx bills your insurance for the cost of the IDgenetix® test. If you have any questions, please contact an IDgenetix Billing Specialist at 1-855-MY-PGX-ID or [billing@idgenetix.com](mailto:billing@idgenetix.com) and we will be happy to assist you further. For those who qualify, we offer a financial assistance program to help with these out-of-pocket costs.

Contact our customer service center at **1-855-MY-PGX-ID (1-855-697-4943)** or [support@idgenetix.com](mailto:support@idgenetix.com) or speak to your local IDgenetix account manager to set up an online account and obtain IDgenetix sample collection kits.



Our privacy policy and additional information are available at [www.idgenetix.com](http://www.idgenetix.com)

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