Dear Physician,

Your patient **<patient name>** has elected to receive more information about their pharmacogenetic profile. The DNA testing has been provided by GeneYouIn and a customized report has been generated outlining current and/or future considerations for management of medication therapy where applicable.

Background information on Pillcheck™ testing:

- Pillcheck is a pharmacogenetic test that predicts response to over 114 medications
- Genetic testing for these medications is recommended by the US Food and Drug Administration (FDA)/Dutch PGx Working Group/Health Canada
- Pillcheck follows drug dosage guidelines from the International Clinical Pharmacogenetic Implementation Consortium (CPIC)/FDA drug monographs/Dutch PGx Working Group Guidelines. See https://www.pharmgkb.org/page/cpic
- For more information about Pillcheck, please see https://www.pillcheck.ca or contact me directly with questions.

Below are some relevant report findings and recommendations for your information and discussion with your patient. I am providing a pharmacist review of the Pillcheck results in the context of the medications the patient has reported to be taking.

These recommendations are limited by the medication profile, medical history, and background information provided by the patient. It is an overview and should always be used in consultation with the patient and family physician.

Current Therapy

Medication	Dose	Adverse Effects (if applicable)
Bupropion	450mg	
Fluoxetine	60mg	fatigue

Previous Therapy

Medication	Dose	Reason for Discontinuation
Diclofenac	50mg	ineffective

Recommendations for Current Therapy:

Reported Fatigue with Fluoxetine

- Bupropion is an inhibitor of the CYP2D6 enzyme and may be increasing fluoxetine concentrations and contributing to adverse effects if it was initiated after fluoxetine. Consider dose reduction of fluoxetine with close monitoring.

Considerations for Future Therapy:

Intermediate metabolizer at UGT1A1

- May require dose reductions of medications metabolized through UGT1A1 – mostly applies to specialty chemotherapeutic agents
- Higher risk of developing atazanavir induced hyperbilirubinemia – if medication is required in the future, it should be monitored more frequently

Ultrafast Metabolizer at CYP2C19

- May require increased doses of proton pump inhibitors for control of GERD if indicated in the future as well as higher doses for H.pylori eradication
- May require increased doses of SSRIs such as sertraline, and citalopram for optimal effect as they are metabolized extensively through CYP2C19

Extensive/Normal metabolizer at enzymes: CYP2C9, SLCO1B1, CYP2D6

- Common medications can be used without any adjustment or increased monitoring
- This includes commonly prescribed classes such as Beta blockers, statins, and opioids

Thank you,

pharmacist name (ODP#)

credentials

date