





Pillcheck Pharmacogenetic Service

Helping doctors and their patients avoid multiple medication trials

The Pillcheck service combines a clinical-grade pharmacogenetic (PGx) test with a comprehensive medication review by an expert pharmacist.

Pillcheck covers over 235 medications for a wide variety of conditions, including depression, pain, cardiovascular, gastrointestinal, and more. It provides information about which medications may require dose adjustments, be less likely to work, or have an increased risk of side effects -- based on your patient's genetic metabolism. Reports are updated annually.

PGx Alerts

	Avoid if possible
	Use with caution
	Standard precaution
	Uncertain activity requires caution

Drugs are categorized to help patients and clinicians quickly determine which medications are most likely effective and well tolerated.

Pillcheck pharmacogenetic test recommendations follow drug label warnings by Health Canada, FDA, EMA, Swissmedic, and evidence-based guidelines established by CPIC (Clinical Pharmacogenetic Implementation Consortium) and the Dutch Pharmacogenetics Working Group (DPWG). The test does not assess disease risk, disease diagnosis or ancestry. DNA samples are analyzed by a certified clinical lab (ISO 15189, ISO 17025, COLA).

Adding PGx to your practice helps lower the likelihood of adverse drug reactions and improves patient outcomes. Matching medication to DNA leads to 30% fewer side effects.¹

¹Swen JJ, et al., Ubiquitous Pharmacogenomics Consortium. Lancet. 2023 Feb 4; 401(10374):347-356.

Process

1. The patient orders the test at www.pillcheck.ca (or via their health benefits provider website). The retail price is \$599 + tax (CAD).
2. An easy-to-use cheek swab sample kit is sent to the patient's address and returned to the lab in a prepaid envelope.
3. The patient fills out a Medical Profile in their Pillcheck account.
4. Results are completed within 1-2 weeks of the sample arriving at the lab.
5. When the healthcare provider includes their email on the requisition form, the patient can share their interactive results with them online. A summary of the patient's PGx results can also be faxed.

Privacy

Patients' data is stored in Canada. DNA samples are destroyed once the patient's report is complete. Pillcheck is PIPEDA, HIPAA, Bill S-201 compliant, and SOC2 Type II certified. Patients own their Pillcheck data, and access to it is governed by their informed consent.

Insurance

Pillcheck is an eligible medical expense as defined in Canada's Income Tax Act and can be claimed under the healthcare spending accounts of most private insurance plans. In addition, many private insurance and group benefits plans cover Pillcheck.

The patient is responsible for submitting their claim for reimbursement from their benefits or insurance provider. Pillcheck does not submit insurance claims on behalf of patients.

Before ordering Pillcheck, patients are advised to check with their insurance provider to confirm their pharmacogenetic test coverage. For more information, see our insurance guide at www.pillcheck.ca/insurance-information.

About Pillcheck

Pillcheck is a Canadian company providing pharmacogenetic services to individuals, clinics, pharmacies, benefit providers and large employers since 2017.

For more information, please see www.pillcheck.ca/product-information/ or contact 1-877-409-3629.

Pharmacogenetic Service Requisition

PATIENT INSTRUCTIONS	Complete this section and ask your healthcare provider to complete the rest of the form and submit it to Pillcheck.	
Patient Information		
Full Name:	Date of Birth (yyyy-mm-dd):	
Address:		
Email:	Phone:	
<p>I hereby confirm that I (check all boxes that apply):</p> <p style="padding-left: 40px;">have reviewed the Pillcheck Informed Consent form at https://www.pillcheck.ca/informed-consent/ and agree to the terms and conditions therein</p> <p style="padding-left: 40px;">provide my consent to the healthcare provider named below receiving a copy of my test results</p>		
Patient Signature:	Date:	

HEALTHCARE PROVIDER INSTRUCTIONS	<p>Complete this section and return to Pillcheck at:</p> <p style="text-align: center;">Fax: 1-416-352-1890 or Email: service@pillcheck.ca</p> <p>When the results are complete, the Pillcheck pharmacist opinion letter will be faxed to you. If you want to get more in-depth, searchable information and see this patient's predicted response to all Pillcheck-reported medications, the patient can share access with you from their Pillcheck account. <i>Please provide the patient with an email address where you would like to receive the secure share link.</i></p>	
Healthcare Provider Information		
Practice Name:		
First Name:	Last Name:	
Phone:	Address:	
Fax:	City:	
Email (optional):	Province/State:	Postal Code/Zip:
This test is being ordered to evaluate expected response to treatment of the following diagnosis (please list):		
<input checked="" type="checkbox"/> Pillcheck PGx panel: ABCG2, ADRB2, CYP1A2, CYP2B6, CYP2C19, CYP2C8, CYP2C9, CYP2D6, CYP3A4, CYP3A5, DPYD, F2, F5, G6PD, NAT2, NUDT15, OPRM1, SLCO1B1, TPMT, UGT1A1, UGT2B15, VKORC1		
Check one: <input type="checkbox"/> My patient will order Pillcheck independently <input type="checkbox"/> Send the test kit and invoice to my practice.		
Healthcare Provider Signature		
I confirm this test is medically necessary for the diagnosis provided, and the results will be used in treatment decisions for the patient named above.		
Clinician Signature:		
Date (yyyy-mm-dd)	Healthcare Provider License #	

Return completed form to Pillcheck at Fax: 1-416-352-1890 or Email: service@pillcheck.ca