

Pharmacogenetic Testing Protocol – Final 1/12/2021

- Complete Pharmacogenetic Testing Authorization Request
- Obtain Informed Consent
 - Provide Background, including:
 - Data potentially predictive of side effects; not predictive of efficacy
 - Limited data available to support use
 - Not currently standard of care nor specifically recommended by APA / AACAP
- Review consent form with client / family, including discussion of
 - Risks:
 - results may not accurately predict side effect profile
 - patient data may be used by genetic testing companies (PHI deleted once results sent to client)
 - insurance (medical / life) companies may inquire about past genetic testing
 - Pharmacogenetic testing is an evolving area which the Food and Drug Administration (FDA) is evaluating on an ongoing basis. The FDA currently endorses the validity of some but not all of the scientific claims made by companies providing commercially available tests.
 - In some cases, testing companies may make recommendations without providing your Doctor with adequate data to evaluate those recommendations. Your Doctor must therefore evaluate such recommendations in the light of their clinical expertise in making final recommendations and clinical decisions about your care.
 - Benefits:
 - May help in selection of more appropriate medication which could provide a basis of discussion between client and provider
- Alternatives: treatment as usual
- Review testing results with client / family, including interpretation of same
- Initiate medication trial factoring in results of testing and clinical correlation
 - Please interpret with caution in special populations including pediatric, geriatric, and possible liver involvement (ageing / compromised hepatic function may lead to impaired production of drug metabolism enzymes)
- Monitoring: Results/efficacy and side effects
- Data Reporting: Rukhsana will help with data tracking as needed, please email Rukhsana

Pharmacogenetic Testing Authorization Request Form – Final

Client name:

DOB:

MHN:

- Brief clinical summary:
- Current diagnoses:
- Current medications:
- Allergies:
- Relevant medical conditions:
- Previous medication trials (name/dose/duration/response/SFX):

- Check if either:
 - Current diagnosis of MDD, tried and failed two anti-depressants
 - OR
 - Non-verbal or minimally verbal client with moderate to severe developmental delay, Intellectual Disability, or Autism Spectrum Disorder
- Client/guardian signed BHRS consent form for pharmacogenomic testing
- Optional: Did client/guardian sign consent giving permission for (anonymized) chart review for SMC/QM tracking and research purposes
- Name of prescriber/ Division: