

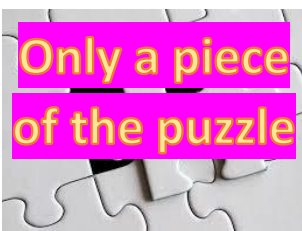
## PGxecute - carrying out the use of pharmacogenomics into patient care

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### Pharmacogenomics/Pharmacogenetics/PGx

Do you have questions about PGx? What is pharmacogenomics/pharmacogenetics? How can it benefit my patients? How can I learn more? How can I use the information? Who actually uses this? Come to this roundtable to hear from someone who has been practicing PGx for 10 years and can help answer your questions.

**PGx** is the study of how heredity (DNA) and other factors affects your response to certain medications.

<p>Drug safety/toxicity avoidance</p> <ul style="list-style-type: none"> <li>– Aid in drug selection to avoid adverse drug reactions</li> <li>– Aid in dose selection to avoid toxicity</li> </ul>	 <p>Only a piece of the puzzle</p>	<p>Increased efficiency</p> <ul style="list-style-type: none"> <li>– Aid in dose selection for maximum efficacy</li> <li>– Identify patients who will be responsive to a particular drug</li> </ul>
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### Where is this relevant? Cardio, ID GI, Pain, Psych, Oncology, Transplant, etc

CYP3A5	tacrolimus
CYP2B6	efavirenz
CYP2C9	aceclofenac, celecoxib, diclofenac, flurbiprofen, ibuprofen, indomethacin, lornoxicam, lumiracoxib, meloxicam, metamizole, nabumetone, naproxen, piroxicam, tenoxicam, fosphenytoin, phenytoin, warfarin
CYP2C19	clopidogrel, dexlansoprazole, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, voriconazole, citalopram, escitalopram, sertraline
CYP2D6	Atomoxetine, ondansetron, topisetron, tamoxifen, duloxetine, fluoxetine, fluvoxamine, paroxetine, venlafaxine, vortioxetine, codeine, hydrocodone, tramadol
CFTR	ivacaftor
DPYD	capecitabine, fluorouracil, tegafur
G6PD	Many examples
HLA	carbamazepine, oxcarbazepine, abacavir, allopurinol
MT-RNR1	amikacin, dibekacin, gentamicin, kanamycin, neomycin, netilmicin, paromomycin, plazomicin, ribostamycin, streptomycin, tobramycin
CACNA1S, RYR1	desflurane, enflurane, halothane, isoflurane, methoxyflurane, sevoflurane, succinylcholine
SCLO1B1, ABCG2	statins
TPMT, NUDT15	azathioprine, mercaptopurine, thioguanine
UGT1A1	atazanavir

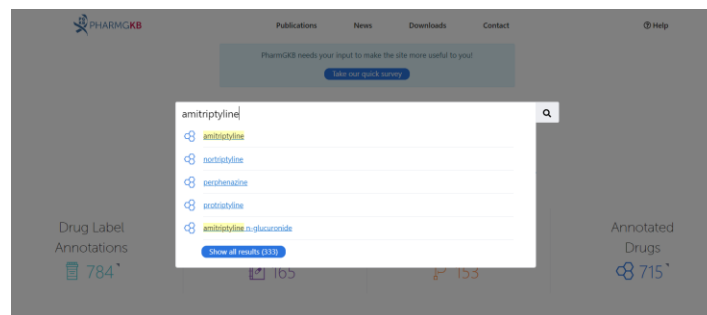
Who is implementing? <https://cpicpgx.org/implementation/>

## Pharmacogenomics (PGx) Resources

- The Pharmacogenetics Implementation Consortium (CPIC) guidelines <https://cpicpgx.org/>
- Dutch Pharmacogenetics Working Group (DPWG) guidelines
- FDA (United States Food and Drug Administration)
  - FDA Table of Pharmacogenomic Biomarkers in Drug Labeling: <https://www.fda.gov/drugs/science-and-research-drugs/table-pharmacogenomic-biomarkers-drug-labeling>
    - Contains genetic information contained on drug labeling
  - FDA Table of Pharmacogenetic Associations: <https://www.fda.gov/medical-devices/precision-medicine/table-pharmacogenetic-associations#about>
    - Lists gene-drug interactions
    - FDA may or may not advocate for a pharmacogenetic test with the corresponding medication
    - Divided into 3 Sections on Pharmacogenetic Associations:
      1. Data Supports Therapeutic Management Recommendations
      2. Data Indicates a Potential Impact on Safety or Response
      3. Data Demonstrates a Potential Impact on Pharmacokinetic Properties Only

## • PharmGKB (The Pharmacogenomics Knowledge Base) <https://www.pharmgkb.org>

- Has information for CPIC, DPWF, FDA, primary lit all in 1 place!
  - Search drug name



- Prescribing Info = guidelines; Drug Label Annotations = drug labeling information

PharmGKB needs your input to make the site more useful to you! Please take our quick survey.

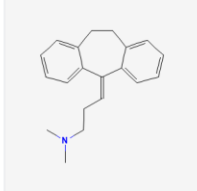
PHARMGKB amitriptyline Add a term to make a combination... Menu Help

# amitriptyline

Overview	PRESCRIBING INFO 4	DRUG LABEL ANNOTATIONS 1	CLINICAL ANNOTATIONS 15	PATHWAYS 1
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- Prescribing Info
- Drug Label Annotations
- Clinical Annotations
- Variant Annotations
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**Structure**



large version  
3D version  
source: PubChem

Type: Drug

**Prescribing Info and Drug Label Annotations contain the fastest way to access concise guideline and FDA recommendations**

- Use drop down to enter genotype star alleles
- PharmGKB provides phenotype, activity score, CPIC recommendations, and implications for practice
- Scroll below for further commentary, link to guideline, and guideline excerpts

# amitriptyline

Overview	← Back to all Prescribing Info
Prescribing Info	Annotation of CPIC Guideline for amitriptyline and CYP2C19, CYP2D6
Drug Label Annotations	Summary
Clinical Annotations	The CPIC Dosing Guideline update for amitriptyline recommends an alternative drug for CYP2D6 ultrarapid or poor metabolizers and CYP2C19 ultrarapid, rapid or poor metabolizers. If amitriptyline is warranted, consider a 50% dose reduction in CYP2D6 or CYP2C19 poor metabolizers. For CYP2D6 intermediate metabolizers, a 25% dose reduction should be considered.
Variant Annotations	
Literature	
Pathways	Specify a genotype for specific annotations
Related To	<div style="border: 2px solid red; padding: 5px;"> <p><b>Pick a CYP2C19 Genotype</b></p> <p>-- --</p> <p><b>Pick a CYP2D6 Genotype</b></p> <p>-- --</p> </div>
Automated Annotations	
Links & Downloads	

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**Pick a CYP2C19 Genotype**  
\*1 | \*1

**Pick a CYP2D6 Genotype**  
\*2 | \*3

**Phenotype for CYP2D6**  
Intermediate Metabolizer

**Phenotype for CYP2C19**  
Normal Metabolizer

**Activity Score for CYP2D6**  
1.0

**Classification** : Moderate

**Recommendation**  
Consider a 25% reduction of recommended starting dose. Utilize therapeutic drug monitoring to guide dose adjustments.

**Implications for CYP2D6**  
Reduced metabolism of TCAs to less active compounds compared to normal metabolizers; Higher plasma concentrations of active drug will increase the probability of side effects

**Implications for CYP2C19**  
Normal metabolism of tertiary amines

**Comments**  
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. Dosing recommendations only apply to higher initial doses of TCAs for treatment of conditions such as depression. See other considerations for dosing recommendations for conditions where lower initial doses are used, such as neuropathic pain.

- Overview
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## Drug Label Annotations

PharmGKB annotates drug labels containing pharmacogenetic information approved by the [US Food and Drug Administration \(FDA\)](#), [European Medicines Agency \(EMA\)](#), [Swiss Agency of Therapeutic Products \(Swissmedic\)](#), [Pharmaceuticals and Medical Devices Agency, Japan \(PMDA\)](#) and [Health Canada \(Santé Canada\) \(HCSC\)](#).

PharmGKB annotations provide a brief summary of the PGx in the label, an excerpt from the label and a downloadable highlighted label PDF file. The "Prescribing" section of the annotation captures guidance from the label for patients with a particular genotype/metabolizer phenotype, if it exists. The "PGx Level" tag ("Testing required", "Testing Recommended", "Actionable PGx" and "Informative PGx) is the PharmGKB interpretation of the level of action implied in each label. Other tags indicate if the label provides dosing information or states that a drug is either indicated or contraindicated ("Alternate Drug") based on genotype/metabolizer phenotype.

See the [legend](#) for more information about drug label sources, which labels are selected for annotation, PGx Levels and the tags described above. We welcome any information regarding drug labels containing PGx information approved by the FDA, EMA, Swissmedic, PMDA, HCSC or other Medicine Agencies around the world - please contact [feedback](#).

Legend Download

	PGX LEVEL	SOURCE	TITLE	GENES	MOLECULES
<a href="#">Details</a>	Actionable PGx	FDA	<a href="#">Annotation of FDA Label for amitriptyline and CYP2D6</a>	<a href="#">CYP2D6</a>	<a href="#">amitriptyline</a>



## Annotation of FDA Label for amitriptyline and CYP2D6

Actionable PGx ⓘ

On FDA Biomarker List ⓘ

PharmGKB ID : PA166104856

### Summary

The FDA-approved drug label for amitriptyline (ELAVIL) contains information regarding the metabolism of tricyclic antidepressants by CYP2D6: CYP2D6 poor metabolizers may have higher plasma concentrations of tricyclic antidepressants, and the label suggests monitoring of plasma levels if this drug is co-administered with a CYP2D6 inhibitor.

### Annotation

Excerpt from the amitriptyline (ELAVIL) drug label:

The biochemical activity of the drug metabolizing isozyme cytochrome P450 2D6 (debrisoquin hydroxylase) is reduced in a subset of the caucasian population (about 7% to 10% of caucasians are so called "poor metabolizers")...Poor metabolizers have higher than expected plasma concentrations of tricyclic antidepressants (TCAs) when given usual doses...In addition, certain drugs inhibit the activity of this isozyme and make normal metabolizers resemble poor metabolizers...It is desirable to monitor TCA plasma levels whenever a TCA is going to be coadministered with another drug known to be an inhibitor of P450 2D6.

For the complete drug label text with sections containing pharmacogenetic information highlighted, see the [amitriptyline drug label](#).

\*Disclaimer: The contents of this page have not been endorsed by the FDA and are the sole responsibility of PharmGKB.

- Flockhart Table <https://drug-interactions.medicine.iu.edu/MainTable.aspx>
  - Contains the following sections: substrates, inhibitors, and inducers
- CYP2D6 Phenoconversion Calculator: <https://precisionmedicine.ufhealth.org/phenoconversion-calculator/>
  - standardized method of assessing CYP2D6 phenoconversion in practice when CYP2D6 genotype is available
  - Step 1 Choose CYP2D6 alleles

STEP 1

**Choose CYP2D6 Alleles ⓘ**

Allele 1  
\*1 ▾

Allele 2  
\*2 ▾

Is there an extra allele present? ⓘ

Yes  
 No

**NEXT**

- Step 2 CYP2D6 activity score and phenotype based on genotype alone provided. Select CYP2D6 inhibitors from list

**Genotype-based CYP2D6 Activity Score** 2

**Genotype-based CYP2D6 Phenotype**  
Normal Metabolizer

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STEP 3

**Assess Oral Concomitant Medications**

Is the patient taking one or more of the CYP2D6 inhibitors below? Check all that apply.

- Abiraterone (Zytiga®)
- Bupropion (Wellbutrin®)
- Cinacalcet (Sensipar®)
- Duloxetine (Cymbalta®)
- Fluoxetine (Prozac®)
- Mirabegron (Myrbetriq®)
- Paroxetine (Paxil®)
- Quinidine (Quinidex®)
- Terbinafine (Lamisil®)
- No Inhibitor Present

**CALCULATE**

- Step 3: CYP2D6 phenotype and adjusted activity score based on phenotype provided

**Adjusted CYP2D6 Activity Score** 0

**Clinical CYP2D6 Phenotype**  
Poor Metabolizer

A phenoconversion has occurred.

**RESET**

## HOW CAN I LEARN MORE?

- ASHP Pharmacogenomics Certificate
  - <https://www.ashp.org/professional-development/professional-certificates>
- ACCP Pharmacogenomics Certificate
  - [https://www.accp.com/store/product.aspx?pc=AC\\_PGX](https://www.accp.com/store/product.aspx?pc=AC_PGX)
- Test2Learn™ Pharmacogenomics Certificate Program
  - <https://www.test2learn.org/pgxcertificateprogram/>
- PGx ECHO (FREE!)
  - <https://www.pharmacy.umn.edu/pgx-echo>
  - meets the third Friday of every month at 12:00 PM CT
- Reach out!
  - [Natasha.Petry@sanfordhealth.org](mailto:Natasha.Petry@sanfordhealth.org)
  - <https://imagenetics.sanfordhealth.org/>
  - 13th Annual ImaGENE Precision Medicine Summit – 9/6/2024
    - <https://imagenetics.sanfordhealth.org/community/>