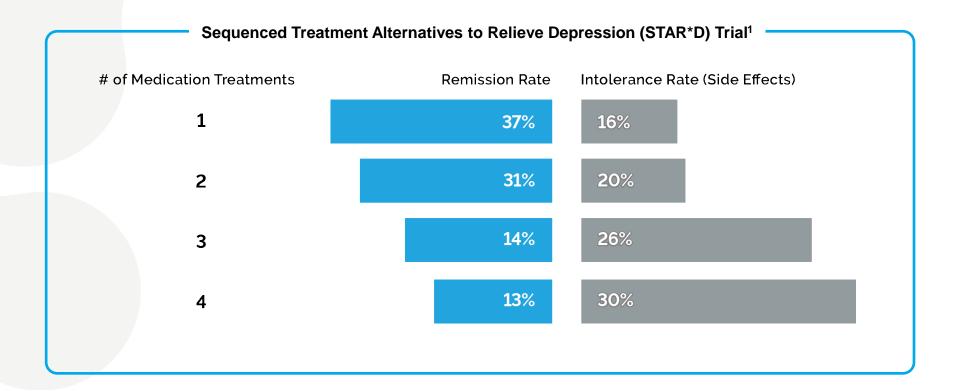


# Using Pharmacogenomics to Inform Depression Treatment



### **Unmet Medical Need from Treatment As Usual**

Less than 40% of patients achieve remission with initial drug treatment. With each additional medication trial, the chance of remission decreases, while treatment intolerance increases.



<sup>1.</sup> Rush AJ, et al. Am J Psychiatry. 2006.





# Why Are They Failing?

Why is remission so difficult to achieve?

Here are some of the usual culprits:

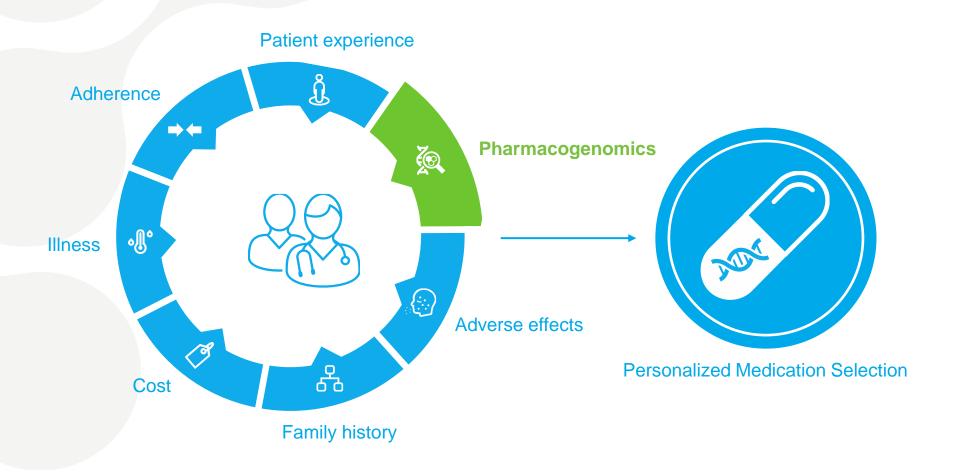
- Adherence
- Environmental Factors
- Ost / Insurance
- Adverse Effects

But have you considered that genetic variability may undermine medication choices and may be a factor in treatment failure?





### **Personalized Medication Selection Factors**

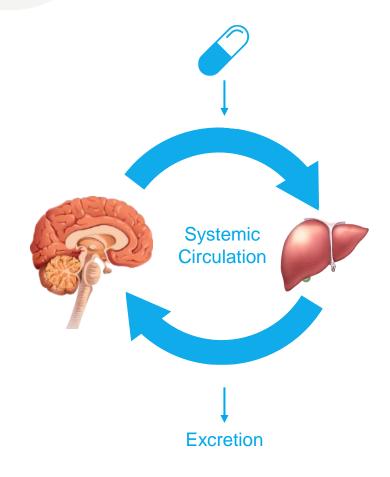






# Pharmacodynamics and Pharmacokinetics

Pharmacodynamic variation changes how the drug affects the body



Pharmacokinetic

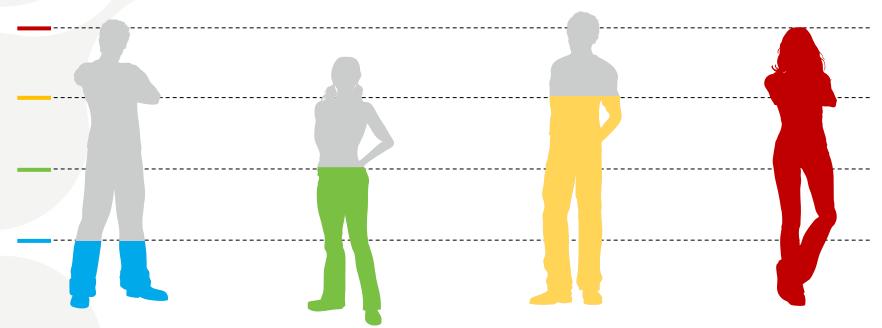
variation changes how the body affects the drug





### **How Genetics Can Affect Medication Blood Levels**

### **Phenotypes**



### **Ultrarapid Metabolizer**

Breaks down medications rapidly. May not get enough medication at normal doses.

# Extensive (Normal) Metabolizer

Breaks down medications normally. Has normal amounts of medication at normal doses.

#### **Intermediate Metabolizer**

Breaks down medications slowly. May have too much medication at normal doses.

#### **Poor Metabolizer**

Breaks down medications very slowly. May experience side effects at normal doses.





# The GeneSight® Psychotropic Report

### GeneSight® Psychotropic

Pharmacogenomic Test

Patient, Sample
Date of Birth: 7/22/1984
Clinician: Sample Clinician

 Order Number:
 3740219

 Report Date:
 5/12/2021

 Reference:
 145CIP

\*genesight\*

Questions about report interpretation?
Contact our medical information team:
855.891.9415 | medinfo@genesight.com

### **Antidepressants**

#### **Use as Directed**

desvenlafaxine (Pristiq®) levomilnacipran (Fetzima®) vilazodone (Viibryd®)

### Moderate Gene-drug Interaction

trazodone (Desyrel®) 1
venlafaxine (Effexor®) 1
fluoxetine (Prozac®) 1,4
bupropion (Wellbutrin®) 1,6
citalopram (Celexa®) 3,4
escitalopram (Lexapro®) 3,4

### Significant Gene-drug Interaction

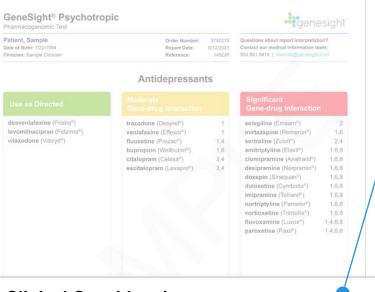
selegiline (Emsam®)	2
mirtazapine (Remeron®)	1,6
sertraline (Zoloft®)	2,4
amitriptyline (Elavil®)	1,6,8
clomipramine (Anafranil®)	1,6,8
desipramine (Norpramin®)	1,6,8
doxepin (Sinequan®)	1,6,8
duloxetine (Cymbalta®)	1,6,8
imipramine (Tofranil®)	1,6,8
nortriptyline (Pamelor®)	1,6,8
vortioxetine (Trintellix®)	1,6,8
fluvoxamine (Luvox®)	1,4,6,8
paroxetine (Paxil®)	1,4,6,8





### What are the Clinical Considerations?





**Clinical Considerations** 

These state rationale for a medication's classification and offer treatment adjustments if a clinician desires to use this medication.

#### **Clinical Considerations**

- 1: Serum level may be too high, lower doses may be required.
- 2: Serum level may be too low, higher doses may be required.
- 3: Difficult to predict dose adjustments due to conflicting variations in metabolism.
- 4: Genotype may impact drug mechanism of action and result in moderately reduced efficacy.
- 6: Use of this drug may increase the risk of side effects.
- 8: FDA label identifies a potential gene-drug interaction for this medication.







# Interpreting Combinatorial Pharmacogenomic Testing Can Get Complex

### **Pharmacokinetic Markers**

CYP2D6

CYP2D6 + CYP2C19

CYP2D6 + CYP2C19 + CYP1A2

CYP2D6 + CYP2C19 + CYP1A2 + CYP2C9 + CYP3A4

CYP2D6 + CYP2C19 + CYP1A2 + CYP2C9 + CYP3A4+ CYP2B6

CYP2D6 + CYP2C19 + CYP1A2 + CYP2C9 + CYP3A4+ CYP2B6 + UGT1A4

CYP2D6 + CYP2C19 + CYP1A2 + CYP2C9 + CYP3A4+ CYP2B6 + UGT1A4 + UGT2B15 + CES1A1

### **Pharmacodynamic Markers**

ADRA2A

HLA-A\*3101

HLA-B\*1502

HTR2A

SLC6A4

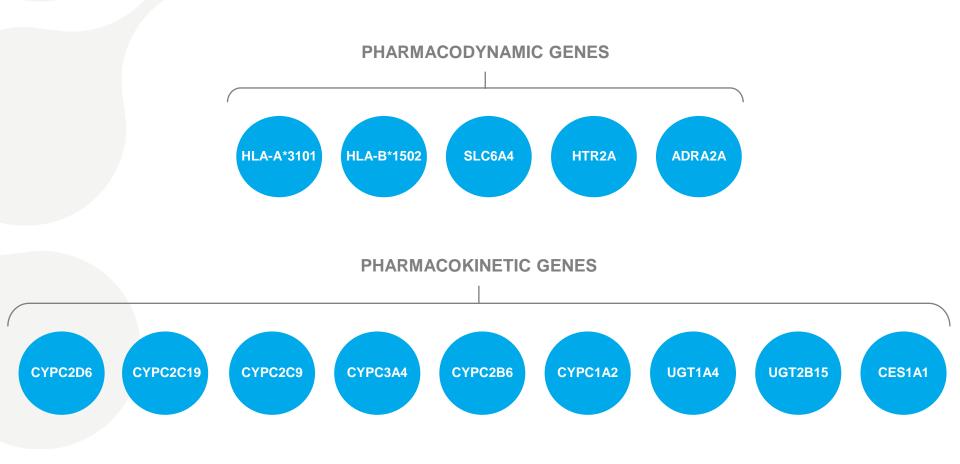
1,990,656

resultant composite phenotypes based on the 14 genes in the GeneSight® algorithm





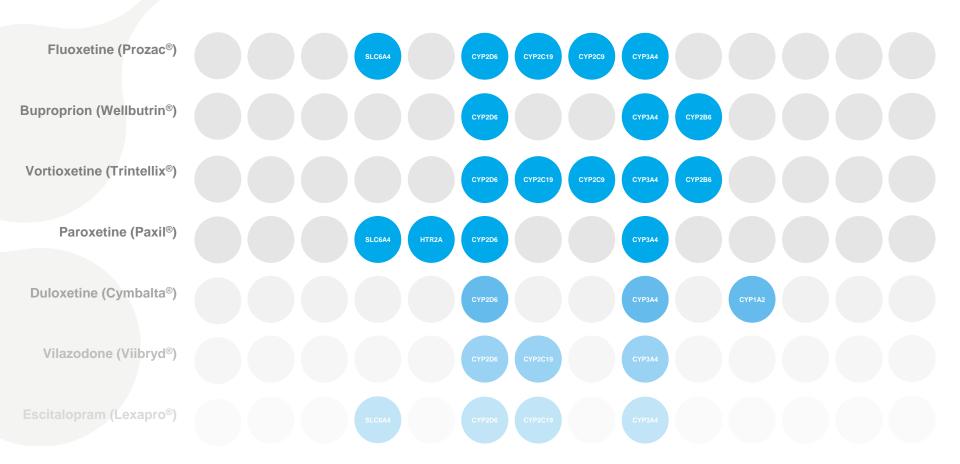
# Psychotropic Medications Are Processed Through Multiple Genetic Pathways







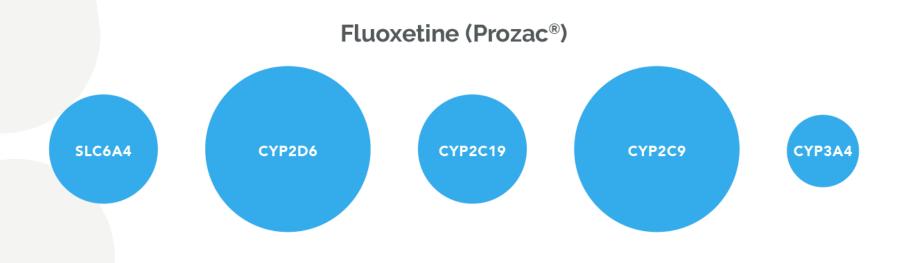
# Medications Often Work Through a Unique Combination of These Genetically Controlled Pathways







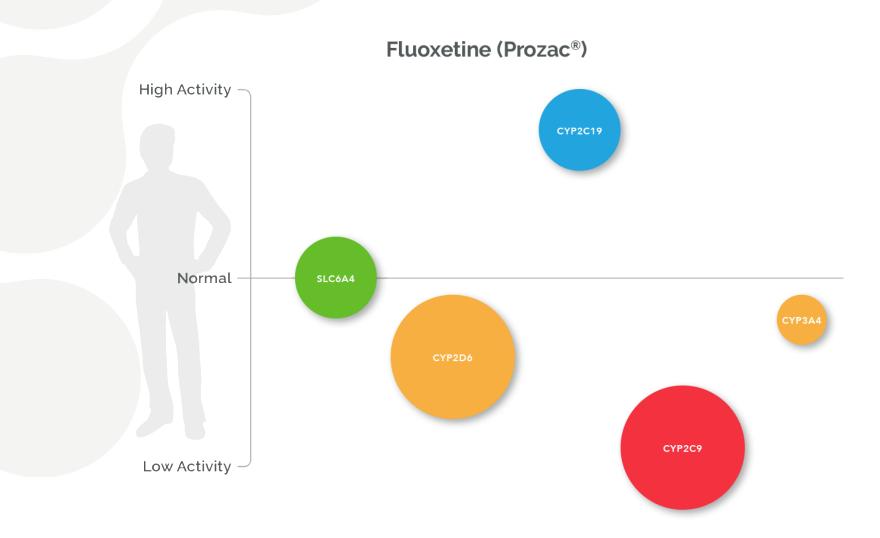
# The Significance of Those Genes Varies by Medication







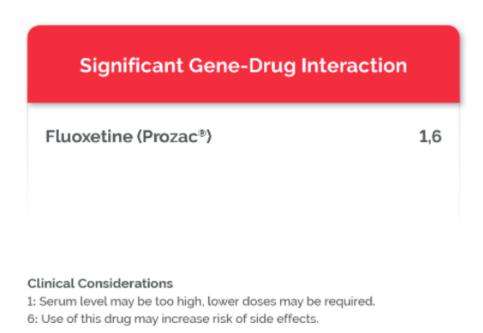
# A Patient's Unique Genetics Impact the Activity Level of Those Pathways







# The GeneSight® Psychotropic Report Categorizes Medications and Provides Clinical Considerations Based on a Combined Assessment of the Drug's Pharmacology and the Relevant Genetic Pathways







# The GeneSight® Psychotropic Test Analyzes All 61 Medications on Our Panel Using This Approach

### GeneSight® Psychotropic

Pharmacogenomic Test

Patient, Sample
Date of Birth: 7/22/1984

Clinician: Sample Clinician

genesight\*

Questions about report interpretation?
Contact our medical information team:
855.891.9415 | medinfo@genesight.com

### **Antidepressants**

Order Number:

Report Date:

Reference:

3740219

5/12/2021

145CIP

#### **Use as Directed**

desvenlafaxine (Pristiq®) levomilnacipran (Fetzima®) vilazodone (Viibryd®)

# Moderate Gene-drug Interaction

trazodone (Desyrel®)	1
venlafaxine (Effexor®)	1
fluoxetine (Prozac®)	1,4
bupropion (Wellbutrin®)	1,6
citalopram (Celexa®)	3,4
escitalopram (Lexapro®)	3,4

# Significant Gene-drug Interaction

selegiline (Emsam®)	2
mirtazapine (Remeron®)	1,6
sertraline (Zoloft®)	2,4
amitriptyline (Elavil®)	1,6,8
clomipramine (Anafranil®)	1,6,8
desipramine (Norpramin®)	1,6,8
doxepin (Sinequan®)	1,6,8
duloxetine (Cymbalta®)	1,6,8
imipramine (Tofranil®)	1,6,8
nortriptyline (Pamelor®)	1,6,8
vortioxetine (Trintellix®)	1,6,8
fluvoxamine (Luvox®)	1,4,6,8
paroxetine (Paxil®)	1,4,6,8



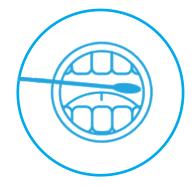


# GeneSight® is Easy to Implement in Practice



### Step 1

Place your order on myGeneSight.com.



### Step 2

You or a member of your staff collect the patient's DNA sample with a simple cheek swab OR

your patient collects the sample at home using our patient collection kit.



### Step 3

Your patient's sample is sent to our lab for analysis. After the sample is received, results are typically available in about 2 days.



### Step 4

Use the genetic insights from the GeneSight report to inform your treatment.





### GeneSight® Supports Improved Outcomes in MDD



Identifies medications with significant gene-drug interactions (GDIs) to inform prescribing

10 clinical utility publications demonstrating improvement in patient outcomes<sup>1-10</sup>

Level 1 evidence demonstrating 49% relative improvement in remission<sup>10</sup>

Saved >\$1,000 in total annual medication costs compared to treatment as usual<sup>11</sup>

Note: Not all patients who receive the GeneSight test will achieve remission or experience cost savings.

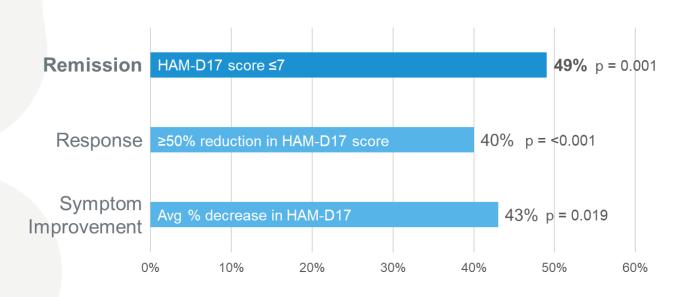
<sup>1</sup>Hall-Flavin DK, et al. Transl Psychiatry 2012; 2:e172 <sup>2</sup>Hall-Flavin DK, et al. Pharmacogenet Genomics 2013; 23(10):535-48. <sup>3</sup>Winner JG, et al. Discov Med 2013; 16(89):219-27. <sup>4</sup>Altar CA, et al. Mol Neuropsychiatry.2015 Oct;1(3):145-155. <sup>5</sup>Tanner JA, et al. Journal of Psychiatric Research 2018; 104:157-62. <sup>6</sup>Greden JF, et al. J Psychiatry Res 2019, 111:59-67. <sup>7</sup>Thase ME, et al. J Clin Psychiatry 2019;80(6). <sup>8</sup>Dunlop BW, et al. BMC Psychiatry 2019; 19:420. <sup>9</sup>Forester BP, et al. Am J Geriatr Psychiatry. 2020 Sep;28(9):933-945. <sup>10</sup>Brown LC, et al. Pharmacogenomics. 2020 Jun;21(8):559-569. <sup>11</sup>Winner J, et al. Curr Med Res Opin. 2015 31(9):1633-43





# GeneSight® Arm Realized a Significant Improvement in **All Outcomes**

**Level 1 evidence**: Relative improvement in patient outcomes compared to TAU



Symptom improvement

Decrease in HAM-D17

GeneSight

TAU 23.7%

33.8%

10%

Absolute

improvement

Relative

improvement

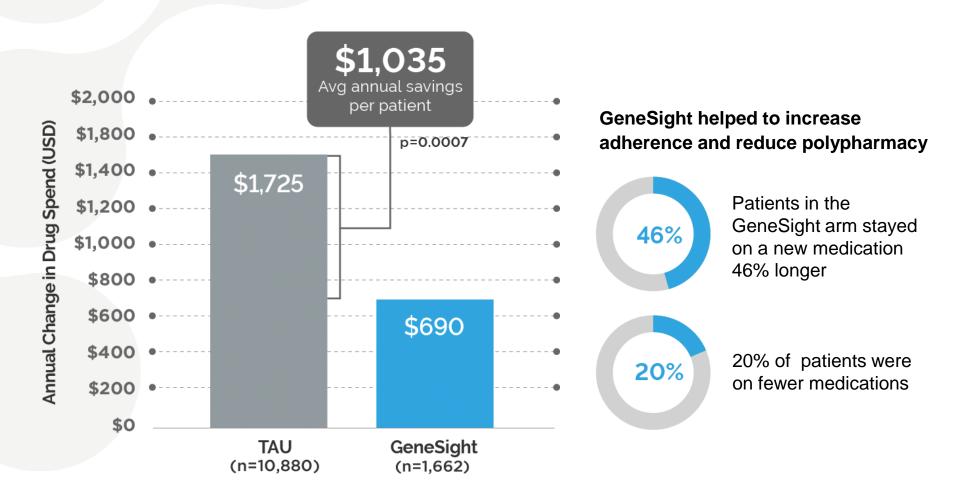
43%

Note: Not all patients who receive the GeneSight test will experience remission, response, or symptom improvement. Brown LC, et al. Pharmacogenomics. 2020 Jun;21(8):559-569.





# Patients in the GeneSight® Arm had Lower Total Annual Medication Costs Compared to TAU\*1



<sup>\*</sup> Not all patients who receive the GeneSight Psychotropic test will experience cost savings.

<sup>1</sup> Winner et al. Curr Med Research & Opin. (2015)







Questions? Comments? Feedback on this presentation?

Holly Johnson, Ph.D. holly.johnson@myriad.com (513) 701-7618



