

# HEALTH CARE PROVIDER INFORMATION

How can pharmacogenetic testing help you and your patient?

Read on to learn more about TreatGx<sup>plus</sup>!

## WHAT IS TREATGX<sup>plus</sup> AND HOW WILL THIS HELP MY PATIENT?

TreatGx<sup>plus</sup> is an all-in-one product that includes the myPGx pharmacogenetic test, comprehensive pharmacogenetic reports, and clinician access to the TreatGx clinical decision-support software. By testing for specific, clinically actionable genetic variants, TreatGx<sup>plus</sup> can give you the automated tools to personalize your patients' medication therapy and get them on the road to recovery faster. Using pharmacogenetics, in combination with other patient-specific information, will help you identify medications and medication doses that are likely to be the safest and most effective for your patient's specific condition **both now and in the future**. *Contact us if you do not have TreatGx integrated into your electronic medical record or pharmacy management system and would like to learn more.*

## THE PHARMACOGENETIC TEST AND REPORT

The myPGx pharmacogenetic test includes over 60 genetic variants associated with altered response to more than 150 commonly used medications. The comprehensive reports include information on how your patient's pharmacogenetic results may affect their response to each medication. Every drug-gene association also includes a level of evidence from the PharmGKB database, as well as references to the Health Canada drug label or clinical studies when relevant.

## THE TREATGX SOFTWARE

The TreatGx clinical decision support software includes more than 45 evidence-based treatment algorithms for conditions commonly treated in primary care. Each algorithm uses the most up-to-date evidence and guidelines to offer medication treatment options that are personalized for your patient based on pharmacogenetics, current medications, comorbid conditions, age, weight, kidney and liver function, and other relevant clinical factors. See <https://www.genxys.com/conditions-and-medications/> for a full list of conditions and medications included in the software.

## A SIMPLE PROCESS

1. **Complete both the GSC special authorization form and the GenXys pharmacogenetic patient consent form** (included in this package).
2. **Fax the special authorization form to GSC at 1.866.797.6483** on behalf of your patient and **fax the completed and signed patient consent form directly to GenXys at 1.855.910.0813**. (If approved by GSC, the patient will receive a promo code including details on how to order the test and submit their sample.)
3. Create a health care provider account by visiting <https://cdn.portal.genxys.com> and registering with GenXys to access the TreatGx software.
4. When the results of the test are ready, the health care practitioner will receive a faxed summary report, along with an email notification. (The patient can also log in to their patient account to invite additional health care providers to view their results.)
5. Access your health care provider account to view your patient's profile, including their pharmacogenetic test report and recommendations, and to create personalized and optimized medication options using the TreatGx software.

For more information, see the Resources pages at [www.genxys.com](http://www.genxys.com).





# PHARMACOGENETIC (PGx) TESTING - GenXys TreatGx<sup>plus</sup>

## SPECIAL AUTHORIZATION REQUEST FORM

Please note: Incomplete and/or missing information may delay the processing of your request.

### SECTION 1 – PATIENT INFORMATION

Surname	Green Shield I.D. #	Employer Name
First Name	Date of Birth (Y/M/D)	Telephone Number
Street Address	City	Province      Postal Code

I hereby authorize any licensed physician/dentist, pharmacist, medical practitioner, hospital, clinic or medically related facility, to provide to Green Shield Canada information regarding my health as it relates to this request.

I hereby authorize Green Shield Canada to obtain and exchange personal information with other parties as required, including any health care provider, patient assistance program and/or preferred pharmacy network (PPN) vendor working with Green Shield Canada for the purpose of administering this benefit. I acknowledge that my personal information is needed to assess eligibility for this drug, to administer the group benefits plan, and where applicable, to administer pharmacy preferred provider network and patient support programs on my behalf. I acknowledge that my personal information may be exchanged and transferred between these parties for these purposes and may include information about my prescription drug claims, diagnosis, medical condition, treatment, and other health related information. I acknowledge that providing my consent will help Green Shield Canada to assess my claim and that refusing to consent may result in delay or denial of my claim. This consent may be revoked by me at any time by sending written instructions to that effect at the address indicated below.

I understand that personal information may be subject to disclosure to those authorized under applicable law within Canada only when the information is needed to administer this benefit and/or to confirm the accuracy of this information.

I certify that the information given is true, correct, and complete to the best of my knowledge.

Date \_\_\_\_\_ Signature of Patient \_\_\_\_\_

(If under 16 years of age, the signature of the parent / guardian is required.)

### SECTION 2 - HEALTH CARE PROVIDER INFORMATION

Health Care Provider Name	Health Care Provider Signature	Specialty or Pharmacy Name	Date (Y/M/D)
Street Address		Telephone Number	
City	Province	Postal Code	Fax Number

### SECTION 3 – INFORMATION REQUESTED FOR EVALUATION

For the management of moderate to severe major depressive disorder and/or anxiety disorder (generalized or social) who have not responded appropriately to at least one prior medication (of adequate dose and duration<sup>1</sup>).

Diagnosis being treated and disease severity:

Major depressive disorder
 

	Severity Level	PHQ-9 <sup>2</sup> Score
<input type="checkbox"/>	Minimal	0-4
<input type="checkbox"/>	Mild	5-9
<input type="checkbox"/>	Moderate	10-14
<input type="checkbox"/>	Moderately Severe	15-19
<input type="checkbox"/>	Severe	20-27

Generalized or social anxiety disorder
 

	Severity Level	GAD-7 <sup>3</sup> Score
<input type="checkbox"/>	Minimal	0-4
<input type="checkbox"/>	Mild	5-9
<input type="checkbox"/>	Moderate	10-14
<input type="checkbox"/>	Severe	15-21

**Prior treatment details:**

Name of prior treatment: \_\_\_\_\_

Dose and timeframe used: \_\_\_\_\_

Results from prior treatment: \_\_\_\_\_

<sup>1</sup> Adequate duration defined as a treatment duration (at a therapeutic dose) of at least 4-6 weeks

<sup>2</sup> Patient Health Questionnaire-9 (PHQ-9) is a 9-item self-report questionnaire used to assess the nine diagnostic criteria of depression. (PHQ-9; Kroenke et al., 2001)

<sup>3</sup> General Anxiety Disorder-7 (GAD-7) is a 7-item self-report questionnaire used to assess generalized anxiety disorder symptoms severity. (GAD-7; Spitzer et al., 2006)

**Additional medication details (if applicable):**

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Please provide us with information on other coverage (provincial or private) as it pertains to this patient and medication:  
 Applied for coverage:  Yes  No  Approved  Denied

### SECTION 4 - MAILING INSTRUCTIONS

Once completed, return request form along with any original paid "Official Pharmacy" receipts to:  
 Green Shield Canada, Drug Special Authorization Department, P.O. Box 1606, Windsor ON N9A 6W1  
 Forms can be faxed or emailed: Fax: 1.519.739.6483 or Toll Free: 1.866.797.6483 or Email: [drugspecial.autho@greenshield.ca](mailto:drugspecial.autho@greenshield.ca)

## PLEASE FAX COMPLETED FORM TO 1-855-910-0813

### Patient Information

<b>Last name:</b>	_____	<b>First name:</b>	_____
<b>Date of birth:</b>	_____	<b>Sex at birth:</b>	<input type="checkbox"/> M <input type="checkbox"/> F
	MM/DD/YYYY		
<b>Health Card #:</b>	_____		
<b>Address:</b>	_____		
	Number	Street	Apt.
	City	Province	Postal Code
<b>Telephone:</b>	_____	<b>E-mail:</b>	_____
<b>Insurance company:</b>	<b>Green Shield Canada</b>	<b>Insurance Member/ ID #:</b>	_____

### Patient Consent (mandatory)

I confirm that I have followed the sample collection instructions provided in the specimen collection kit to the best of my abilities. I acknowledge that my sample and personal health information will be sent to GenXys Health Care Systems Inc. (GenXys) for the purpose of pharmacogenetic testing. I understand that GenXys will contact me for a new sample if a test result cannot be provided from the original sample. I understand that I will be contacted by GenXys to obtain consent should GenXys be asked to disclose my information for another reason, other than as required or permitted by law. I have read and understand the Test Limitations, Privacy Statement and Disclaimer set out below.

<b>Patient Signature:</b>	_____	<b>Date:</b>	_____
			MM/DD/YYYY

### Send Copy of Results to Health Care Provider (optional)

<b>Last name:</b>	_____	<b>First Name:</b>	_____
<b>Licence #:</b>	_____		
	Provider ID/College ID		
<b>Clinic/Pharmacy:</b>	_____		
<b>Address:</b>	_____		
	Number	Street	Unit
	City	Province	Postal Code
<b>Telephone:</b>	_____	<b>Fax:</b>	_____
	Required		Required

## Instructions

1. Fax the completed Pharmacogenetic Patient Consent Form to GenXys or have the patient keep the form to return with their sample.
2. **Apply for Prior Authorization:** GSC plan members must apply for special authorization to receive reimbursement for TreatGx<sup>plus</sup>.
3. **Order:** After receiving special authorization approval from GSC for TreatGx<sup>plus</sup>, follow the directions in the approval letter to order the TreatGx pharmacogenetic test kit.
4. **Prepare\*:** Rinse your mouth with water and do not eat, drink, smoke, chew gum, or brush your teeth for 30 minutes before collecting your sample.
5. **Take sample:** Open package and remove collector without touching sponge tip. Place sponge as far back in the mouth as comfortable and rub along the lower gums (see image in instructions booklet) in a back and forth motion. Gently rub the gums 10 times. If possible, avoid rubbing the teeth.
6. Gently repeat rubbing motion on the opposite side of the mouth along the lower gums for an additional 10 times.
7. Hold the tube upright to prevent the liquid inside the tube from spilling. Unscrew the blue cap from the collection tube without touching the sponge.
8. Turn the cap upside down, insert the sponge into the tube and **close cap tightly**. Invert the capped tube and shake vigorously 10 times.
9. Place the collection tube with your sample in the specimen bag including absorbent material and seal it. Complete identification label and adhere the label to the specimen bag. If you are preparing samples for more than one person, be sure to label them correctly.
10. **Checklist:** Place the specimen bag with the collection tube and identification label in the same box the kit came in. Check that everything is complete:
  - Collection tube inside specimen bag
  - Seal specimen bag
  - Complete identification label and adhere to specimen bag
  - This patient consent form should be put in the box if has not been faxed directly to GenXys
  - Seal the box using the adhesive strip
11. **Mail: After collecting your sample, mail it no more than 2 days later.** Drop the package off at any Canada Post Mail Box. The return box is pre-addressed and pre-paid.

\***Note:** The collection kit expires 3 months from the date of purchase.

## What is done with my sample after testing is complete?

No additional clinical testing will be performed on your buccal swab sample other than those authorized by your health practitioner. GenXys will disclose the test results only to the health practitioner listed on this form, unless otherwise authorized by you or as required by laws, regulations, or judicial order.

## Test Limitations

This is not a diagnostic test, and TreatGx is not a prescribing system. You should discuss your pharmacogenetic information with a health practitioner before you act upon the pharmacogenetic information resulting from this test. The medication brand names included in the pharmacogenetic report are not an exhaustive list and do not include combination therapies. Not all medications included in the pharmacogenetic report are included in the TreatGx or ReviewGx applications.

The report includes alleles of proteins involved in the metabolism of many medications. In rare cases, a variant that is not covered may be typed as \*1 or other variants. In the case of pseudogenes and mutations in the untranslated regions of genes, incorrect allele typing may occur despite proper SNP detection. Preferential amplification of one allele over another present in the sample may also lead to incorrect genotyping.

## Privacy Statement

The personal information collected on this form and all data subsequently resulting from the test, including pharmacogenetic information, will be used for quality assurance management and disclosed to the health practitioners involved in providing care, and otherwise used and disclosed only as permitted or required by the British Columbia Personal Information Protection Act and all related acts and regulations. Our privacy policies are available at [www.genxys.com](http://www.genxys.com).

## Disclaimer

We believe that you and your health practitioner should be partners in determining how to integrate the information from the pharmacogenetic test into your treatment plan taking all other factors (medical history, drug history, and other biophysical factors) into consideration.