

Medical Necessity Attestation for Pharmacogenetics Testing

The above patient has at least one medical condition requiring one or more prescription drug(s). Given the condition(s) and drug(s) being used, testing for drug metabolism and/or certain genetic risk factors is medically necessary.

These indications are clearly documented in the paperwork and supporting documentation provided to the laboratory at the time of order.

The testing on this order, to be performed by Acutis Diagnostics, for this patient in order to understand possible dangers and risks for suboptimal outcomes for specific medications currently prescribed under consideration. The indication for ordering this test is documented on the requisition form and supporting documentation that was provided to Acutis Diagnostics at the time of specimen delivery to the laboratory and is to specifically evaluate the following:

- Efficacy of medication therapy being considered or currently prescribed
- Risk for adverse reactions to medication being considered or currently prescribed
- Risk of drug to drug interactions with multiple medication therapy
- Overall proper medication dosing to ensure optimal outcomes
- Other

Medication List

Pain

Drug	Brand	Current	Previous	Potential Future	TF / ADR / TRE
Aceclofenac	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alfentanil	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carisoprodol	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celecoxib	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codeine	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diclofenac	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flurbiprofen	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocodone	Vicodin, Lortab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indomethacin	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levomethadone	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lornoxicam	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumiracoxib	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meloxicam	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nabumetone	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naproxen	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oliceridine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piroxicam	Feldene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remifentanyl	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufentanil	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenoxicam	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psychiatry

Drug	Brand	Current	Previous	Potential Future	TF / ADR / TRE
Amitriptyline	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amoxapine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atomoxetine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aripiprazole	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brexipiprazole	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citalopram	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clomipramine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clozapine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desipramine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diazepam	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doxepin	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duloxetine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escitalopram	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flibanserin	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoxetine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluvoxamine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haloperidol	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iloperidone	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imipramine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylphenidate	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirtazapine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nortriptyline	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paroxetine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perphenazine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pimozide	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risperidone	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sertraline	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thioridazine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trimipramine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venlafaxine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vortioxetine	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zuclopenthixol	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain and Psychiatry

Drug	Brand	Current	Previous	Potential Future	TF / ADR / TRE
Protriptyline	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Definitions:

Current: patient is currently prescribed and taking this medication. **Previous:** Patient was previously prescribed and took this medication. **Potential Future:** This medication may potentially used in the future to replace a current or previous medication. **TF/ADR/TRE:** the patient has/had a current or previous Therapeutic Failure (TF), Adverse Drug Reaction (ADR), and/or Toxicity Related Event (TRE).

Treatment Plan Statement

From the resulting pharmacogenomics data provided by Acutis Diagnostics for this patient, and through the following, I will provide my patient with an improved and preventative treatment regimen I plan to use this information to:

- Identify current prescription medications that may cause/be causing adverse reactions and/or drug to drug interaction
- Identify and prescribe medications that will provide optimal therapeutic results without the onset of adverse reactions and/or drug to drug interactions
- Determine the optimal medication dosing regimen
- Other

Patient History

Has the patient been diagnosed and/or have genetic testing for conditions related to this testing previously? YES NO

- If I check yes, I understand this may effect to coverage of this testing. I have included in the patients medical record why this testing is necessary.

Does the patient have a family history of any conditions related to genetic conditions that pertain to this testing? YES NO

Supporting Documentation

The following documents have been provided to further support the medical necessity of this testing.

- Patient medical records
- Patient notes from date of service, including medications that are under consideration for this patient
- Complete Medication List (completed on form or attached)
- Date eligibility and PGx benefits verified with patient's insurance company if applicable
- Medicare ABN (if applicable)
- Insurance authorization number (if applicable)
- Patient consent form
- Other

I certify based upon this patient's history, symptoms, examination findings and medical records that all ordered tests are medically necessary and eligibility and coverage for genetic (PGX) testing has been validated with insurance company. I understand any component of any test may be ordered individually and only tests ordered will be reported on.

Electronically Signed via Acutis CareEvolve Portal

