

Understanding Test Results: Medication Response™

This guide provides step-by-step guidance for interpreting patient test results.

Results Overview

This test identifies genetic variants in 15 pharmacogenes that may influence responses to 70+ commonly prescribed medications. Results can inform personalized prescribing decisions to optimize medication choice and dose.

To support clinical clarity and action, the report comes with a Clinical Guidelines Supplement that provides a summary of potential drug-gene interactions, informed by the patient's results and based on clinical pharmacogenomic guidelines.¹⁻³

Scan for more test information



Technical Overview



Product Overview

Report Walkthrough

✓ PATIENT REPORT

1 GENE	2 DIPLTYPE	3 GENE PHENOTYPE
CYP2B6	*1 / *6	Intermediate Metabolizer
CYP2C19	*17 / *17	Ultrarapid Metabolizer
CYP2C9	*1 / *1	Normal Metabolizer
CYP2D6	*2x3 / *29	Ultrarapid Metabolizer
CYP3A4	*1 / *1	Variant Absent
CYP3A5	*1 / *3	Intermediate Metabolizer
CYP4F2	*1 / *1	Variant Absent
DPYD	*1 / *1	Normal Metabolizer
IFNL3	rs12979860 T/T	Variant Present
NUDT15	*1 / *1	Normal Metabolizer
SLC01B1	*1 / *5	Decreased Function
TPMT	*1 / *1	Normal Metabolizer
UGT1A1	*1 / *1	Normal Metabolizer
VKORC1	rs9923231 C/C	Variant Absent

1 GENE INFORMATION

The specific genes analyzed.

2 DIPLTYPE

The specific genetic variants (diplotypes) present in each gene.

3 PHENOTYPE

The expected impact of detected variants on medication response. Metabolizer phenotypes describe the rate at which drugs are cleared from the body, which can influence the risk of adverse reactions.

+ CLINICAL GUIDELINES SUPPLEMENT

1 IMPACT LEGEND

▲ CONTRAINDICATED	Clinical guidelines* recommend selecting an alternative drug
⚠ MAJOR IMPACT	Clinical guidelines* suggest a change to dosage and elevated risk of adverse drug reactions
⚡ ALTERED DOSE	Clinical guidelines* suggest a change to dosage
✓ MINIMAL IMPACT	No guidance beyond standard course of action

*Pharmacogenomic guidelines presented in this supplement are based on those outlined in the [Clinical Pharmacogenetics Implementation Consortium \(CPIC\)](#) and the [FDA Table of Pharmacogenomic Associations](#), which compile materials from various sources of clinical pharmacogenomic information. Providers may use these guidelines as a reference, along with other clinical factors, to help them when selecting medications and dosages for this patient. **This guideline information is not intended to be used in isolation, and the provider needs to take into account all clinical considerations and FDA prescribing information before making any changes to treatment.**

2 ACTIONABLE DRUG-GENE INTERACTION SUMMARY

BEHAVIORAL HEALTH	CARDIOLOGY
⚡ atomoxetine CYP2D6 (Normal Metabolizer)	⚡ pitavastatin SLC01B1 (Decreased Function)
	▲ simvastatin SLC01B1 (Decreased Function)
	⚡ warfarin CYP2C9 (Normal Metabolizer)
	⚡ warfarin CYP4F2 (Variant Present)
	⚡ warfarin VKORC1 (Variant Present)

1 IMPACT LEGEND

Clinical guideline recommendations based on detected genetic variants.*

2 ACTIONABLE DRUG-GENE INTERACTION SUMMARY

Medications and associated genetic variants that are actionable under clinical guidelines (contraindicated, major impact, or altered dose). Those with minimal impact (no guidance beyond standard course of action) are also presented in the supplement.

*Guideline recommendations are not intended to be used in isolation—providers should consider all clinical and FDA prescribing information before modifying treatment plans.

Next Steps¹⁻³



Optimized Medications

To determine any potential changes to dosing or medications based on results, review the clinical guidelines supplement, request a clinical note from MyOme, and/or consult established guidelines.

PUBLISHED GUIDELINES

- ✓ Clinical PGx Implementation Consortium (CPIC)¹
- ✓ PharmGKB²
- ✓ FDA Table of Pharmacogenomic Associations³



Personalized Treatment Plan

When personalizing a patient's treatment, genetic information should be integrated with other factors such as patient history, current medications, and comorbidities.

PATIENT EXAMPLE

Based on test results, a patient is classified as a poor metabolizer for a particular medication. The patient may require a lower dose or an alternative treatment to avoid side effects and ensure medication efficacy.

Additional Support



Clinician–Clinician Consultation*

A clinician–to–clinician consultation to review results and management considerations is included with every report.



Patient Genetic Counseling*

Genetic counseling to help patients understand their results and what they mean for their care is included with every report.



Provider Resource Hub

Additional guides, FAQs, and educational resources are available on our website.

*These optional resources are offered by our third-party provider, DNAvisit.

We're Here to Help

For additional interpretation support, fill out our Contact Us form or reach out directly to support@myome.com to set up a consultation.



1. CPIC. Genes–Drugs. Web. cpicpgx.org/genes-drugs. Accessed Dec 2025. 2. ClinPGx. Clinical Guideline Annotations. clinpgx.org/guidelineannotations. Web. Accessed Dec 2025. 3. US Food & Drug Administration. Table of Pharmacogenetic Associations. 2022 Oct. Web. Accessed Dec 2025.

This test was developed, and its performance characteristics were determined, by MyOme, Inc., a clinical laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and College of American Pathologist (CAP) accredited to perform high complexity clinical laboratory testing. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). Test results should always be interpreted by a clinician in the context of clinical and familial data with the availability of genetic counseling when appropriate. MyOme is not responsible for the content or accuracy of third-party websites.