MD LABS

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REQUIRED – PLEASE COMPLETE ALL YELLOW HIGHLIGHTED SECTIONS

Pharmacogenetic Test Requisition

Right®
Right Medicine.
Right From the Start.

Pharmacogenomics - Medicare will only pay for the tests that are medically reasonable and necessary based on the clinical condition of each individual patient.
LCD L38335 - https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=38335

Patient & Collection Information

First Name	MI	Last Name	DOB	Sex ☐ M ☐ F	Diagnostic ICD-10 Code(s)
Collector's Name		Collection Date	Patient's Email		

Medication(s) of Concern:
Select any medication being considered for use or already being used for which you would like pharmacogenetics guidance to treat this patient.
Medication must be appropriate to treat Patient's diagnosed condition. (Example brand names are listed for convenience only and are the trademarks of their respective companies.)

- ❑ Amitriptyline (Elavil) CYP2D6
- ❑ Aripiprazole (Abilify) CYP2D6
- ❑ Atomoxetine (Strattera) CYP2D6
- ❑ Azathioprine (Azasan) TPMT
- ❑ Brexpiprazole (Rexulti) CYP2D6
- ❑ Brivaracetam (Briviact) CYP2C19
- ❑ Carisoprodol (Soma) CYP2C19
- ❑ Carvedilol (Coreg) CYP2D6
- ❑ Celecoxib (Celebrex) CYP2C9
- ❑ Cevimeline (Evoxac) CYP2D6
- ❑ Citalopram (Celexa) CYP2C19
- ❑ Clobazam (Onfi) CYP2C19
- ❑ Clomipramine (Anafranil) CYP2D6
- ❑ Clopidogrel (Plavix) CYP2C19
- ❑ Clozapine (Clozaril) CYP2D6
- ❑ Codeine CYP2D6

- ❑ Desipramine (Norpramin) CYP2D6
- ❑ Deutetrabenazine (Austedo) CYP2D6
- ❑ Dexlansoprazole (Dexilant) CYP2C19
- ❑ Diazepam (Valium) CYP2C19
- ❑ Donepezil (Aricept) CYP2D6
- ❑ Doxepin (Quitaxon) CYP2D6, CYP2C19
- ❑ Efavirenz (Sustiva) CYP2B6
- ❑ Eliglustat (Cerdelga) CYP2D6
- ❑ Escitalopram (Lexapro) CYP2C19
- ❑ Esomeprazole (Nexium) CYP2C19
- ❑ Fesoterodine (Toviaz) CYP2D6
- ❑ Fluoxetine (Prozac) CYP2D6
- ❑ Flurbiprofen (Ocufen) CYP2C9
- ❑ Fluvoxamine (Luvox) CYP2D6
- ❑ Galantamine (Razadyne) CYP2D6
- ❑ Gefitinib (Iressa) CYP2D6

- ❑ Iloperidone (Fanapt) CYP2D6
- ❑ Imipramine (Tofranil) CYP2D6
- ❑ Mercaptopurine (Purixan) TPMT
- ❑ Metoprolol (Lopressor) CYP2D6
- ❑ Mirabegron (Myrbetriq) CYP2D6
- ❑ Nebivolol (Bystolic) CYP2D6
- ❑ Nortriptyline (Pamelor) CYP2D6
- ❑ Omeprazole (Prilosec) CYP2C19
- ❑ Pantoprazole (Protonix) CYP2C19
- ❑ Paroxetine (Paxil) CYP2D6
- ❑ Perphenazine (Trilafon) CYP2D6
- ❑ Pimozide (Orap) CYP2D6
- ❑ Piroxicam (Feldene) CYP2C9
- ❑ Propafenone (Rythmol) CYP2D6
- ❑ Propranolol (Inderal) CYP2D6
- ❑ Protriptyline (Vivactil) CYP2D6

- ❑ Rabeprazole (AcipHex) CYP2C19
- ❑ Risperidone (Risperdal) CYP2D6
- ❑ Simvastatin (Zocor) SLCO1B1
- ❑ Tacrolimus (Prograf) CYP3A5
- ❑ Tamsulosin (Flomax) CYP2D6
- ❑ Tetrabenazine (Xenazine) CYP2D6
- ❑ Thioguanine (Tabloid) TPMT
- ❑ Thioridazine (Mellaril) CYP2D6
- ❑ Tolterodine (Detrol) CYP2D6
- ❑ Tramadol (Ultram) CYP2D6
- ❑ Venlafaxine (Effexor) CYP2D6
- ❑ Voriconazole (Vfend) CYP2C19
- ❑ Vortioxetine (Trintellix) CYP2D6
- ❑ Warfarin (Coumadin) VKORC1, CYP2C9

MEDICATIONS LISTED HAVE CLINICALLY ACTIONABLE DRUG-GENE INTERACTIONS, AS DETERMINED BY THE FDA OR CPIC GUIDELINES

Select Your Report Preference

❑ **Comprehensive Report**
Includes pharmacogenetic findings for all medications listed above.

❑ **Pain Management Report**
Includes pharmacogenetic findings for: Amitriptyline, Azathioprine, Carisoprodol , Celecoxib, Citalopram, Clobazam, Clomipramine, Codeine, Desipramine, Doxepin, Fluoxetine, Flurbiprofen, Imipramine, Mercaptopurine, Nortriptyline, Paroxetine, Protriptyline, Tacrolimus, Tramadol, Venlafaxine, and Vortioxetine.

PROVIDER'S AUTHORIZATION
I hereby authorize MD Labs to perform the testing indicated above

I acknowledge that I will provide the appropriate diagnosis codes (ICD-10) to the highest level of specificity, as to support medical necessity of the tests ordered. Additionally, I will have documentation to support medical necessity recorded in the patient's medical chart. I understand the Office of the Inspector General requires such documentation in the patient's medical record including date of service, tests ordered and documentation to support medical necessity. I also agree to comply in a timely manner with any request for medical documentation required for the adjudication of MD Labs claims.
Reminder: Please include in your patient's chart notes your reasons for ordering pharmacogenetic testing to avoid any Payer-related concerns.

Provider's Authorization Signature: _____ Date: _____

SEND TOP COPY TO MD LABS WITH SAMPLE & ATTACH A COPY OF PATIENT FACE SHEET AND INSURANCE CARD

PEEL LABEL HERE ↓	PEEL LABEL HERE ↓	PEEL LABEL HERE ↓
Date:_____ Time:_____ PT Initials_____	Date:_____ Time:_____ PT Initials_____	Date:_____ Time:_____ PT Initials_____

CMS MEDICAL NECESSITY GUIDELINES[1,2]

The clinical record must clearly show the use of or intent to prescribe a drug that has known drug-gene interactions that require a PGx test to be ordered to define the safe use of that drug in that patient. In order for any of the above services to be covered, the patient's medical record must clearly reflect the following:

1. The patient has a diagnosis for which pharmacologic therapy is reasonable and necessary, and the drug or drugs that the clinician is considering using must be reasonable and necessary for the treatment of the patient's diagnosis.

2. The clinician has made an initial personalized decision for the patient based on the patient's diagnosis, the patient's other medical conditions, other medications the patient is taking, professional judgement, clinical science and basic science pertinent to the drug (e.g. mechanism of action, side effects), the patient's past medical history and when pertinent family history and the patient's preferences and values.

3. The provider performing the service must have a record of what drug(s) is/are being considered and for what indication(s) to ensure the test performed is reasonable and necessary.

[1] Local Coverage Determination (LCD): MolDX: Pharmacogenomics Testing (L38335)
[2] Other insurance carriers' coverage may vary

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