Background: Pharmacogenomics looks at how an individual's DNA affects the way they respond to drugs. Pharmacists play an important role in implementing pharmacogenomics, including promoting the optimal use and timing of pharmacogenomic tests; interpreting pharmacogenomic test results; and educating healthcare professionals, patients, and the public about the field of pharmacogenomics. Guidelines from the Clinical Pharmacogenetics Implementation Consortium (CPIC) and Dutch Pharmacogenetics Working Group (DPWG) provide consensus recommendations for using PGx information in treatment decisions. While testing guidance from PGx consortia are helpful, most practicing clinicians are unaware of these guidelines and rely on clinical practice guidelines (CPGs) published within their clinical specialty to guide which tests they order.

Objectives: The primary objective is to review general medicine CPGs and identify if pharmacogenetic testing is recommended for gene-drug pairs with potential clinical utility.

Methods: CPGs from US-based clinical organizations were reviewed for information regarding PGx testing for 5 gene-drug (or drug class) pairs that were categorized as general medicine medications. An effort was made to be inclusive of major known guidelines from USA-based clinical practice organizations, including those listed in Lexicomp for each drug of interest.

Results: Pharmacogenetic information was identified in 7 CPGs for 4 drug-gene pairs.

Conclusions: This review demonstrates inconsistency in PGx testing guidance, including a lack of any recommendation in many CPGs. Further work is needed to clearly define clinical utility for PGx and provide guidance on appropriate study designs to generate the evidence to support clinical utility.

Disclosures: The authors have nothing to disclose.