SUPPLEMENTARY MATERIALS

Table S1. Genes, variants, and alleles included on the Vanderbilt University Medical Center pharmacogenomic panel test as of September 2020.For each gene, alleles are assigned *1 if all variant alleles are absent.

Gene	Variants	Alleles
CYP2C9	rs1799853, rs1057910, rs9332131, rs7900194, rs28371685, rs28371686	*1, *2, *3, *5, *6, *8, *11
CYP2C19	rs12248560, rs4244285, rs4986893, rs28399504, rs72552267, rs41291556	*1, *2, *3, *4, *6, *8, *17
CYP2D6 [†]	rs28371706, rs16947, rs59421388, rs1080985, rs35742686, rs3892097, rs1065852, rs28371725, rs5030655, rs5030867, rs5030656, rs5030865(T), rs5030865(A), rs1135840, rs5758550	*1, *2, *2A, *3, *4, *6, *7, *8, *9, *10A, *14, *17, *29, *41
CYP3A5	rs776746, rs10264272, rs41303343	*1, *3, *6, *7
CYP4F2	rs2108622	*1, *3
DPYD	rs3918290, rs56038477, rs67376798, rs115232898, rs55886062	*1, *2A,1236G>A, 2846A>T, 557A->G, *13
NUDT15	rs116855232, rs186364861	*1, *2, *3, *5
SLCO1B1	rs4149056	*1, *5
TPMT [‡]	rs1800462, rs1800460, rs1142345, rs1800584, rs56161402	*1, *2, *3B, *3C, *4, *8
VKORC1	rs9923231	-1639G>A

 $^{+}CYP2D6$ copy number is determined by a separate assay; ^{+}If variants rs1800460 and rs1142345 are both present, *3A allele is presumed, but cannot rule out *3B/*3C compound heterozygosity.

Drug Gene Interaction	Publication Date	Variants Updates	Guideline Updates	Examples of Variants and/or Recommendation Updated
Ivacaftor and CFTR	Mar 2014	3	1	Addition of CFTR variants; G1244E, G1349D, G178R, G551S, etc.
Clopidogrel and CYP2C19	Sep 2013	0	1	Focused on patients with ACS undergoing PCI, refined recommendations for variant and novel <i>CYP2C19</i> alleles beyond *2
Warfarin and <i>CYP2C9/VKORC1</i>	Dec 2016	0	2	Incorporated <i>CYP4F2</i> , rs12777823 and ancestry into dosing recommendation
Atomoxetine and <i>CYP2D6</i>	Feb 2019	0	1	CYP2D6 genotype to phenotype translation changes
Codeine and CYP2D6	Apr 2014	0	2	CYP2D6 genotype to phenotype translation changes
Ondansetron/Tropisetron and CYP2D6	Dec 2016	0	1	CYP2D6 genotype to phenotype translation changes
Tamoxifen and CYP2D6	Jan 2018	0	1	CYP2D6 genotype to phenotype translation changes
Selective Serotonin Reuptake Inhibitors and <i>CYP2D6</i> and <i>CYP2C19</i>	Aug 2015	0	1	CYP2D6 genotype to phenotype translation changes
Tricyclic Antidepressants and <i>CYP2D6</i> and <i>CYP2C19</i>	Dec 2016	0	2	CYP2D6 genotype to phenotype translation changes
Fluoropyrimidines and DPYD	Oct 2017	3	2	Refined dose reduction recommendation
Rasburicase and G6PD	Aug 2014	1	0	New interpretation of <i>G6PD</i> A variant as IV/normal function (previously II-IV/Deficient-normal function)
Carbamazepine/Oxcarbaz epine and <i>HLA</i>	Dec 2017	0	1	Increased scope of the recommendations expanded to include the use of carbamazepine and oxcarbazepine based on <i>HLA-A</i> *31:01 and <i>HLA-B</i> *15:02 genotypes, respectively
Simvastatin and SLCO1B1	Oct 2014	0	1	Included brief review on <i>SLCO1B1</i> genotype and risk of myopathy for other statins
Thiopurines and TPMT/NUDT15	Nov 2018	1	2	Additional recommendations for <i>TPMT</i> and <i>NUDT15</i> indeterminate phenotypes and updated <i>NUDT15</i> *9 function status from "uncertain function" to "no function"
Atazanavir and UGT1A1	Sep 2015	2	0	Additional information on <i>UGT1A1</i> *80 allele with very high linkage disequilibrium with *28 and *37

ACS=acute coronary syndrome, PCI= percutaneous coronary intervention

Figure S1. PREDICT's Pharmacogenomics interpretation report, which includes results, interpretations, and recommendations. Evidence links are included to provide additional resources for clinical guidance, including primary literature. A separate laboratory report provides the assay methodology, variants tested and any relevant comments that may be unique to the patient from the reviewing molecular-diagnostics professional. Image is copyright of Epic Systems Corporation and used with permission.

Pharmacogenomics Pnl ((Predict) Report	Order: 155405808
Collected: 1/6/2020 02:33 Status: F	inal result Visible to patient: Yes (My Health at Vanderbilt)	
Component		
TPMT-Thiopurines-interpretation	normal metabolizer	
TPMT-Thiopurines-result	*1/*1	
Comment: THIOPURINES int	erpretation: Normal metabolizer - Normal myelotoxicity risk. Visit	
https://www.mydruggenom	e.org/dgi/thiopurine for more info.	
SLCO1B1-Simvastatin-	normal risk	
interpretation		
SLCO1B1-Simvastatin-result	*1/*1	
Comment: SIMVASTATIN int	erpretation: Normal myopathy risk (limited pediatric evidence). Visit	
https://www.mydruggenom	e.org/dgi/simvastatin for more info.	
CYP3A5-Tacrolimus-	intermediate responder	
interpretation		
CYP3A5-Tacrolimus-result	*1/*3	
Comment: TACROLIMUS inte	rpretation: Intermediate metabolizer - Increased starting dose may be required. Visit	
https://www.mydruggenom	e.org/dgi/tacrolimus for more info.	
CYP2D6-Codeine-interpretation	normal metabolizer	
CYP2D6-Codeine-result	(*1/*2A) 2N	
Comment: codeine interpr	etation: Normal metabolizer - Standard dosing recommended. Visit https://www.mydruggenome.org/dg	i/codeine
for more info.		
CYP2D6-Tramadol-interpretation	normal metabolizer	
CYP2D6-Tramadol-result	(*1/*2A) 2N	
Comment: TRAMADOL interp	retation: Normal metabolizer - Standard dosing recommended. Visit https://www.mydruggenome.org/	dgi/tramadol
for more info.		
CYP2C19-Clopidogrel-	rapid metabolizer	
interpretation		
CYP2C19-Clopidogrel-result	*1/*17	
Comment: CLOPIDOGREL int	erpretation: Rapid metabolizer - No decreased anti-platelet effect (limited pediatric evidence).	Visit
https://www.mydruggenom	e.org/dgi/clopidogrel for more info.	
CYP2C19-Voriconazole-	rapid metabolizer	
interpretation		
CYP2C19-Voriconazole-result	*1/*17	
Comment: VORICONAZOLE in	terpretation: Rapid metabolizer - Risk for non-response. Clinical pharmacist consult recommended	. Visit
https://www.mydruggenom	e.org/dgi/voriconazole for more info.	

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Figure S2. PREDICT Genomic Indicators before and after system updates. Genomic Indicators are used to deliver PGx results to pharmacists and clinicians within the Epic EHR. A copy of the PREDICT Genomic Indicators from 2018 (a) and 2020 (b) are shown to demonstrate programmatic improvements in the incorporation of clinical support into the EHR. Images are copyright of Epic Systems Corporation and used with permission.

Genomic Indicators in 2018

Genomic Indi	cators		
Search for indicator	+ Add		
Indicator		Туре	Updated
DGI1:Clopidogrel Sen	sitivity intermediate metabolizer	Drug	6/23/2017 by
Overview	Patient indicator generated automatically on 6/23/2017 for: Result: CYP2C19-CLOPIDOGREL-INTERPRETATION Value: intermediate metabolizer		
① Linked Res	ults		
₹ View linit	ted results		
() About This	Indicator		
This DGI per metabolite	rtains to the interaction between the CYP2C19 gene and clopidogrel. Extensive literature and FDA warning labels indicate patients with genetically reduct of clopidogrel, diminished antiplatelet responses, and generally exhibit higher cardiovascular event rates following a coronary stent procedure than do pati	ed CYP2C19 function der ents with normal CYP2C1	nonstrate lower systemic exposure to the active 9 function.
References	Evidence Link		
DGI3:Simvastatin Sen	itivity high risk	Drug	6/23/2017 by
Overview	Patient indicator generated automatically on 6/23/2017 for: Result: SLCO1B1-SIMVASTATIN-INTERPRETATION Value: high risk		
() Linked Res	ults		
₹ View linit	ted results		
() About This	Indicator		
This DGI po	rtains to the interaction between the SLCO1B1 gene and simvastatin. Extensive literature and FDA warning labels indicate increased risk for myopathy in	patients with a specific g	enetic differences on the SLCO1B1 gene.
References	Evidence Link		
DGI2:Warfarin Sensiti	/ity vkorc1 a/g: cyp2c9 *1/*2	Drug	6/23/2017 by
Overview	Patient indicator generated automatically on 6/23/2017 for: Result: VKORC1/CYP2C9-WARFARIN-INTERPRETATION Value: vkorc1 a/g; cyp2c9 *1/2		
() Linked Res	ults		
Tiew line	ed results © 2020 Epic Systems Corporation. Used with permission	l.	

(b)

(a)

Genomic Indicators in 2020

D	Clopidogrel Interpretation: Rapid metabolizer Codeine Interpretation: Normal metabolizer Simvastatin Interpretation:	Drug Drug Drug	1/9/2020 by User, System Default 1/9/2020 by User, System Default	2	Linked Results
D	Codeine Interpretation: Normal metabolizer Simvastatin Interpretation:	Drug Drug	1/9/2020 by User, System Default		Linked Results
D	Simvastatin Interpretation:	Drug			
	Normai risk		1/9/2020 by User, System Default		Linked Results
D	Tacrolimus Interpretation: Intermediate metabolizer	Drug	1/9/2020 by User, System Default	2	Linked Results
×	About Thiop No increased m	urines Interp yelotoxicity risk	vretation: Normal metal c. Standard dosing recommer	oolizer 🗾 Ided.	Linked Results
D	Evidence Link				Linked Results
D	Voriconazole interpretation: Rapid metabolizer	Drug	1/9/2020 by User, System Default		Linked Results
D	Warfarin interpretation:	Drug	1/9/2020 by User, System Default		Linked Results

Figure S3. Comparing CYP2D6 genotype-to-phenotype resolution before and after CPIC guidelines.

(a) Previous CPIC genotype-to-phenotype guidance permitted alleles to be scored as 0, 0.5, 1, and 2+ (for gene duplication). The translation of these activity scores meant poor metabolizers (PM) were scored 0, intermediate metabolizers (IM) were 0.5, normal metabolizers (NM) ranged from 1-2, and ultrarapid metabolizers (UM) were scored as >2.

(b) The new CPIC CYP2D6 genotype-to-phenotype guidance now scores alleles as 0, 0.25, 0.5, 1, and 2+. These new activity scores facilitate greater phenotypic resolution wherein PMs were scored 0, IMs range from 0.25-1, NMs range from 1.25-2.25, and UMs are >2.25. Collectively, the revised system captures more genotype-to-phenotype nuance, which is represented by greater activity score coverage in the figure (the activity score spectrum traversing the two panels). Figure adapted from Caudle et al., 2020. ¹



Reference

 Caudle, K. E. et al. Standardizing CYP2D6 Genotype to Phenotype Translation: Consensus Recommendations from the Clinical Pharmacogenetics Implementation Consortium and Dutch Pharmacogenetics Working Group. Clin Transl Sci 13, 116–124 (2020).