

# Options for CYP2C9 genotype testing

Novartis has partnered with LabCorp and Quest to cover the costs of CYP2C9 testing\* for all patients being considered for MAYZENT® (siponimod) tablets, regardless of insurance type

## Independent of the MAYZENT Start Form

Providers can order the test directly from LabCorp or Quest. No custom form is required, and both accept test orders via EMR, a prescription pad, or generic requisition form. Test codes for each lab are provided below. Using the appropriate test code ensures timely results and a custom report with the recommended maintenance dosage.

Results are returned via EMR or fax as per provider preference. Providers will need to have an account with their reference lab of choice to receive results (see below for new account setup).

### LabCorp:

- Use test code **512215 CYP2C9 Testing for Siponimod**
- Walk-ins are welcome, or patients can make an appointment online at **LabCorp.com/labs-and-appointments**
- Providers can request a blood specimen pickup at their offices online at LabCorp.com or by calling **1-855-LABCORP (1-855-522-2677)**
- To set up a new account, providers can contact their local LabCorp representative or sign up online at **LabCorp.com/provider-services**
- A blood draw fee of no more than \$10 may apply and be billed by LabCorp to the patient or the patient's health insurance when using a LabCorp Patient Service Center

### Quest:

- Use test code **39510-Cytochrome P450 2C9 Novartis**
- Walk-ins are welcome, or patients can make an appointment online at **appointment.questdiagnostics.com/patient/confirmation**
- Providers can request a blood specimen pickup at their offices by calling **1-877-MY-QUEST (1-877-697-8378)**
- To set up a new account, providers can contact **1-877-MY-QUEST (1-877-697-8378)** or sign up online at **provider.questdiagnostics.com/hcp-contact-us**

## Using the MAYZENT Start Form

Providers can request CYP2C9 genotype testing when completing the Start Form by checking the box next to "Genotype CYP2C9" in Section 4.


- Complete the Start Form on CoverMyMeds.com, or fax it to the number at the top of the form. Do not submit the Start Form to LabCorp or Quest
- A Program Coordinator will help to schedule the blood draw at a Program-sponsored medical facility or at the patient's home
- Test results will be reported to the provider via fax and uploaded to the CoverMyMeds® portal, as authorized by the patient on the Start Form (see example on page 2)


CYP2C9 genotype testing is required to determine candidacy and the appropriate maintenance dosage for MAYZENT before treatment initiation. MAYZENT is contraindicated in patients who have a CYP2C9\*3/\*3 genotype.

\*A CYP2C9 genotype blood test is available at no cost to any patient who is being considered for treatment with MAYZENT. Limitations may apply. The cost of the test may not be billed to any third-party payer. Providers are responsible for obtaining patient consent for genetic testing in accordance with all applicable laws. This Program is not contingent on any orders or purchase of products or services from LabCorp, Quest, or Novartis. This Program is subject to termination or modification at any time.

# Reviewing results: LabCorp

Test results will provide information to help you determine candidacy for treatment with MAYZENT® (siponimod) tablets and the appropriate maintenance dosage.





Weidong Huang, MD, Medical Director  
345 Oyster Point Blvd  
South San Francisco, CA 94080 - Tel: (800) 777-0177

Patient Name	DOB	Patient ID/Medical Record #	Gender	Monogram Accession #
Date Collected	Date Received	Date Reported	Mode	Report Status
Referring Physician			Reference Lab ID/Order #	
Comments				

**Cytochrome P450 2C9 Genotyping - Siponimod**

**Test result**

**2C9 Genotype: \*1/\*1**

CYP2C9 Genotype	Prescribing Information for Siponimod ±
*1/*1 *1/*2 *2/*2	The standard maintenance dose (2 mg once daily) is recommended.
*1/*3 *2/*3	A modification of the maintenance dose is recommended. The recommended dose is 1 mg once daily (4 x 0.25 mg) to avoid an increased exposure to siponimod.
*3/*3	Siponimod should not be used in patients with a CYP2C9*3*3 genotype. Use of siponimod in these patients results in substantially elevated siponimod plasma levels.

**Director Review:** Weidong Huang, MD, PhD  
Director, Monogram Biosciences

**Methodology:**  
DNA analysis is performed by allele-specific real-time polymerase chain reaction (PCR) to detect the \*2 and \*3 alleles in the CYP2C9 gene. No other variants in this gene are detected by this assay. Molecular-based testing is highly accurate, but as in any laboratory test, rare diagnostic errors may occur.

**CYP2C9 Information:**  
Cytochrome P450 CYP2C9 is involved in the metabolism of several clinically important drugs in addition to siponimod including warfarin and some anti-diabetic drugs. Individuals with CYP2C9 \*2 or \*3 alleles may experience a reduced therapeutic response and may be at increased risk for side effects from drugs that are metabolized by CYP2C9. The exact effect of a particular genotype on individual drugs can vary. About 20% of the Caucasian population have at least one \*2 or \*3 variant. These variants are rare in African and Asian populations. The metabolism of drugs is also influenced by race, ethnicity, diet and other medications and all factors should be considered prior to initiating new therapy. All results must be interpreted in the context of other test results and clinical findings. This result does not rule out the possibility of variant alleles in other drug metabolism pathways. Patients should speak with their health care provider about the individual results of this test.  
± Mayzent (siponimod) [package insert]. East Hanover, NJ: Novartis Pharmaceutical Corporation; 2019.

**For more information on interpreting this report, please visit [www.MonogramBio.com](http://www.MonogramBio.com) or call Customer Service at 800-777-0177 between the hours of 6:30am to 5:00pm PT Monday through Friday.**

This assay meets the standards for performance characteristics and all other quality control and assurance requirements established by CLIA. The results should not be used as the sole criteria for patient management. This test was developed and its performance characteristics determined by Monogram Biosciences. It has not been cleared or approved by the FDA. This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-777-0177. The provision of this free test is not contingent on any requirement to utilize or purchase this test, or any other product or service, in the future. Additionally, provision of this free test by Novartis Pharmaceutical Corporation is a form of patient support with no independent value and is not intended to influence the independent medical judgment of any health care provider. Because this test is being provided to the patient free of charge to determine the clinical appropriateness and/or appropriate dosing of siponimod, a claim for reimbursement may not be submitted for this test to any insurer, including commercial insurers or federal health care programs such as Medicare and Medicaid.


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**Recommended maintenance dosage according to the full Prescribing Information**

**See the full Prescribing Information for additional considerations to determine appropriate dosage**

# Reviewing results: Quest

Test results will provide information to help you determine candidacy for treatment with MAYZENT® (siponimod) tablets and the appropriate maintenance dosage.


Report Status: Final  
TEST, CYTOCHROM

Patient Information	Specimen Information	Client Information
<b>TEST, CYTOCHROM</b>  <b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID:	Specimen: TC39510_P_V1 Requisition: 0053920  Collected: 04/27/2020 / 03:00 MDT Received: 04/27/2020 / 10:37 MDT Reported: 04/27/2020 / 11:14 MDT	Client #: 97502840    1234567

Test Name	In Range	Out Of Range	Reference Range	Lab														
CYTOCHROME P450 2C9, NOVARTIS CYP 2C9 GENOTYPE				EZ														
<b>Test result</b> → <span style="border: 1px solid red; padding: 2px;">RESULT: CYP2C9*1/*1</span>																		
SEE NOTE																		
<p>DNA testing indicates this individual has one copy of the CYP2C9*1 allele which causes a reduction in activity of CYP2C9 and is negative for the other variant alleles in the CYP2C9 gene examined. An individual with one deficiency allele may have lower enzyme activity than the general population. This test cannot rule out the possibility that he or she is a carrier of a rare deficiency mutation on the other chromosome which would result in a poor metabolizer (PM) phenotype. Laboratory testing supervised and results monitored by Felicitas L. Lacbawan, MD, FCAP, FACMG.</p> <p>Laboratory testing supervised and results monitored by Felicitas L. Lacbawan, MD, FCAP, FACMG.</p>																		
<div style="border: 1px solid red; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CYP2C9 Genotype</th> <th style="width: 80%;">Prescribing Information for Siponimod</th> </tr> </thead> <tbody> <tr> <td>*1/*1</td> <td>The standard maintenance dose (2 mg once daily) is recommended</td> </tr> <tr> <td>*1/*2</td> <td></td> </tr> <tr> <td>*2/*2</td> <td></td> </tr> <tr> <td>*1/*3</td> <td>A modification of the maintenance dose is recommended. The recommended dose is 1mg once daily (4 x 0.25) to avoid an increased exposure to siponimod.</td> </tr> <tr> <td>*2/*3</td> <td></td> </tr> <tr> <td>*3/*3</td> <td>Siponimod should not be used in patients with a CYP2C9*3*3 genotype. Use of siponimod in these patients results in substantially elevated siponimod plasma levels.</td> </tr> </tbody> </table> </div>					CYP2C9 Genotype	Prescribing Information for Siponimod	*1/*1	The standard maintenance dose (2 mg once daily) is recommended	*1/*2		*2/*2		*1/*3	A modification of the maintenance dose is recommended. The recommended dose is 1mg once daily (4 x 0.25) to avoid an increased exposure to siponimod.	*2/*3		*3/*3	Siponimod should not be used in patients with a CYP2C9*3*3 genotype. Use of siponimod in these patients results in substantially elevated siponimod plasma levels.
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<p>In all cases, the appropriate prescribing of a medication and other treatment decisions is determined by the treating physician based upon the physician's education, experience and clinical evaluation of the patient and the patient's relevant history. Specific dosing information and recommendations are based on studies conducted by the pharmaceutical company during drug development and subsequent submissions to the FDA.</p> <p>Health care providers, please contact your local Quest Diagnostics' genetic counselor or call 1-866-GENEINFO (866-436-3463) for assistance with the interpretation of these results.</p>																		
CLIENT SERVICES:		SPECIMEN: TC39510_P_V1		PAGE 1 OF 2														
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**Recommended maintenance dosage according to the full Prescribing Information**

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