

## Pharmacogenomics in a Community Pharmacy Setting

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## About Bay Street Pharmacy

- ▶ Founded 1984
- ▶ “Traditional” community pharmacy serving a largely geriatric demographic in a community of 25,000
- ▶ Our mission is to improve patient’s quality of life one patient at a time to fulfill our motto “where caring people care for you”



## How/when we got started with pharmacogenomic testing

- ▶ Recruited by a local representative from a lab - 5 and ½ years ago
- ▶ Rep had been testing with area physicians, however tests were not being properly interpreted/acted upon
- ▶ Bay Street Pharmacy became involved to assist with interpretation and long term patient followup

## Initial barriers

- ▶ Educational needs - more education for pharmacists to understand the testing process and the application of the results
- ▶ Legal/regulatory - necessary requirements for payment of the test; concerns about kickback laws
- ▶ Payment for pharmacist services

## Patient recruitment

- ✓ Direct marketing to physicians - pharmacists to help with interpretation of test results, reporting back and maintaining in our records for future use
- ✓ Pharmacist recommendation based on treatment failure, side effects, other factor?
- ✓ Presentations to community groups
- ✓ Articles in area health-related publications
- ✓ Bag stuffers/posters in store in addition to some “tabling” in our store

## Typical pharmacogenomic patient process

- ❖ Patient identified
- ❖ Bring them in to swab, collect demographic info, billing information and a current medication list
- ❖ Send order to physician to sign (includes patient consent)
- ❖ Once order signed and returned, send sample and order to lab
- ❖ Results typically returned within 2 weeks (or sooner) via secure process (provider portal or encrypted email)
- ❖ Results reviewed by pharmacist then forwarded to prescribing physician with any recommendations
- ❖ Patient called to come in to have consultation to review results
- ❖ Patient results retained for future reference

## Ongoing barriers/concerns

- Physician acceptance - “not a medically necessary test”
- Variance among payers - coverage may include only part of a test or not at all
- Cost of the test - price is coming down, but many patients unwilling to pay out of pocket if non-covered
- Payment for pharmacist services
- Future use of the results
- Labs not staying in business - storage/access to results (databank?)