with a Genomind psychopharmacologist, regardless of ICD diagnosis on the requisition form. Data were extracted from de-identified consult notes entered by the psychopharmacologist. Consultants made a total symptom severity assessment based on CGI-S (Clinician Global Impression Severity) criteria. Most patients were described as mildly (15%), moderately (59%), or markedly ill (21%). The most common presenting symptoms identified in the cohort were "Anxious" (61.6%), "Depressed" (61.1%), "Inattentive" (37.8%) and "Hyperactive" (11.4%). The most common co-occurring symptoms in patients with a depressive presentation were "Anxious" (68.1%), "Inattentive" (16.0%), "Manic/Hypomanic" (11.1%), "Insomnia" (9.8%) and "Irritable/Angry" (7.4%). The most common co-occurring symptoms in patients presenting with anxiety were "Depressed" (67.6%), "Inattentive" (20.9%), "Panic" (11.5%), "Worry/Rumination" (11.2%) and "Hyperactive" (11.1%). This analysis suggests that PGx testing is commonly being utilized in patients with symptoms of anxiety, mood lability and inattentiveness. Future PGx research should prioritize the selection of patients with these symptoms to generate evidence that matches the real-world users of commercial PGx services.

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Utilization of Psychiatric Pharmacogenomic Testing by Primary Care Physicians and Advanced Practice Providers: Confidence and Implementation Barriers

Ryan B. Griggs, PhD[1], Renee E. Albers, PhD[1], Priya Maheshwari, RPh[1], Ramya Kartikeyan, PhD[1], Chelsea R. Kasten, PhD[1], Sukhbir Bahra, MS[2], Jovana Lubarda, PhD[2], Natalie Guevara, DVM[2], Sagar V. Parikh, MD[3] and Holly L. Johnson, PhD[1]

[1]Myriad Genetics, Inc., Salt Lake City, UT; [2]Medscape, New York, NY and [3]University of Michigan Eisenberg Family Comprehensive Depression Center and Department of Psychiatry, and National Network of Depression Centers, Ann Arbor, MI

Introduction. Pharmacogenomic (PGx) testing identifies individual genetic variation that may inform medication treatment. Sentiment and barriers may limit PGx testing. Here we compare confidence in utilizing PGx testing and barriers to implementation by type of provider and treatment condition as identified in a survey.

Methods. Healthcare providers in the primary care setting were targeted between November 2022 and February 2023 via the Medscape Members paid market research program. The survey included 5 demographic, 5 multiple-choice, and 4 multi-component five-point Likert scale questions to assess PGx sentiments, use, and education in mental health (e.g., depression) and primary care (e.g., cardiovascular disease) conditions. Responses were descriptively compared.

Results. Of 305 U.S. provider respondents [40% nurse practitioners (NPs), 33% frontline MDs/DOs, 3% physician assistants (PAs), 24% other], 32% of NPs/PAs and 29% of MDs/DOs had used PGx testing for mental health conditions. The major barriers to adopt PGx testing were similar for mental health and primary care conditions yet differed by provider type. NPs/PAs (72-77%) were more concerned with patient cost than MDs/DOs (46-55%), whereas MDs/DOs were more concerned with evidence of clinical utility (54-59%) than NPs/PAs (40-42%). In respondents who use PGx testing, MDs/DOs reported slightly more confidence utilizing PGx than NPs/PAs. For both groups, confidence in using PGx for mental health conditions was somewhat greater than for non-mental health conditions.

Conclusions. These data illuminate the implementation barriers and confidence levels of clinicians utilizing PGx testing. Increasing awareness around patient cost and evidence of clinical utility for PGx testing may improve utilization.

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Sustained Improvements in Chorea Associated with Huntington Disease with Once-Daily Valbenazine: Interim Results from a Long-Term Open-Label Study

Erin Furr Stimming, MD, FAAN[1], Daniel O. Claassen, MD[2], Elise Kayson, MS[3], Jody Goldstein, BS[3], Sean C. Hinton, PhD[4], Olga Klepitskaya, MD, FAAN[4], Hui Zhang, PhD[4], Grace Liang, MD[4] and Dietrich Haubenberger, MD

[1]The University of Texas Health Science Center at Houston, McGovern Medical School, Houston, TX; [2]Vanderbilt University Medical Center, Nashville, TN; [3]Huntington Study Group, Rochester, NY and [4]Neurocrine Biosciences, Inc., San Diego, CA

Introduction. In a recently published Phase 3 trial (KINECT™-HD; NCT04102579), once-daily treatment with valbenazine significantly improved chorea versus placebo in adults with Huntington disease (HD). Individuals who completed KINECT-HD, along with de novo participants, were allowed to enroll in KINECT™-HD2 (NCT04400331), the first long-term study of once-daily valbenazine for chorea associated with HD. Pre-planned interim analyses from this ongoing study were conducted to evaluate the maintenance of valbenazine's effect on chorea and its long-term safety in adults with HD.

Methods. All KINECT-HD2 participants start valbenazine at 40 mg with increases to 60 mg (Week 2) and 80 mg (Week 4); target maintenance dose is 80 mg once daily until end of treatment (up to 156 weeks). Concomitant antipsychotic medications

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