Workshop 1
To start an evidence based PGx service on:
- starters with antidepressants;
  - children with epilepsy
- patients with treatment after acute coronary syndrom

to more effective and safe drug use in individual patients
Gene-drug combinations investigated up to 1-2-2019 (97x)
Strategy
Collaborative work (pharmacists, medical doctors, ICT specialists) / national or international (EU)
Use existing infra structure of Prepare
Make it person centered
Chose the approach (gene panel, number of genes, drugs);
select relevant drug-gene interactions that matter in our population
Use existing guidelines and experience, and decide whether other guidelines are necessary
Follow the medical research framework: pilot based on evidence, trial
Start up in one hospital as a scientific project together with genetic experts there, expand to pharmacogenes (easier to deal with legislations)

First steps
Set up the project team / study protocol
Get funding
Set up a network with laboratories
Evidence based protocol for pharmacists: steps how to implement PGx (select patients, take swabs etc)
Implement guidelines in clinical decision support systems of healthcare providers

Involve patients: inform on added value, what it means, how to use PGx, ask for their needs
Develop easy to read information for patients and healthcare professionals
interprofessional education for broader implementation
Limitations
Funding
Evidence: clinical evidence on efficacy, cost effectiveness
Regulation
Public fear for ethic issues
Role of pharmacists within professional network (‘resistence’)
Data management (within pharmacy / exchange with others)
Good patient communication

Tips from 23 participants from 9 countries
Propose evidence based pharmacy service to physicians to help them with medication of their patients
  Results may be needed; help them with things they cannot do
Show pharmacy services to patients: what we can do for them
  PGx could be one aspect in this
Make a good choice in a relevant drug-gene interaction