

Innovative Medication Risk Management Tool



Pharmacogenetics (PGx) Saving Medicare Advantage Plans Millions



How Much Are ADRs Costing Your Organization

- An estimated 128,000 Americans die yearly and 2.7 million more are hospitalized from taking their medication as prescribed and directed.¹
- Adverse drug reactions (ADRs) account for over 3.5 million physician office visits annually.²
- ADRs increase ER admissions by as much as 42% and 30-day hospital readmissions by up to 52%.³
- ADRs prolong hospital stays by 1.7 to 4 days.²
- 1 in 10 hospital admissions in older patients are caused by ADRs.⁴
- 6.7% of hospitalized patients have a serious ADR.⁵
- Roughly 50 percent of hospital patients are given a drug that could cause serious side effects.⁶
- As much as 50% of prescribed medications can be ineffective.⁷
- About 75% of patients have at least one variant in their metabolic factories and do not metabolize drugs normally.⁴

Stop ADRs From Taking Their Toll On Your Members ...And Your Profits

Due to our genetic differences, a medication that works ideally for one person may be harmful, ineffective, or even deadly for another.^{7,9}

When our bodies do not metabolize a drug as intended, it may cause severe adverse effects, which can be dangerous, agonizing, and expensive.

This makes ADRs a costly liability for Insurance Carriers, particularly Medicare Advantage Plans, not to mention its toll on their member population.

The Safer, Humane, More Profitable Solution

By utilizing Pharmacogenetic (PGx) testing understanding the intricate connections between DNA and medication treatment options has never been easier.

With a simple cheek swab, physicians can determine if a medication is more likely to help or harm a patient before prescribing a drug.

"PGx testing is the science that allows us to predict a response to drugs on an individual's genetic makeup."

Felix Frueh – FDA – Former Associate Director

Tomorrow's medicine Today.

Pharmacogenetic Testing:
Increasing the safety and efficacy of prescription drug therapy

Leading Medical Institutions that have Adopted PGx Testing



¹ AMA & U.S. News and World Report – Sept 27th, 2016. ² ODPHP - Office of Disease Prevention and Health Promotion. ³ John Nelson MD., former president of AMA. ⁴ NIH National Institutes of Health & AMA. ⁵ FDA. ⁶ St. Jude and Vanderbilt Medical Center. ⁷ Slone Epidemiology Center. ⁸ Scientific American. ⁹ Mayo Clinic.

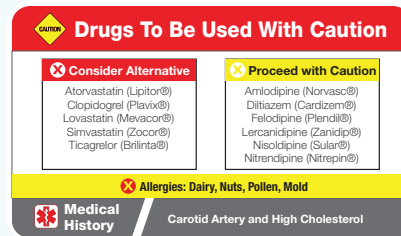
The Benefits of Pharmacogenetics (PGx) The Right Drug – The Right Dose - Right From The Start

PGx testing provides insight into how a person's genetic makeup affects their ability to metabolize and respond to medication. Armed with this knowledge, doctors can tailor a personalized medication plan to reduce the risk of costly ADRs, saving insurance carriers millions in avoidable claims.

Without PGx testing, doctors must resort to risky drug trials, exposing their patients to ineffective medications and insidious side effects that can severely affect their health.

The importance of PGx testing cannot be overstated. Its health benefits surpass conventional perks such as gym memberships, emergency alert devices, transportation, and OTC benefits and can enhance members' overall quality of life.

- Reduces Prolonged Hospital Stays
- Fewer Follow-up Doctor Visits Adjusting Medication
- Reduces Emergency Room Visits
- Medication Safety Benefit Attracts New Members
- Reduces 30-day Hospital Readmissions
- Lifetime Utility – You Only Need to be Tested Once
- Lowers Overall Prescription Drug Costs
- Improves Members Health and Quality of Life
- Achieves Therapeutic Benefits Sooner
- Eliminates the Guesswork for Physicians



We can provide your members with a personalized wallet-sized 911 Medication Alert Card. This will ensure that their list of potentially dangerous medications is readily available during a medical emergency or when consulting with a specialist to quickly identify which medications NOT to administer.

Real People – Real Cases – Real Proof – Real Cost



Marion W.

Marion was PGx tested in April 2019. Based on the results, her doctor advised her to stop taking the Metoprolol which she had been taking for years and decreased the dosage of her HBP medications. Two years later, her pain management doctor ignored her PGx report and prescribed 300 mg of Tramadol, that caused a life-threatening ADR and she was hospitalized for three days. If her doctor had adhered to the PGx report guidelines, all the expense and suffering could have been avoided.



Mike F.

Mike was having difficulty sleeping, so his doctor prescribed Escitalopram. After five weeks of undesirable side effects and no relief, he had a PGx test and learned he was a rapid metabolizer of Escitalopram. If he had been preemptively PGx tested, it would have saved him and his insurance company money and Mike time by avoiding a useless trip to the pharmacy to purchase an ineffective drug. More importantly, he would have received relief weeks sooner.



Dorothy J.

Dorothy was experiencing a piercing headache, so she went to the ER. They gave her Reglan 5mg, IV push once, and Toradol 15 mg. A few days later, she was having stroke-like symptoms, so her doctor ordered an MRI. Several months later she had a PGx test and discovered that she was a slow metabolizer of Toradol. If she had a preemptive PGx test, it could have saved her insurance carrier thousands of dollars and spared her the distress and anguish caused by a preventable ADR.

Not All Pharmacogenetic (PGx) Tests Are Created Equal

It is essential to mention that most labs focus on only a limited number of drugs, genes, and variants, so many physicians have never been exposed to a comprehensive PGx test. This has led to some hesitation among doctors regarding using these tests.

A comprehensive PGx test utilizes Next Generation Sequencing (NGS) assay to provide clinically actionable information for medications across a broad range of medical fields, including anesthesiology, cardiology, endocrinology, gastroenterology, gynecology, immunology, infectious diseases, neurology, oncology, pain management, psychiatry, respiratory, rheumatology, toxicology, urology, and more. The test also yields results for drug-drug, drug-food, drug-alcohol, and drug-lab interactions.

Example Cover Page of a Comprehensive Personalized PGx Report

-For physician use only-

Comprehensive Drug Information for Doe, John

❌ CONSIDER ALTERNATIVES		DOSE RECOMMENDATION		
Drug Impacted	Recommendation	Drug Impacted	Recommendation	
Atorvastatin (Lipitor®)	CONSIDER ALTERNATIVES	Phenprocoumon (Marcoumar®)	INCREASE DOSE	
Clopidogrel (Plavix®)		Atorvastatin (Lipitor®)	DECREASE DOSE to lowest necessary dose daily	
Lovastatin (Mevacor®)		Lovastatin (Mevacor®)		
Simvastatin (Zocor®)		Simvastatin (Zocor®)	DECREASE DOSE	
Ticagrelor (Brilinta®)		Warfarin (Coumadin®)	Warfarin daily dose 3-4mg	
✅ NORMAL RESPONSE EXPECTED		⚠️ PROCEED WITH CAUTION		
Drug Impacted	Recommendation	Drug Impacted	Recommendation	
Atenolol (Tenormin®)	NORMAL RESPONSE EXPECTED	Amlodipine (Norvasc®)	USE CAUTION	
Benazepril (Lotensin®)		Diltiazem (Cardizem®)		
Perindopril (Aceon®)		Felodipine (Plendil®)		
Bumetanide (Bumex®)		Lercanidipine (Zanidip®)		
Furosemide (Lasix®)		Nisoldipine (Sular®)		
Hydrochlorothiazide (Microzide®)		Nitrendipine (Nitrepin®)		

Only selected drugs are listed here due to limited space. Please refer to Patient Specific Genotype Results table for comprehensive illustration of drugs in each action category.

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*Typically, test results take about ten days, so preemptive testing is highly recommended so the results are readily available in a medical emergency or before trying a new drug.

Schedule Discovery Call

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To Establish Your Pharmacogenetics (PGx) Program With Saferrx, Email or Text: Mike Fiedler
727-655-0642 | pgxmike@gmail.com | www.saferrx.net