Quest Diagnostics®

Measurable value of pharmacogenomics (PGx)
Help improve care and lower spend systemwide

Evidence from multiple studies shows PGx reduces costs across populations and care settings.[1-6]

Polypharmacy patients in long-term care[1]

$621 per patient annual savings

1–3 drugs eliminated or replaced

Polypharmacy patients in home health management demonstrated reduced rehospitalizations and emergency department visits[6]

Patients with depression[5]

$3,711 average savings in direct medical costs

$2,553 in work-productivity costs per patient in a lifetime

Elderly polypharmacy patients[2]

$218 per patient average cost savings during the 4-month follow-up period

Psychiatric patients[3]

$3,988 per member average annual cost savings*

Patients with cardiovascular disease[4]

$445 per patient average annual cost savings

PGx testing matches genetics to metabolism, helping to improve outcomes and delivering potential financial impact

Turn precision prescribing into measurable savings for your health system.
Learn more at QuestDiagnostics.com/PGxTesting

* A separate observational study reported average cost savings of $2, 774.53 per patient in 1 year.[7]

References

1. Saldivar JS, Taylor D, Sugarman EA, et al. Initial assessment of the benefits of implementing pharmacogenetics into the medical management of patients in a long-term care facility. *Pharmgenomics Pers Med*. 2016;9:1-6. doi:10.2147/PGPM.S93480 **2.** Brixner D, Biltaji E, Bress A, et al. The effect of pharmacogenetic profiling with a clinical decision support tool on healthcare resource utilization and estimated costs in the elderly exposed to polypharmacy. *J Med Econ*. 2016;19:213-228. doi:10.3111/13696998.2015.1110160 **3.** Brown LC, Lorenz RA, Li J, et al. Economic utility: Combinatorial pharmacogenomics and medication cost savings for mental health care in a primary care setting. *Clin Ther.* 2017;39(3):592-602.e1. doi:10.1016/j.clinthera.2017.01.022 **4.** Johnson SG, Gruntowicz D, Chua T, Morlock RJ. Financial analysis of CYP2C19 genotyping in patients receiving dual antiplatelet therapy following acute coronary syndrome and percutaneous coronary intervention. *J Manag Care Spec Pharm.* 2015;21:552-557. doi:10.18553/jmcp.2015.21.7.552 **5.** Hornberger J, Li Q, Quinn B. Cost-effectiveness of combinatorial pharmacogenomic testing for treatment-resistant major depressive disorder patients. *Am J Manag Care*. 2015;21:e357-365. https://pubmed.ncbi.nlm.nih.gov/26247576/ **6.** Elliott LS, Henderson JC, Neradilek MB, et al. Clinical impact of pharmacogenetic profiling with a clinical decision support tool in polypharmacy home health patients: a prospective pilot randomized controlled trial. *PLoS One*. 2017;12(2):e0170905. doi:10.1371/journal.pone.0170905 **7.** Winner JG, Carhart JM, Altar CA, et al. Combinatorial pharmacogenomic guidance for psychiatric medications reduces overall pharmacy costs in a 1-year prospective evaluation. *Curr Med Res Opin*. 2015;31(9):1633-1643. doi:10.1185/03007995.2015.1063483

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