340B | ORPHAN DRUG SOLUTIONS

CLIENT CASE STUDY

CRITICAL ACCESS HOSPITAL · MINNESOTA · SINGLE ENGAGEMENT

$247,000

Orphan drug revenue recovered in a single client engagement.

12 YEARS	100%	< 1 QTR
Exclusive orphan drug focus	Findings rate, every engagement	Typical time to first recovery

The Client

A rural Critical Access Hospital in Minnesota with an established 340B program. The pharmacy team was capable, the program was operational, and the hospital believed it was capturing the savings it was entitled to.

The Situation

The hospital was seeking a dedicated orphan drug revenue review. The orphan drug carve-out — created by the 2015 PhRMA v. HHS ruling — gives expansion entities access to discretionary pricing on a defined set of drugs. That pricing is the single most under-recovered revenue lever in the 340B program for rural hospitals.

The Approach

A turnkey engagement: case-mix and orphan purchase analysis, a customized orphan drug list built around the hospital's specific portfolio, direct manufacturer outreach to secure discretionary pricing, split-billing software integration, and job aids so the pharmacy team could maintain the program without spinning their wheels.

The Result

$247,000 in orphan drug revenue recovered. The engagement paid for itself inside the first quarter. The hospital now operates with a maintained orphan drug program, quarterly updates, and monthly alerts on newly-approved drugs — and the pharmacy team got their time back.

> *"If your rural hospital has never had a dedicated orphan drug revenue review, you're almost certainly under-recovering. The only question is by how much."*
>
> **— Rev. Dr. Lisa Nezneski,** PharmD, BCPS · Founder

Included in Every Engagement

- Customized orphan drug list built around the hospital's portfolio
- Automated quarterly updates and monthly newly-approved drug alerts
- Direct manufacturer outreach for discretionary pricing
- Split-billing software integration and credit-and-rebill review
- Biosimilar selection and switching strategy
- Job aids for the pharmacy team — operational, not theoretical
- Priority support, direct line to the practitioner

Find out what your hospital is missing.

Free 30-minute orphan drug revenue assessment for CAHs, SCHs, and RRCs.

Rev. Dr. Lisa Nezneski, PharmD, BCPS
lisa@340borphandrugsolutions.com · www.340BOrphanDrugSolutions.com