

340B Pharmacy Program for Federally Qualified Health Centers Fact Sheet

What is the 340B Pharmacy Program?

- Managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA)
- Limits the cost of covered outpatient drugs to certain federal grantees, FQHC look-alikes, and qualified disproportionate share hospitals
- Significant savings ranging from 20%-50% on pharmaceutical costs for safety-net providers

Purpose of 340B

- To enable eligible organizations to stretch scarce federal resources, reaching more eligible patients and providing more comprehensive services
- To promote access to affordable medications, efficient business practices, outcomes-driven pharmacy services, and quality assurance.

Organizations Eligible for 340B discount:

Family planning clinics, HIV/Ryan White clinics, state-operated AIDS Drug Assistance Programs, black lung clinics, hemophilia treatment centers, urban Indian organizations, Native Hawaiian health centers, sexually transmitted disease and tuberculosis clinics, disproportionate share hospitals, children's hospitals, critical access hospitals, free-standing cancer hospitals, rural referral centers, and sole community hospitals.

- Federally Qualified Health Centers (FQHCs)
 - FQHC look-alikes
 - Consolidated Health Centers
 - Migrant Health Centers
 - Health Care for the Homeless
 - Healthy Schools/Healthy Communities
 - Health Centers for Residents of Public Housing
 - Office of Tribal Programs or Urban Indian Organizations

How to apply:

- If your organization qualifies, submit the appropriate registration form located on the 340B database found on the HRSA website. Mail to: Office of Pharmacy Affairs, 5600 Fishers Lane, Mailstop 10C-03, Rockville, MD 20857. Fax: 301-594-4982.

Statistics:

- In a 2011 study, when participants were asked to rate the importance of 340B on a scale of 1-5, 96% checked off a 4 or 5.
- Based on a 2011 study, approximately 93% of responders believe 340B provides increased access to prescription drugs for their patients.

- 70% of respondents indicated their costs would increase by a minimum of 41% if drug purchased were made at non-340B prices.
- Loss of 340B drugs to health centers could impact patient health outcomes, reduce medical visits, reduce health center revenues and reduce access to prescription drugs to patients living in certain rural areas.