

# Same Drug, Half the Cost:

\$1M + Annual Savings  
Through Channel Optimization

How a clinical nurse identified  
a specialty infusion drug  
being paid at twice the PBM  
rate — and moved it.

## APPROACH



**High-Cost Claim Review By  
Clinical Staff**



**PBM and Medical Carrier  
Coordination**



**Ongoing Surveillance**

## RESULTS

### 1 **\$1 Million saved annually**

Immediate financial  
impact

### 2 **Patient care was maintained without disruption**

By coordinating at-home  
infusions

## OTHER CASE STUDIES

- [Case Study 2](#)
- [Case Study 3](#)

## AT A GLANCE

An Alliant clinical nurse reviewing high-cost triggers for a large academic institution flagged Soliris — a specialty infusion drug for atypical hemolytic uremic syndrome — billed under the medical plan at \$2 million per year.

- Cost above benchmark
- Trigger identified
- Review initiated

## THE FIND

The nurse contacted both the medical carrier and the PBM.

The finding was the \$2 million claim being paid through the medical carrier. The PBM equivalent was \$1 million annually for the same drug.

Alliant coordinated a channel shift from medical carrier to PBM, navigating carrier resistance to close the gap, while supporting the patient to receive home infusions instead of the hospital outpatient department.

Happy patient, happy client.

## THE ALLIANT DIFFERENCE

- Alliant performed member-level cost analysis against both medical and PBM benchmarks simultaneously.
- Clinical knowledge of drug administration pathways and carrier negotiation.
- Willingness to push carriers toward channel changes — not just document the opportunity.
- Ongoing surveillance so the savings hold year over year.

