

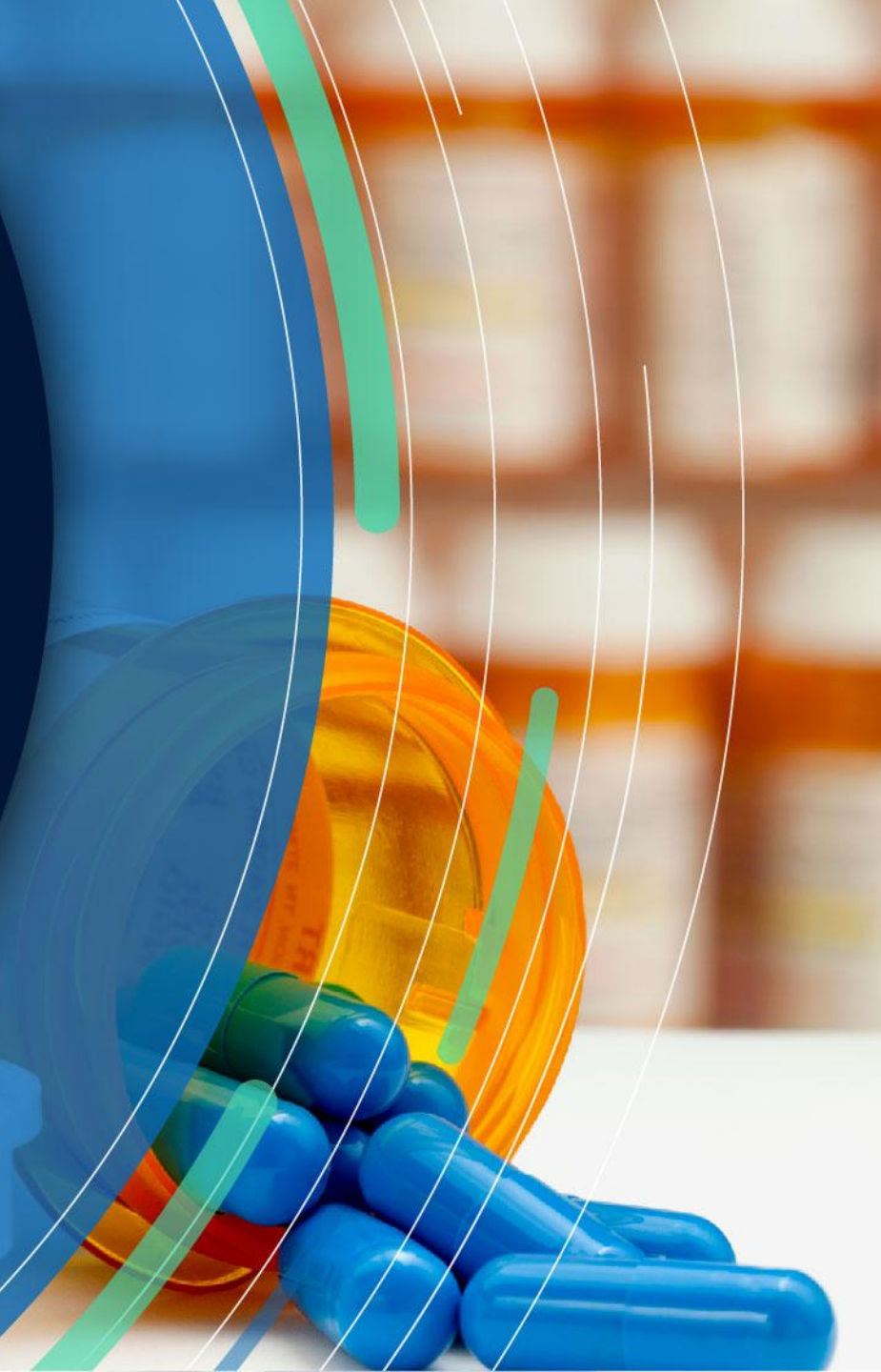


مجلس الضمان الصحي
Council of Health Insurance

Webinar 1

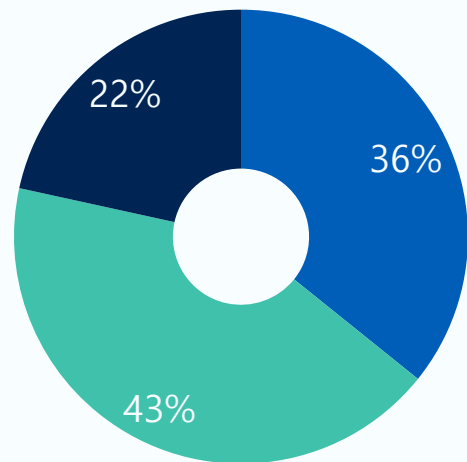
DAMAN DRUG FORMULARY (DDF) FRAMEWORK

Strategic Insights for Stakeholder
Alignment and Effective
Implementation



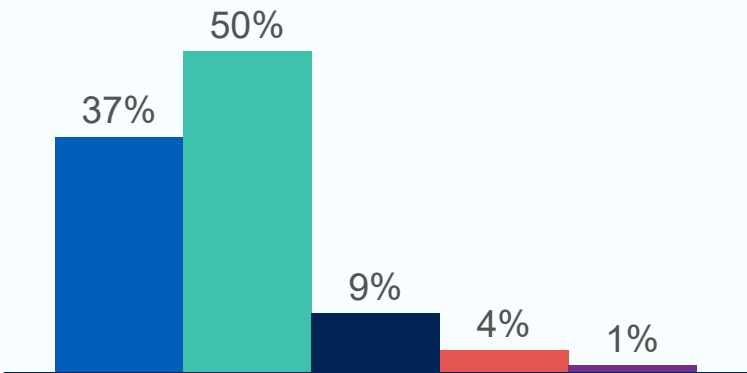
Survey Analysis

Usage of the Master Excel Sheet



- Yes
- No
- Others (e.g., sometimes, rarely)

Participants Profile



- Healthcare Providers
- Healthcare Professionals
- Pharma Industry
- Insurance Companies
- CHI Beneficiaries

Top 3 questions for the CHI Team

- “I would like to know more about how to access and use the formulary, and if there are any training materials”
- “How to use”
- “What is the plan to find solutions for the challenges
- What is the role of pharmacists in CHI?

Top Challenges mentioned

- What is the process and timeline for adding new molecules to the DDF formulary, and how does NPHIES integration impact this?
- Understand the ecosystem

Webinar Objectives

01.

Understand the structure and governance of the CHI Daman Drug Formulary (DDF)

02.

Learn the process of indication reviews, drug submission, and approval timelines

03.

Gain a comprehensive understanding of the CHI drug monitoring process and its impact

04.

Get practical guidance on using the DDF Master Excel Sheet

***Engage with CHI representatives and stakeholders on current challenges and improvements**

DDF Educational Webinar

Time	Topic	Speaker
15:00- 15:05	Opening Keynote	Dr Ibrahim Al Juffali
15:05–15:25	Evolving DDF Toward a Value-Based Formulary	Dr Ibrahim Al Juffali and Dr Nada Alagil
15:25–16:05	DDF Maintenance and Monitoring	ITKAN
16:05–16:20	Panel of Experts: Insights and Interactive Q&A	ALL
16:20–16:30	Closing Remarks	Dr Nada Alagil

Webinar Panelists



Dr. Ibrahim Al-Juffali

**CHI Pharmaceutical
Advisor
Chairperson of PTC**



Dr. Nada Alagil

**Senior Medical Advisor
CHI**

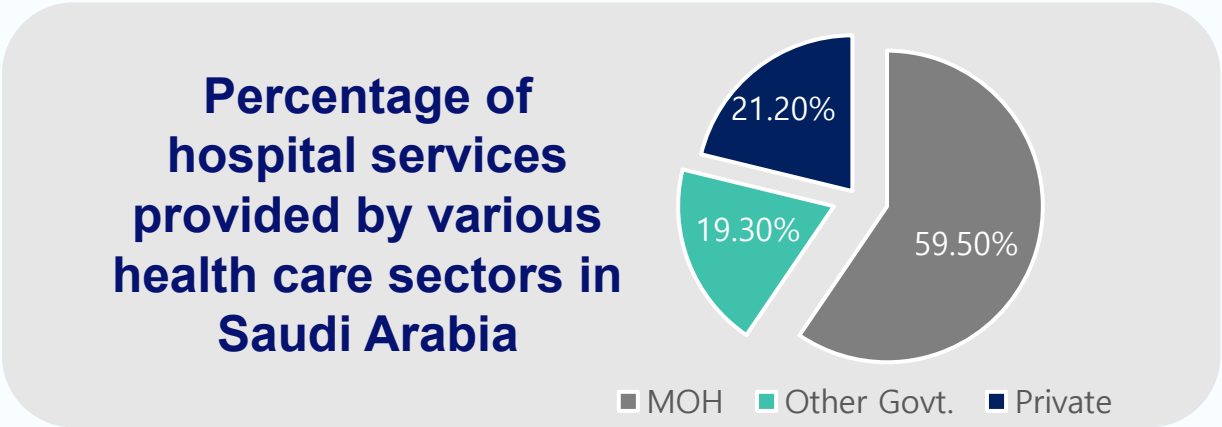
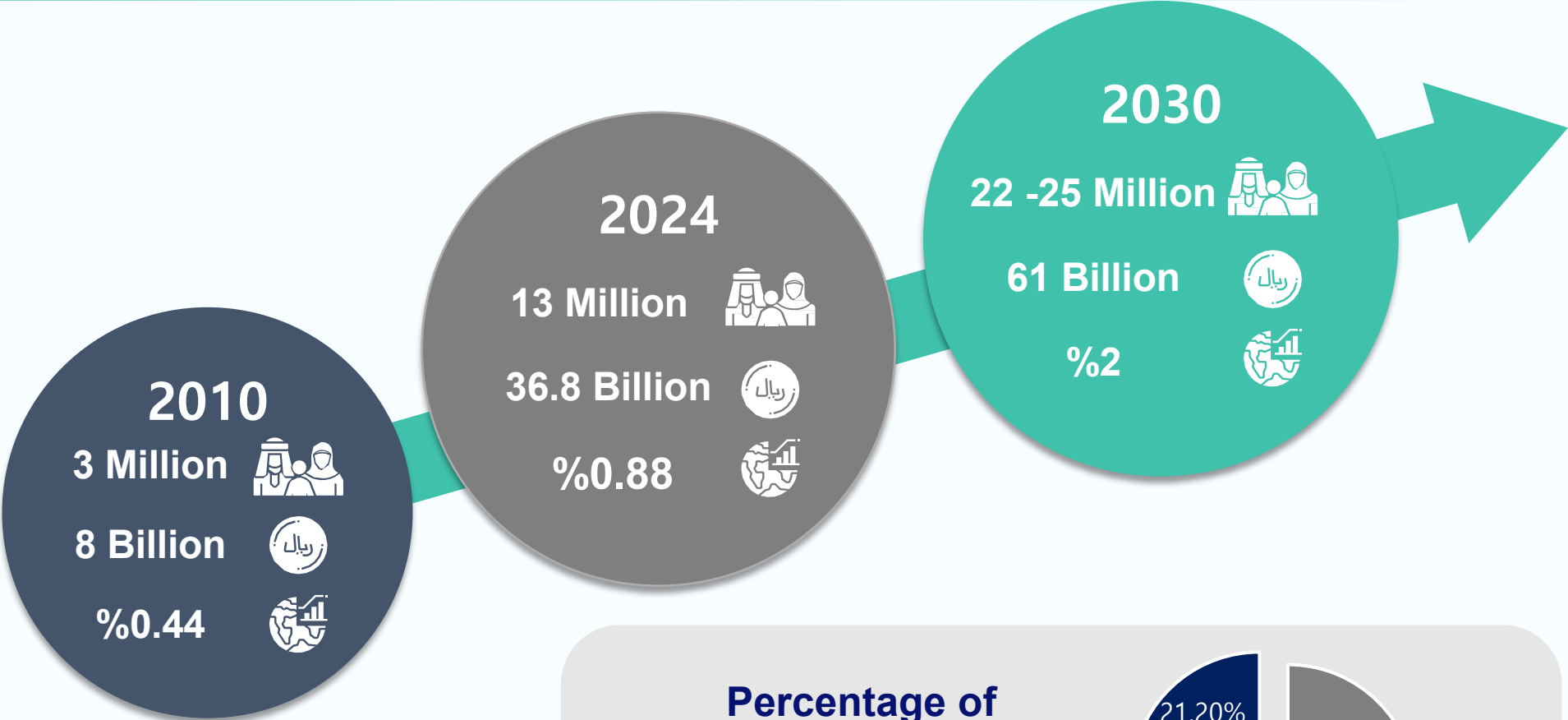
Private Health Insurance Sector growth



Vision 2030
Objectives



100
Million
Visitors
Emergency
coverage



Council Of Health Insurance (CHI)



CHI SG

Dr. Shabab Alghamdi

- By 2030, our estimates indicate that the Cooperative Health Insurance Scheme in Saudi Arabia will cover **22 million beneficiaries**.
- In financial terms; this will equate to a Gross Written Premium (**GWP**) of around **SAR60 billion**;
- A full **two per cent of the Kingdom's Gross Domestic Product (GDP)**.
- We draw upon the clearly established strategic objective of the Kingdom's health care transformation agenda, **to shift to Value-Based Health Care (VBHC)**
- We foresee a **holistic approach** within the framework of the CHI's VBHC strategy, involving extensive advocacy and **stakeholder engagement** activities to foster the change.

White Paper on Value-Based Payment

Council of Health Insurance (CHI)

Husein Reka, Senior Advisor Healthcare Finance, Policy & Innovation

Abdullah Almaghrabi, Policy Director

Dr. Shabab Alghamdi, Secretary General

Value-based Health Care in Saudi Health Insurance Market

As part of this strategy, CHI has devised the following strategic objectives:

- 1 Enable **target population segments** to be **fully covered and protected**
- 2 Enable **payers and providers** to **improve their services to beneficiaries with progressive policies**
- 3 Improve the **sustainability and innovation of the sector**
- 4 Operate as a **reliable, lean and learning regulator**
- 5 Catalyze the **digital transformation of the sector**

$$\text{VALUE} = \frac{\text{Health Outcomes that Matter to Patients}}{\text{Cost of Delivering Healthcare}}$$



العناصر الإستراتيجية | تم تطوير الهيكل الإستراتيجي بناءً على الركائز الرئيسية لمجلس الضمان الصحي





جهة مُبتكرة
ومستدامة ومتميزة
رقمياً



تعزيز الإلتزام



رعاية صحية مبنية
على الجودة
والكفاءة



تمكين أصحاب
العمل



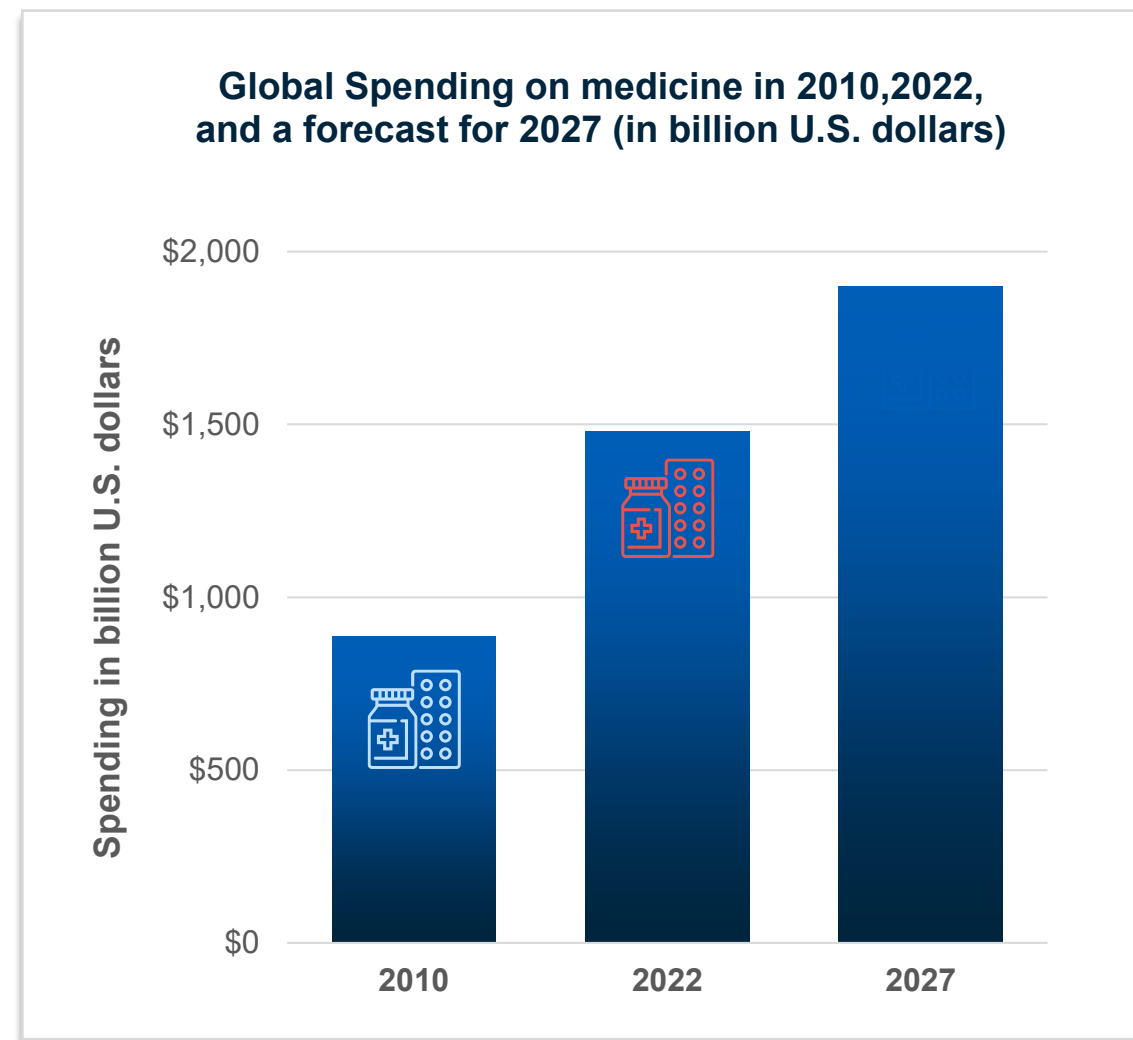
منظومة محورها
المستفيد



Escalating Drug Costs: Global & Saudi Trends

- In 2022, approximately **1.48 trillion U.S.** dollars had been spent on medicines, up from just 887 billion U.S. dollars in 2010.
- That number is expected to increase to over **1.9 trillion by the year 2027.**
- The Saudi pharmaceutical market is worth about \$8.5 billion in 2021 and the market is estimated to touch **\$11 billion in 2026.**
- Within all markets globally the top therapeutic class is **oncology, followed by antidiabetics.**

Recommendations from a recent National Academy of Sciences report, “Making Medicines Affordable: A National Imperative,” are to “refine methods for determining the 'value' of drugs and identify approaches to support ... formulary design and the selective exclusion of drugs.”



CHI-Overall Healthcare and Pharmaceutical Spending

KSA's Private Sector Pharmaceutical Spending: Comparable to OECD Trends and Aligned with Saudi National Average

ACCESS TO THIS DATA IS RESTRICTED. FOR DATA REQUESTS, PLEASE CONTACT CHI'S DATA MANAGEMENT OFFICE AT THE EMAIL: DMO@chi.gov.sa

Global Benchmark

In OECD countries, about one-fifth of health spending is on medical goods (mostly pharmaceuticals). Compared to OECD countries, KSA's private sector pharmaceutical spending as a percentage of total healthcare expenditure is relatively close to the OECD average of 18%¹.

KSA's private sector pharmaceutical spending rate is similar to Saudi national numbers (19.85% of total healthcare expenditure)²

In 2023, total healthcare spending in KSA was 239.25 billion SAR³. Pharmaceutical spending for the same year amounted to 47.5 billion SAR². Compared to 2022, healthcare spending increased by 5.11% growth³.

Comparison between Oct 2022-Sept 2023 and Oct 2023- September 2024.

Formulary Definition



A formulary is a list of drugs approved for use in each setting, such as within:

- Hospitals and Health Systems
- Employer Groups
- Managed Care Organizations (MCO)
- Pharmacy Benefit Managers (PBM)
- Government agencies (Medicaid, VA system, CHI)



Dictates prescription drug/class coverage and/or the level of coverage (i.e. patient copayment)

Different Types of Drug Formularies

CHI is moving into Value Based Formulary (VBF)

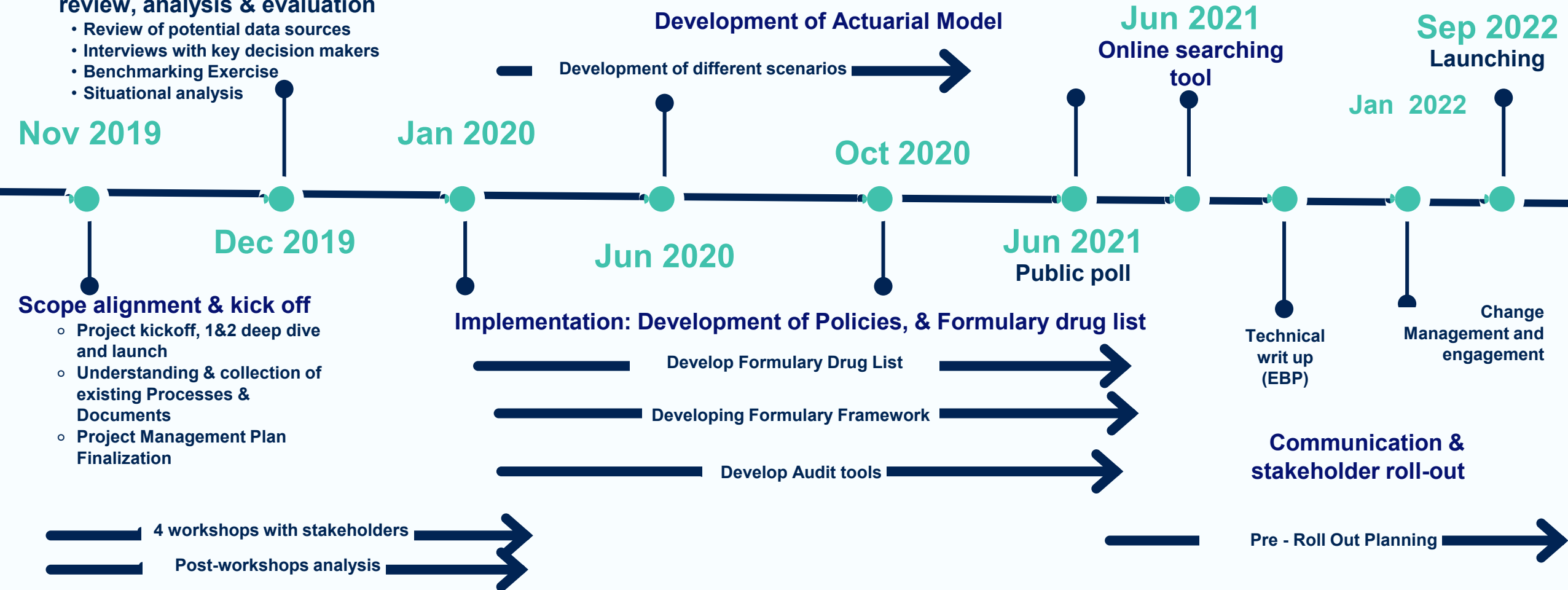


DDF Activities

2019-2022

Existing processes, data sources review, analysis & evaluation

- Review of potential data sources
- Interviews with key decision makers
- Benchmarking Exercise
- Situational analysis



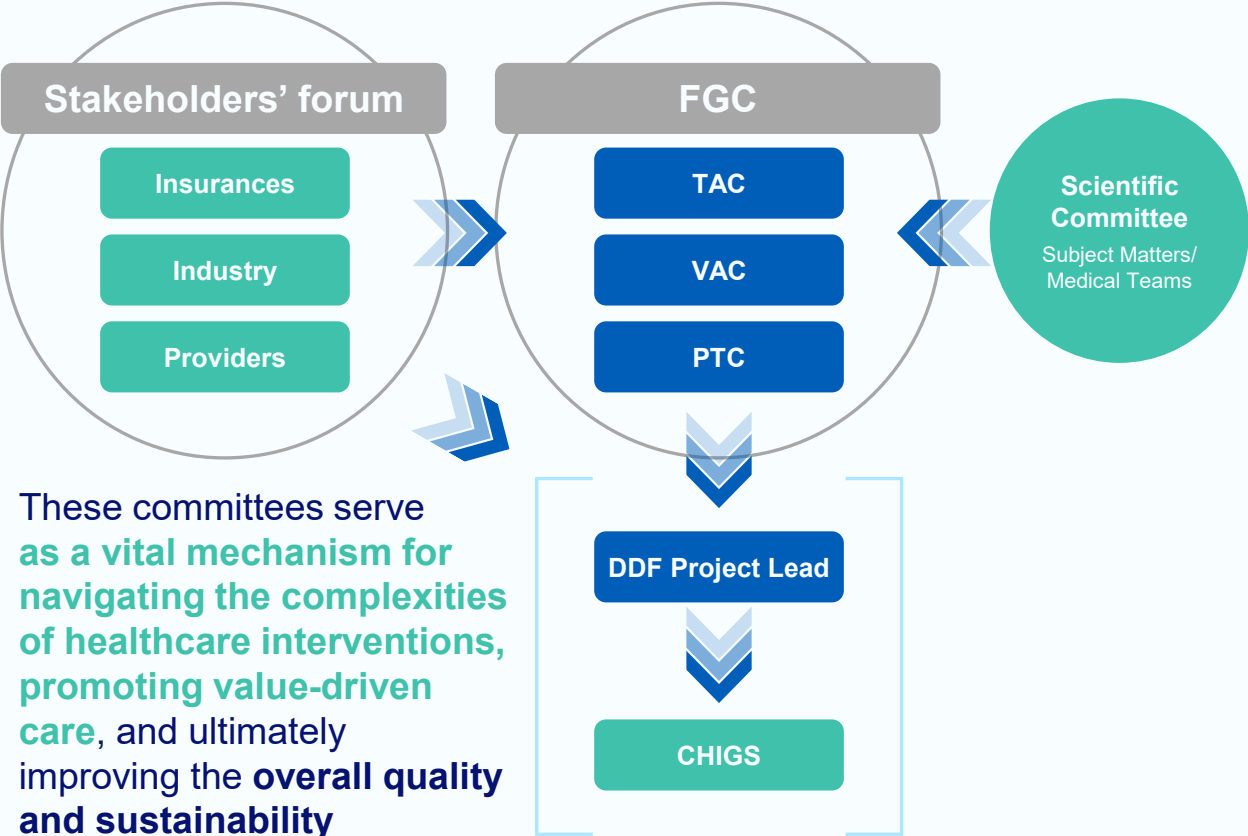
DDF Governance: Committees and Stakeholders Engagement and Interaction

2023+

DDF committees, composed of **multidisciplinary experts**, evaluate the clinical and economic value of medications and interventions to make informed decisions regarding their inclusion in formularies.



DDF Stakeholder's interactions



These committees serve as a vital mechanism for navigating the complexities of healthcare interventions, promoting value-driven care, and ultimately improving the overall quality and sustainability of healthcare delivery.

DDF Key Achievements

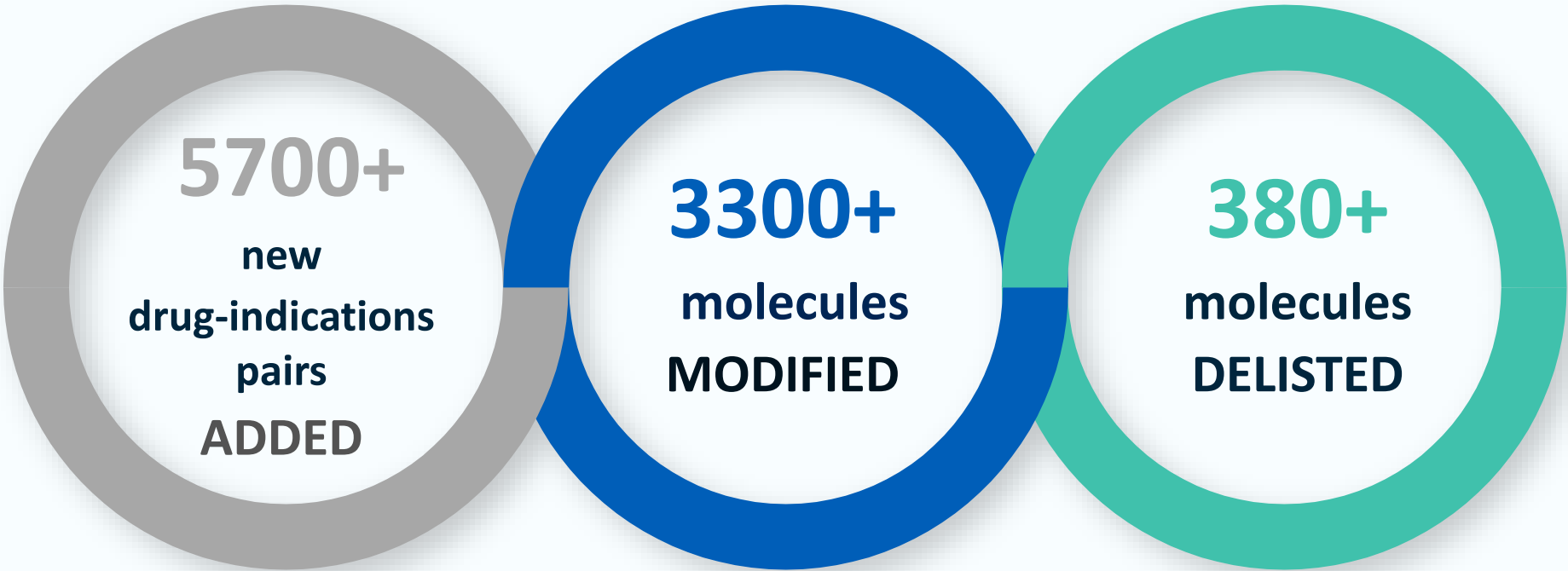
2023-2024

PTC Engagement

- **20 online meetings** ensured continuous communication and progress.
- **10 email circulations** efficiently disseminated information and gathered feedback.
- **IPT workshop** fostered collaboration, innovation, and in-depth discussions among members.

Indications Review

The **PTC members** meticulously reviewed and deliberated **200 indications**. Among these, there were **60 new indications** and **140 updated indications**.



DDF Update 2025

509+
ADDITION

1237+
MODIFICATIONS

87+
DELISTED

ICD-10: 133

ATC code: 4

Description code: 29

ICD-10/Prescribing
edits/MDD/Notes: 107

Indication name/ICD-10/Prescribing
edits/Notes: 26

Indication name/ICD-10: 122

ATC Code/Prescribing edits/Notes: 7

Drug pharmacological class/Drug
pharmacological subclass: 9

ICD-10/Prescribing
edits/MDD/Notes: 8

Note: 11

Indication name/ICD-10/MDD: 17

Drug pharmacological class/Drug
pharmacological subclass/MDD
adults: 5

Drug pharmacological class/Drug
pharmacological subclass/ATC
Code/Prescribing edits/Notes: 1

Indication name/ICD-
10/MDD/Notes: 7

Prescribing Edits: 373

Indication name/ICD-10/PE: 4

Drug pharmacological class/Drug
pharmacological subclass/MDD
adults/MDD pediatrics: 5

Drug pharmacological class/Drug
pharmacological subclass/Prescribing
edits/Notes: 4

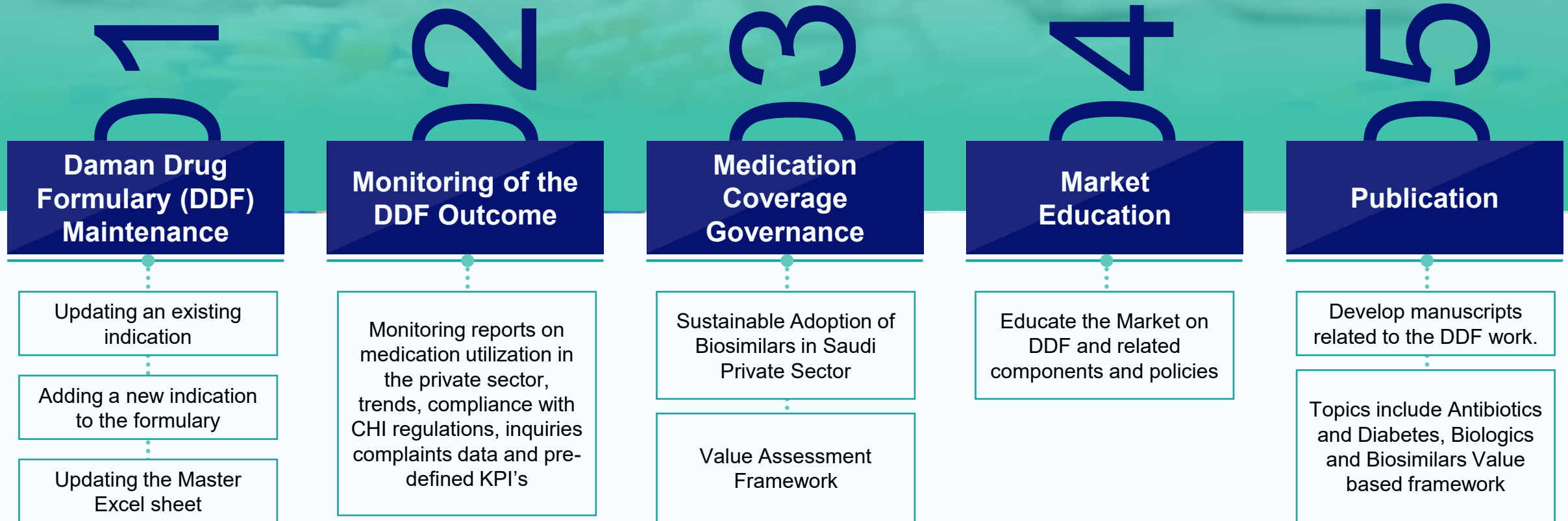
Indication name/ICD-10/Notes: 72

Others: 112

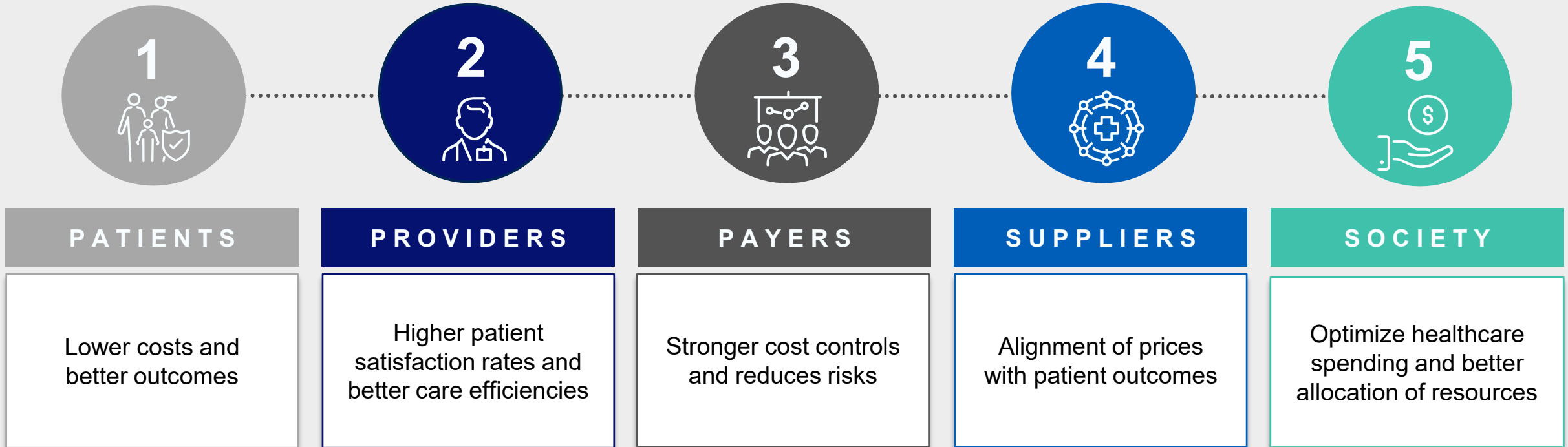
Indication name/ICD-
10/Prescribing edits/MDD/Notes:
177

Drug pharmacological class/Drug
pharmacological subclass/Prescribing
edits/Notes: 4

Daman Drug Formulary 2025 Updates

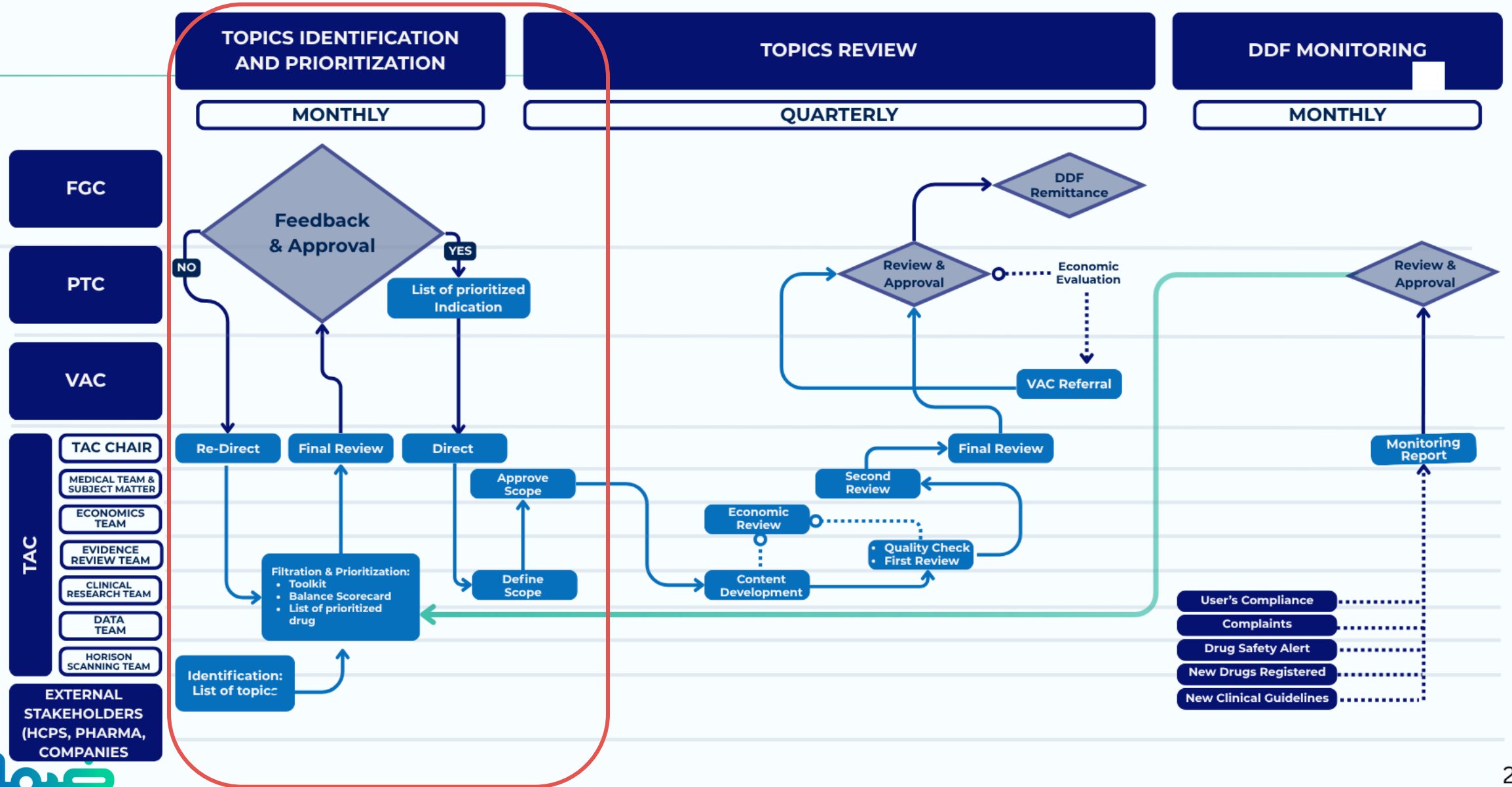


Conclusion – Benefits of Value-based Formularies



DDF Maintenance and Monitoring Process

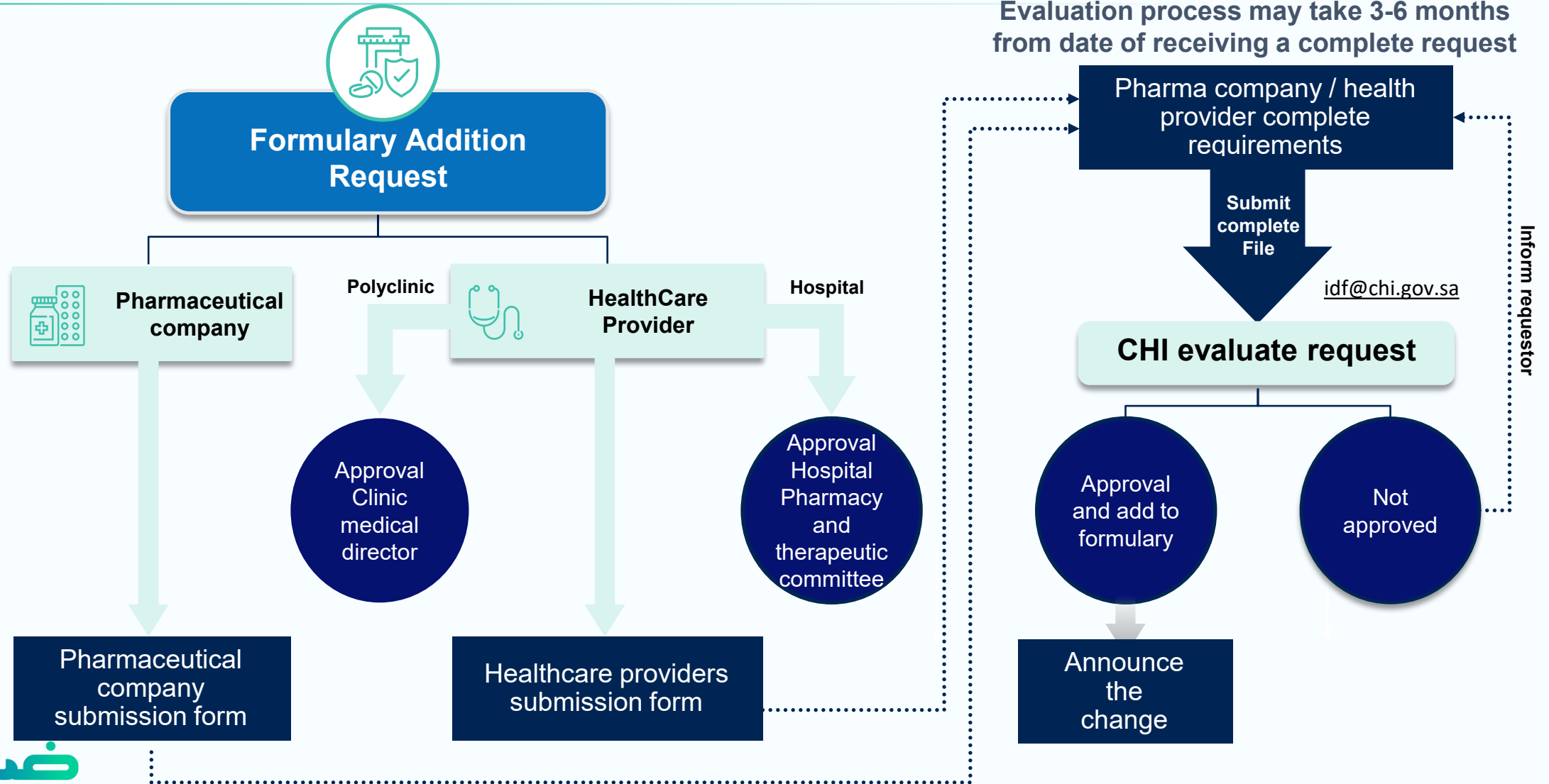
DDF Maintenance and Monitoring Process



DDF Maintenance and Monitoring

Topic	Description
Triggers for Updates Horizon Scanning Sources	External Submissions <ul style="list-style-type: none">▪ Drug submissions by the pharmaceutical industry▪ Drug submissions by healthcare providers (HCPs) Periodic Horizon Scanning <ul style="list-style-type: none">▪ Indication Prioritization Tool (IPT)▪ New national and international clinical guidelines▪ Newly SFDA-registered drugs▪ Safety alerts
Process Name	<ul style="list-style-type: none">▪ DDF Maintenance and Monitoring Process
Primary Output	<ul style="list-style-type: none">▪ DDF Master Excel Sheet
Update Frequency	<ul style="list-style-type: none">▪ Quarterly (Every 3 Months)
User Guidance	<ul style="list-style-type: none">▪ Master Excel Sheet Guidebook
Supporting Resources	<ul style="list-style-type: none">▪ Indications Review Document▪ List of Ingredients▪ Submission Forms

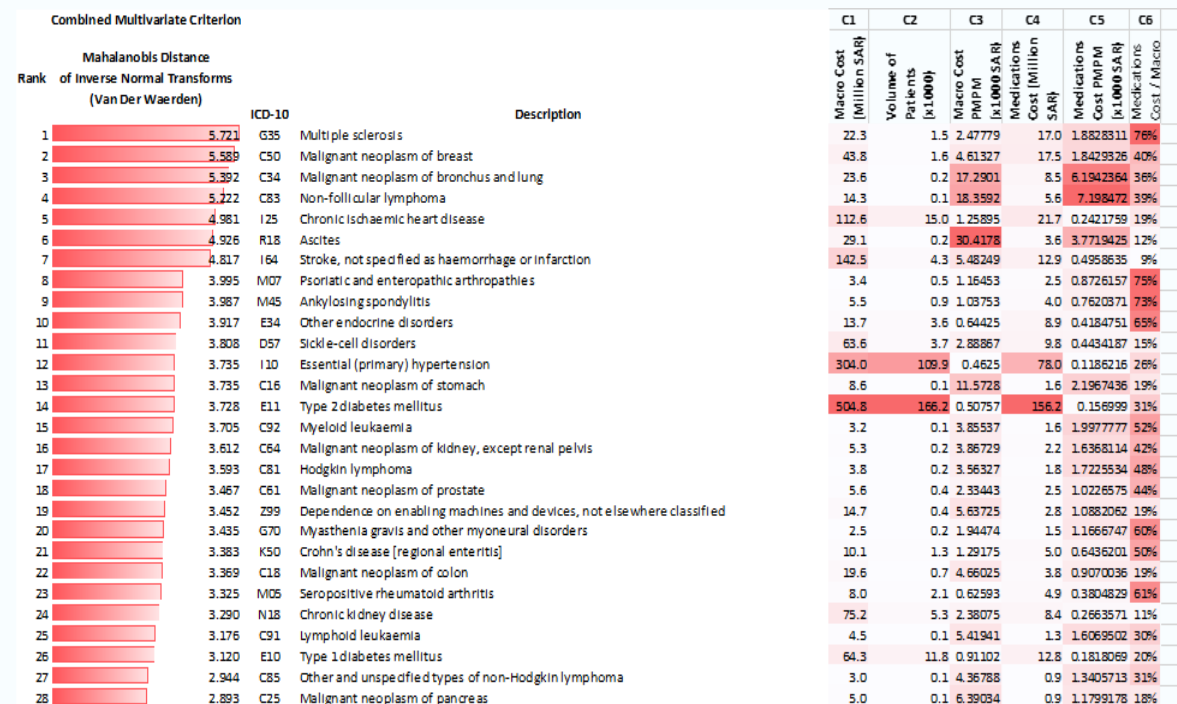
Formulary Addition Request



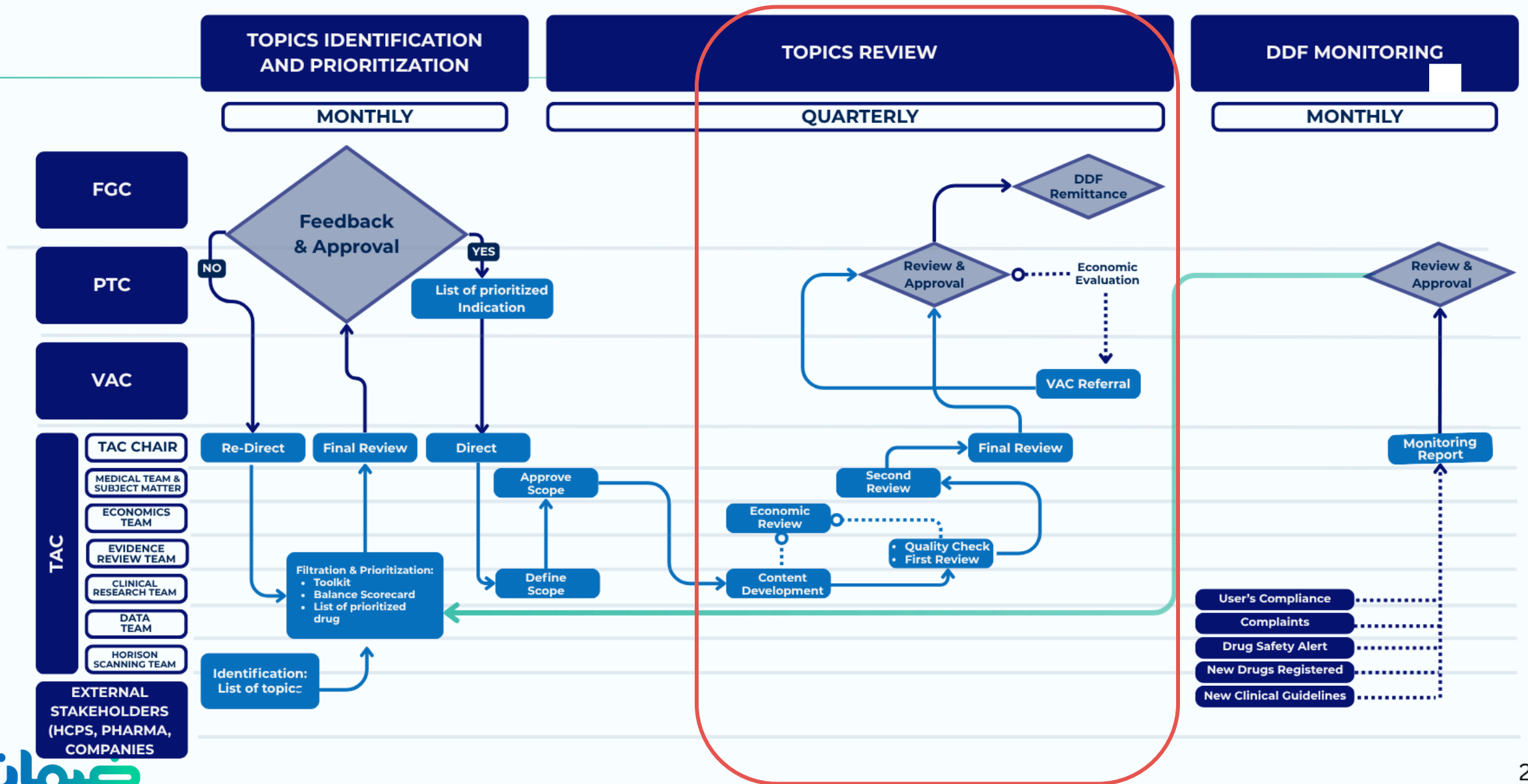
Priority Setting Using IPT Tool: Value Criteria Priority Setting

- **Innovative Tool** developed using AI algorithms with Nphies Real-World Data (RWD)
- A list of criteria for prioritization based on research and contextualized to the Saudi healthcare
- Consensus Meeting with key stakeholders to approve scoring, criteria, and prioritized indications

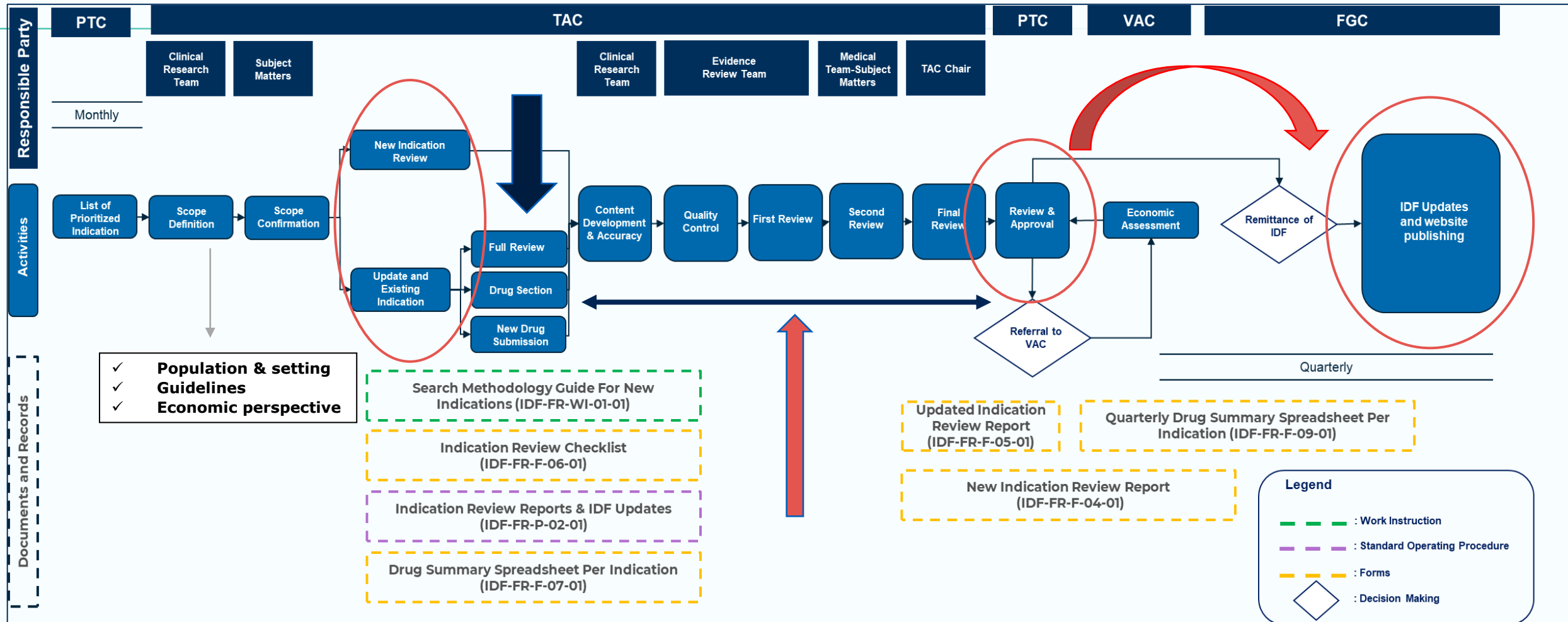
Prioritization criterion #	Criterion	Measurement unit
1	Volume of patients corresponding to indication	Integer
2	Macro cost - total cost of managing indication	SAR
3	Total cost per member per month – PMPM of managing the indication	SAR PMPM
4	Total medications cost within indication	SAR
5	Total medications PMPM cost within indication	SAR PMPM
6	Proportion of “total medications cost” to total cost	%
7	Rejection rate	%
8	Qualitative criteria	



DDF Maintenance and Monitoring Process



Topic Review



Topic Review

Question Type	Databases
National Guidelines	Saudi Ministry of Health (MOH) Saudi Health Council Saudi Professional Organizations
North American- European- major international clinical guidelines (Japanese, Australian)	PubMed
Systematic Reviews and Meta-analysis	PubMed, Cochrane
Secondary resources	Google Scholar Ovid Health Technology Assessment Database Guide National Institute for Health and Care Research Journals Library
Tertiary resources	UpToDate
Local Data as priority guideline – SFDA Status FDA, EMA, MHRA, & PMDA-approved medications	FDA: CenterWatch EMA: European Pharmaceutical Review MHRA: MHRA website PMDA: PMDA website
Health Technology Assessment	NICE (UK)- CDA (Canada)- HAS (France)- IQWiG (Germany)- PBAC (Australia), HTAi database, INAHTA database, EUnetHTA database, ICER database
Drug Monograph/Prescribing Information	Lexicomp Medscape BNF
Maximum Daily Dose	EMC

DOCUMENTATION



DDF-FR-F-06-01 Indication Review Checklist

CHI Indication Review

Transparency
& Standardization

eServices Knowledge Center The Council Media Center Contact Us Report to Daman

ASTHMA
CHI Formulary Development Project

Introduction

User Guide

Medication

Indication Review

Appendix

Search...

Name

Date



Abdominal Spasm-Indication Update

2023-11-01

INDICATION UPDATE

ADDENDUM- March 2025

To the CHI Original Asthma Clinical
Guidance- Issued January 2020

eServices Knowledge Center The Council Media Center Contact Us Report to Daman

Introduction

User Guide

Medication

Indication Review

Appendix

Search...

Name

Date

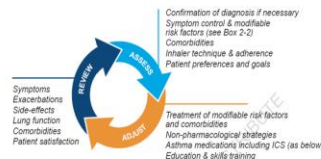


Abdominal Spasm treatment algorithm

2023-11-01

GINA 2024 – Adults & adolescents
12+ years

Personalized asthma management
Assess, Adjust, Review
for individual patient needs



**TRACK 1: PREFERRED
CONTROLLER and RELIEVER**
Using ICS-formoterol as the
“reliever” reduces the risk of
exacerbations compared with
using a SABA reliever, and is a
simpler regimen

STEP 1 – 2
As-needed-only low dose ICS-formoterol

STEP 3
Low dose, maintenance
ICS-formoterol

STEP 4
Medium dose maintenance
ICS-formoterol

STEP 5
Add-on LAMA
Refer for assessment
of phenotype. Consider
high dose maintenance
ICS-formoterol,
anti-IgE, anti-IL5/5R,
anti-IL4/4R, anti-TSLP

RELIEVER: As-needed low-dose ICS-formoterol*

**TRACK 2: Alternative
CONTROLLER and RELIEVER**
Before considering a regimen
with SABA reliever, check if the
patient is likely to adhere to daily
controller treatment

STEP 1
Take ICS whenever
SABA taken*

STEP 2
Low dose
maintenance ICS

STEP 3
Low dose
maintenance
ICS-LABA

STEP 4
Medium/high dose
maintenance
ICS-LABA

STEP 5
Add-on LAMA
Refer for assessment
of phenotype. Consider
high dose maintenance
ICS-LABA + anti-IgE,
anti-IL5/5R, anti-IL4/4R,
anti-TSLP

RELIEVER: As-needed ICS-SABA*, or as-needed SABA

Other controller options (limited
indications, or less evidence for
efficacy or safety – see text)

Low-dose ICS whenever SABA taken*,
or daily LTRA†, or add HDM SLIT

Medium-dose ICS, or
add LTRA†, or add
HDM SLIT

Add LAMA or add LTRA†
or add HDM SLIT, or switch
to high-dose ICS-only

Add asthmoxon (adults) or
add LTRA†. As last resort
consider adding low-dose
ICS but consider side-effects

Figure 1: Management of asthma in adults

*available on CHI website

Topic Review

Full Review

DDF-FR-F-04-01 New Indication Review Report

Key Sections

Executive Summary

Summary of Reviewed Clinical Guidelines and Evidence

Drug Therapy

Key Recommendations Synthesis

Conclusion

References

Appendices

SCD
Example

Executive Summary

Drugs Recommended
for Formulary Inclusion
with level of evidence

Rational of Recommendations

Management of SCD
complications

Executive Summary

SCD has been recognized as a global health issue by multiple key organizations such as the World Health Organization (WHO) and the United Nations (UN).¹⁻³ It affects millions of people around the world with **KSA being among the countries with high prevalence where more than 4.5% adults and 0.24% children are estimated to have SCD.**

The disease course could lead to symptoms to severe complications necessitating hospitalization, emergency department visits and readmissions of SCD patients. The life expectancy in the US with a life expectancy of 40 years in patients with SCD with 10 annual transfusions.

Some of the complications include:

This report compiles all clinical and economic evidence related to sickle cell disease (SCD) and associated complications according to the relevant sources. The ultimate objective of issuing SCD guidelines by the Council of Health Insurance is to update the IDI (CHI Drug Formulary) with the **best available clinical and economic evidence related to drug therapies, ensuring timely and safe access to SCD patients in Saudi Arabia.** The main focus of the review was on Saudi, North American and European guidelines issued within the last five years in addition to recent systematic reviews and Meta-Analysis.

The management of SCD involves a **multidisciplinary approach** and is focused on preventing and treating resultant complications. Management of the disease and its complications based on recent guidelines are summarized in section 2.

New therapies are emerging to help provide more options for patients with their rare disease. Targets include the reduction in vaso-occlusive episodes, increase in hemoglobin levels, prevention of end organ damage, and improvement in patient quality of life.⁴⁻⁶

There are **four current medication options on the global market**, and KSA has access to three of them. Section 3 provides full description of each with final statement on the placement of therapy. All recommendations are well supported by reference guidelines, Grade of Recommendation (GoR). Level of

Evidence (LoE) and Strength of Agreement (SoA) reflecting specific drug class role in the SCD therapeutic management.

Main recommendations issued by different Health Technology Assessment (HTA) bodies on the use of the current medications in sickle cell disease were reviewed and summarized. These include the National Institute for Health and Care Excellence (NICE), the Canadian Agency for Drugs and Technologies in Health, Haute Autorité de Santé (HAS), Institute for Quality and Efficiency in Healthcare (IQWiG), and the Pharmaceutical Benefits Advisory Committee (PBAC).

Section 3 lists the key recommendations synthesis for SCD treatment. Management of SCD related complications and drug therapies are presented below.

Main recommendations are provided below				
Management of Sickle Cell Disease				
Medication	Indication	Line of Therapy	Recommendation	Evidence
Hydroxycarbamide (HYDROXYUREA) ^{1,2,3,4,5,6}	Reduce vaso-occlusive crises, frequency of pain episodes, recurrence of ACS, and incidence of stroke in SCD patients 2 years of age	1 st	A	I
Crisateamab ^{7,8,9,10} or Crizotinib ^{11,12} (Adult patients with hydroxycarbamide)	Reduce SCD-related vaso-occlusive crises in patients 16 years of age	Recommend: Non-formulary	B	II
Voxelator ^{13,14,15} (Adult patients with hydroxycarbamide)	Treatment of SCD patients 4 years of age through increased hemoglobin levels and decreased hemolysis markers	Recommend: Non-formulary	B	II

Rationale of Recommendations are provided below

Hydroxycarbamide (HYDROXYUREA)

- Major clinical outcomes reported for treatment of SCD patients with hydroxycarbamide include **reduction in mortality, stroke prevention, reduction of VOC, reduction in pain episodes, and improvement in quality of life.**
- Hydroxycarbamide remains standard of care for management of patients with SCD in all reported global evidence-based guidelines.

Cerebrovascular Disease in Children and Adults

Main Recommendations are provided below^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134,135,136,137,138,139,140,141,142,143,144,145,146,147,148,149,150,151,152,153,154,155,156,157,158,159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178,179,180,181,182,183,184,185,186,187,188,189,190,191,192,193,194,195,196,197,198,199,200,201,202,203,204,205,206,207,208,209,210,211,212,213,214,215,216,217,218,219,220,221,222,223,224,225,226,227,228,229,230,231,232,233,234,235,236,237,238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262,263,264,265,266,267,268,269,270,271,272,273,274,275,276,277,278,279,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,295,296,297,298,299,300,301,302,303,304,305,306,307,308,309,310,311,312,313,314,315,316,317,318,319,320,321,322,323,324,325,326,327,328,329,330,331,332,333,334,335,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,351,352,353,354,355,356,357,358,359,360,361,362,363,364,365,366,367,368,369,370,371,372,373,374,375,376,377,378,379,380,381,382,383,384,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412,413,414,415,416,417,418,419,420,421,422,423,424,425,426,427,428,429,430,431,432,433,434,435,436,437,438,439,440,441,442,443,444,445,446,447,448,449,450,451,452,453,454,455,456,457,458,459,460,461,462,463,464,465,466,467,468,469,470,471,472,473,474,475,476,477,478,479,480,481,482,483,484,485,486,487,488,489,490,491,492,493,494,495,496,497,498,499,500,501,502,503,504,505,506,507,508,509,510,511,512,513,514,515,516,517,518,519,520,521,522,523,524,525,526,527,528,529,530,531,532,533,534,535,536,537,538,539,540,541,542,543,544,545,546,547,548,549,550,551,552,553,554,555,556,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,577,578,579,580,581,582,583,584,585,586,587,588,589,590,591,592,593,594,595,596,597,598,599,600,601,602,603,604,605,606,607,608,609,610,611,612,613,614,615,616,617,618,619,620,621,622,623,624,625,626,627,628,629,630,631,632,633,634,635,636,637,638,639,640,641,642,643,644,645,646,647,648,649,650,651,652,653,654,655,656,657,658,659,660,661,662,663,664,665,666,667,668,669,670,671,672,673,674,675,676,677,678,679,680,681,682,683,684,685,686,687,688,689,690,691,692,693,694,695,696,697,698,699,700,701,702,703,704,705,706,707,708,709,710,711,712,713,714,715,716,717,718,719,720,721,722,723,724,725,726,727,728,729,730,731,732,733,734,735,736,737,738,739,740,741,742,743,744,745,746,747,748,749,750,751,752,753,754,755,756,757,758,759,760,761,762,763,764,765,766,767,768,769,770,771,772,773,774,775,776,777,778,779,780,781,782,783,784,785,786,787,788,789,790,791,792,793,794,795,796,797,798,799,800,801,802,803,804,805,806,807,808,809,810,811,812,813,814,815,816,817,818,819,820,821,822,823,824,825,826,827,828,829,830,831,832,833,834,835,836,837,838,839,840,841,842,843,844,845,846,847,848,849,850,851,852,853,854,855,856,857,858,859,860,861,862,863,864,865,866,867,868,869,870,871,872,873,874,875,876,877,878,879,880,881,882,883,884,885,886,887,888,889,890,891,892,893,894,895,896,897,898,899,900,901,902,903,904,905,906,907,908,909,910,911,912,913,914,915,916,917,918,919,920,921,922,923,924,925,926,927,928,929,930,931,932,933,934,935,936,937,938,939,940,941,942,943,944,945,946,947,948,949,950,951,952,953,954,955,956,957,958,959,960,961,962,963,964,965,966,967,968,969,970,971,972,973,974,975,976,977,978,979,980,981,982,983,984,985,986,987,988,989,990,991,992,993,994,995,996,997,998,999,1000,1001,1002,1003,1004,1005,1006,1007,1008,1009,1010,1011,1012,1013,1014,1015,1016,1017,1018,1019,1020,1021,1022,1023,1024,1025,1026,1027,1028,1029,1030,1031,1032,1033,1034,1035,1036,1037,1038,1039,1040,1041,1042,1043,1044,1045,1046,1047,1048,1049,1050,1051,1052,1053,1054,1055,1056,1057,1058,1059,1060,1061,1062,1063,1064,1065,1066,1067,1068,1069,1070,1071,1072,1073,1074,1075,1076,1077,1078,1079,1080,1081,1082,1083,1084,1085,1086,1087,1088,1089,1090,1091,1092,1093,1094,1095,1096,1097,1098,1099,1100,1101,1102,1103,1104,1105,1106,1107,1108,1109,1110,1111,1112,1113,1114,1115,1116,1117,1118,1119,1120,1121,1122,1123,1124,1125,1126,1127,1128,1129,1130,1131,1132,1133,1134,1135,1136,1137,1138,1139,1140,1141,1142,1143,1144,1145,1146,1147,1148,1149,1150,1151,1152,1153,1154,1155,1156,1157,1158,1159,1160,1161,1162,1163,1164,1165,1166,1167,1168,1169,1170,1171,1172,1173,1174,1175,1176,1177,1178,1179,1180,1181,1182,1183,1184,1185,1186,1187,1188,1189,1190,1191,1192,1193,1194,1195,1196,1197,1198,1199,1200,1201,1202,1203,1204,1205,1206,1207,1208,1209,1210,1211,1212,1213,1214,1215,1216,1217,1218,1219,1220,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DRUG LIST DRUG FORMULARY

DDF Output



CLICK

1528 DDF LIST OF INGREDIENTS

CLICK

**DDF INDICATION & DRUGS MASTER
EXCEL SHEET – MARCH 2025**



**CHI Drug Formulary Master
Excel Sheet User Guide**

June 2023

Scope
Definition

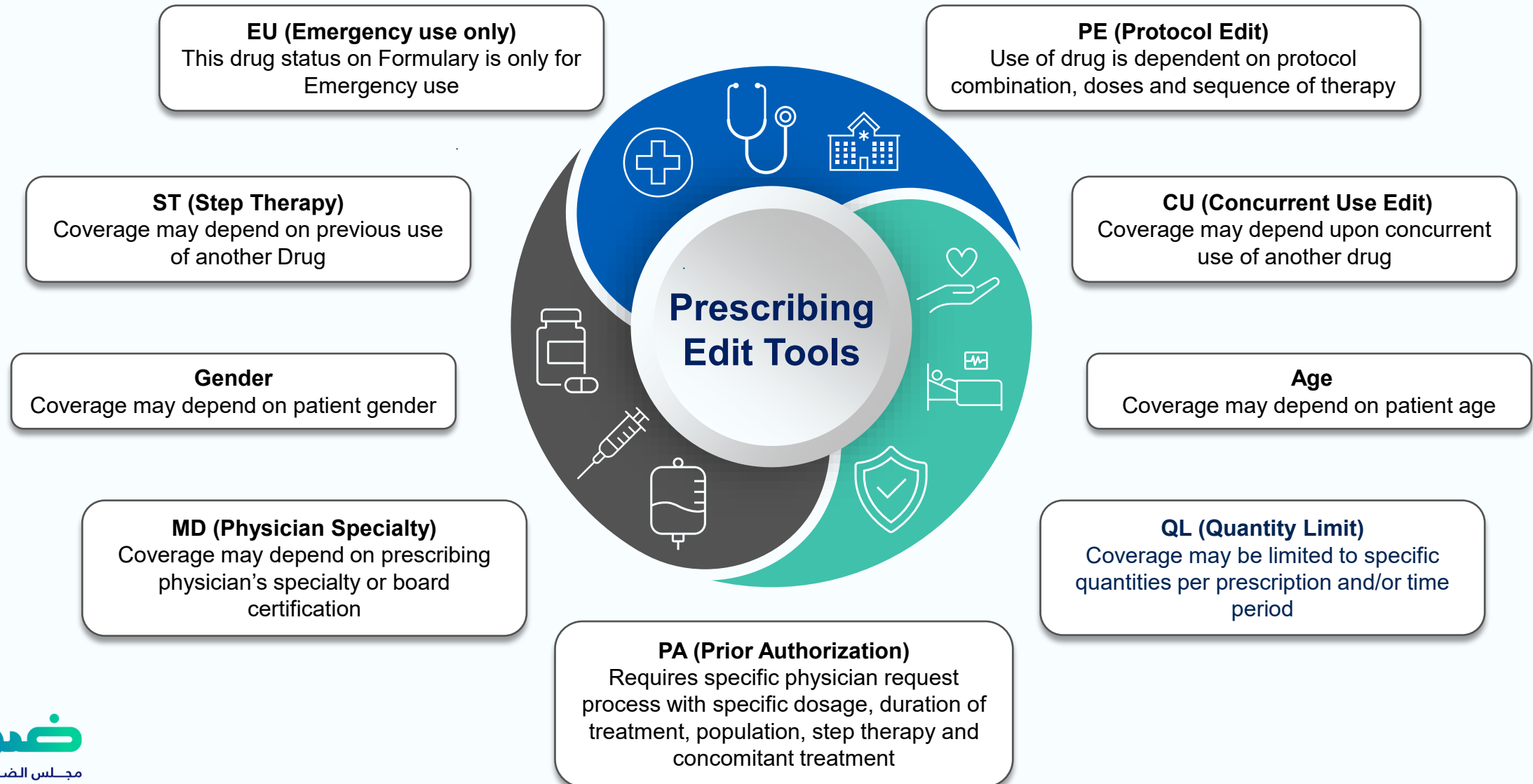
Evidence
Generation

Report
Development

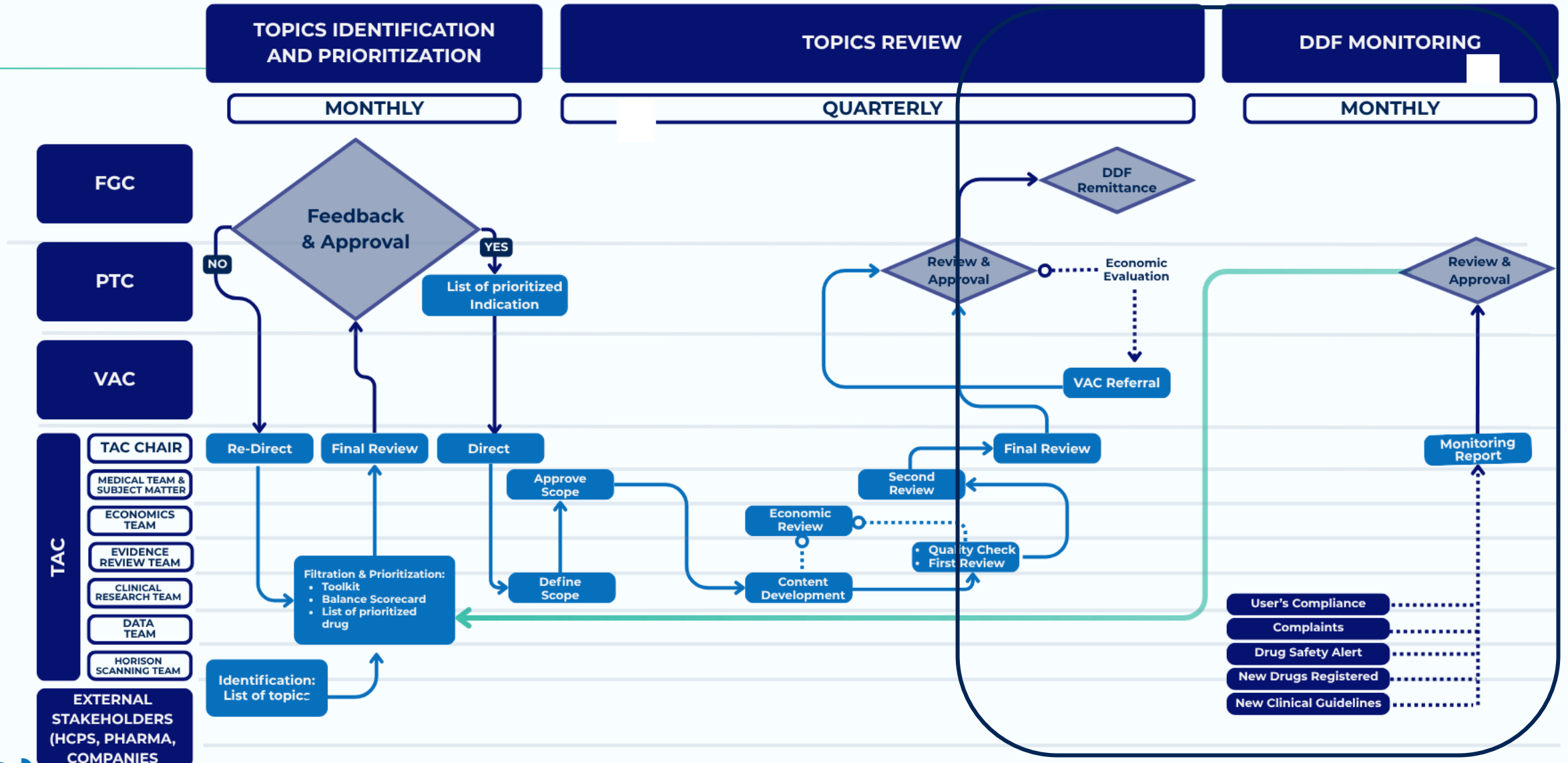
**DDF Master
Sheet Update**

DDF Prescribing Edits

Master Excel Sheet



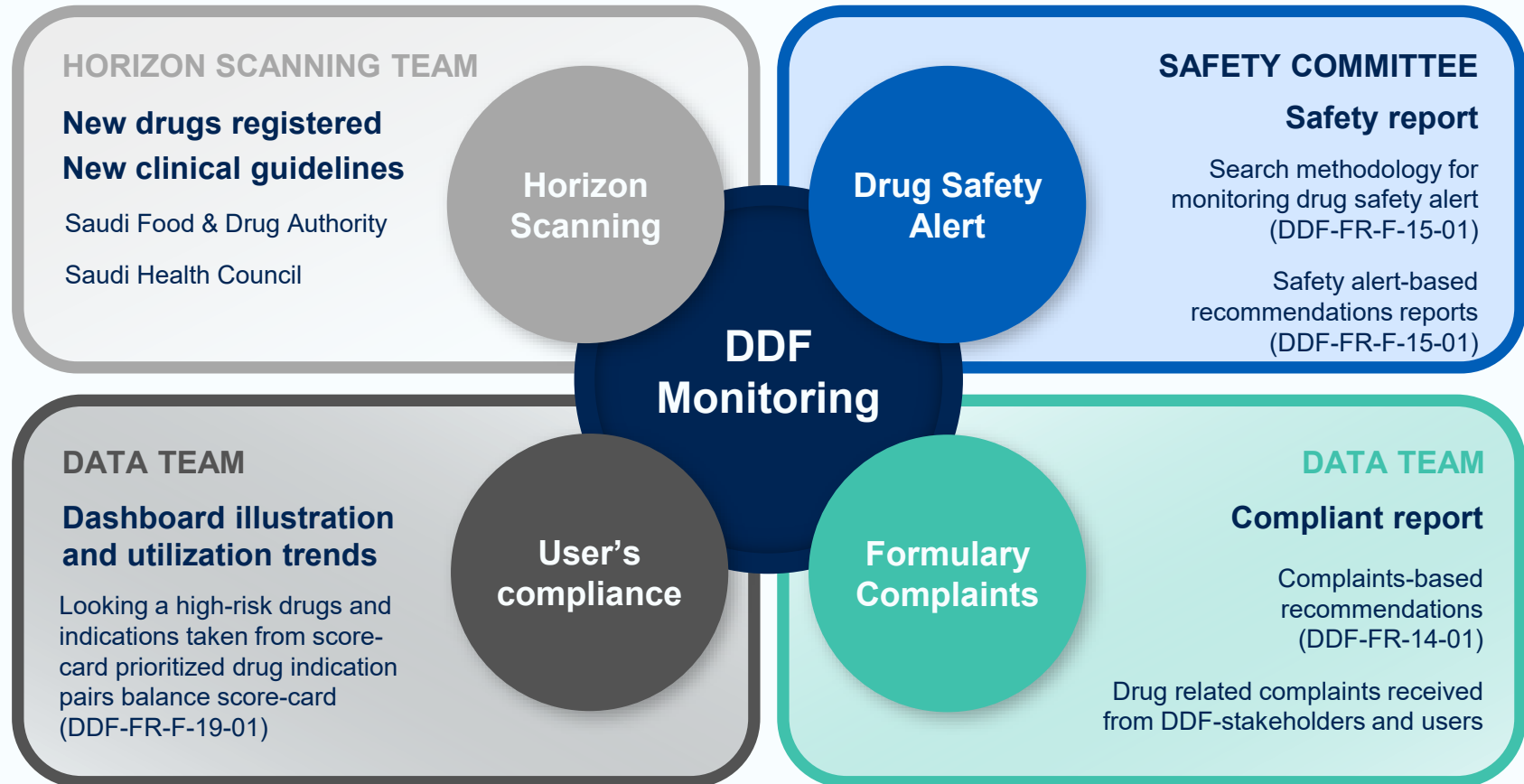
DDF Maintenance and Monitoring Process



DDF Monitoring

DDF is monthly monitored for *Clinical, Safety, Compliance, & Users' Feedback*

- DDF innovative tool generating monthly dynamic report sheet using **dynamic visualization matrix**
- Specific Indicators built with validated methods using Nphies RWD
- A **simulation and predictive analysis** is developed to **validate and monitor policies, utilization trend, and financial risks**



Performance Metrics of General Reports

1. Spending Dynamics & Impact: Unveiling Costs Within Total Healthcare and Pharmaceutical Spending

- Proportion of Indication Healthcare Spending
- Proportion of Indication Pharmaceutical Spending out of Total Healthcare Spending
- Proportion of Indication Pharmaceutical Spending out of Indication Healthcare Spending
- Proportion of Indication Pharmaceutical Spending out of Pharmaceutical Spending
- Pharmaceutical Breakdown: Spending and Utilization of Brand vs Generic vs Biosimilar vs Originator
- Healthcare Spending Trend Metrics
- Healthcare Spending Per Member Per Month (PMPM)

2. Spending Patterns Analysis: Highlighting Cost Drivers and Trend Dynamics

- Top 10 Drugs by Spending
- Pharmaceutical Quarterly Spending Trend (in SAR)
- Pharmaceutical Percentage Change in Spending (in %)
- Pharmaceutical Spending Per Member Per Month (PMPM)
- Member Out-of-Pocket Costs
- Top 10 Spending by Indications

3. Utilization Patterns Analysis: Uncovering Prescribing Trends and Claim Dynamics

- Utilization Trend: Total Claims Processed Per Quarter
- Percentage Change in Claim Volume (in %)
- Top 10 Drugs by Utilization
- Average Claims Per Member
- New vs. Repeat Prescriptions Ratio
- Utilization Rate by Pharmacological Classes

4. Claims Stratification: Insights by Payer, Provider, and Geographical Region

- Utilization & Spending by Payer
- Utilization and Spending Intensity by Region (per 1,000 insured)
- Utilization & Spending by Provider Type
- Top Drugs by Spending per Provider Type

5. Exploring Specialty (when applicable)

- Specialty Drug Utilization Rate (%)
- Specialty Drug Spending Rate (%)
- Quarterly/Annual Trends in Utilization and Spending
- Mean Specialty Drug Spending PMPM (SAR)
- Comparison of Specialty vs. Non-Specialty PMPM

6. Generics Trends and Impact

- Brand vs. Generic Split (% Claims and % Spending)
- Generic Utilization Trend Over Time
- Generic Uptake Rate (%) by Scientific Name
- Generic Penetration by Therapeutic Class
- Current Savings Achieved by Generics (SAR)
- Potential Additional Savings from Increased Generic Utilization (SAR)

7. Biosimilar Trends and Impact

- Originator vs. Biosimilar Split (% Claims and % Spending)
- Biosimilar Utilization Trend Over Time
- Biosimilar Uptake Rate (%) by Scientific Name
- Biosimilar Penetration by Therapeutic Class
- Current Savings Achieved by Biosimilars (SAR)
- Potential Savings from Increased Biosimilar Utilization (SAR)

8. Access Challenges: Trends in Rejection Rates

- Medication Rejection Rate
- Rejection Rate by Geographic Area
- Rejection Rate by Payer
- Rejection Rate by Provider

9. Insights on Policy and Process Improvements

Number of Medication Claims

Cost of Medication Claims

Number of Other Medication Claims

Other
% from total: 26%

Other Unlisted

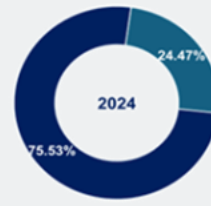
% from total: 8%

Cost of Other Medication Claims

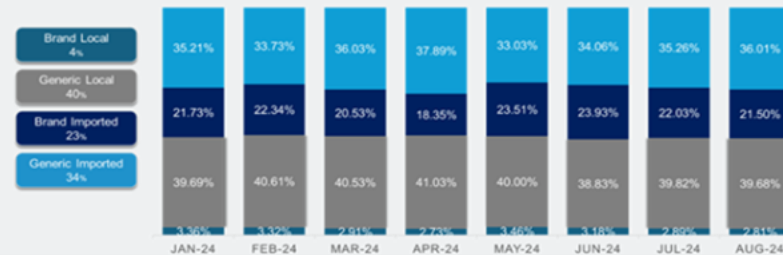
Other
% from total: 27%

Other Unlisted

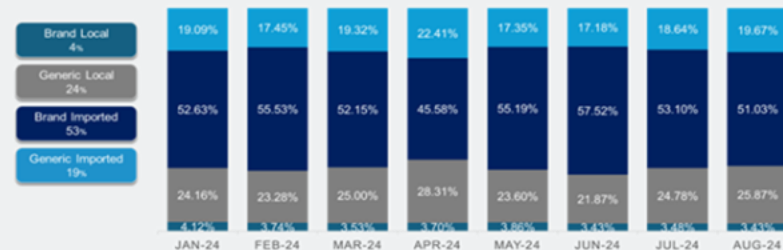
% from total: 16%



NUMBER OF CLAIMS LOCAL VS IMPORTED



COST OF CLAIMS LOCAL VS IMPORTED

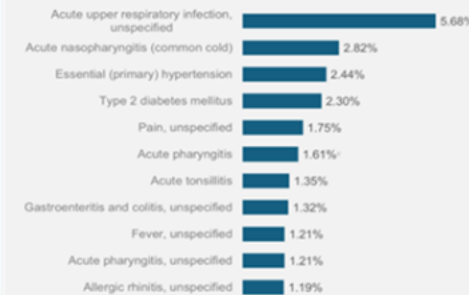


Number of Claims



Top 20 Prescribed Medication (Generic Vs Brand)			
Scientific name	% generic count	% brand count	% from all
Paracetamol	99%	1.16%	6.07%
Diclofenac	83%	16.87%	2.92%
Amoxicillin, Clavulanic Acid	86%	13.69%	2.43%
Sodium chloride	100%		1.85%
Pantoprazole	75%	25.26%	1.28%
Xylometazoline Hydrochloride	71%	29.12%	1.2%
Hyoscine Butylbromide	83%	17.19%	1.12%
Metronidazole	98%	1.63%	1.04%
Azithromycin	91%	9.45%	0.97%
Desloratadine	83%	17.09%	0.94%
Loratadine	97%	3.31%	0.93%
Ceftriaxone	100%		0.90%
Dexamethasone Sodium Phosphate	100%		0.88%
Ibuprofen	62%	37.6%	0.86%
Ondansetron	99%	0.77%	0.82%
Mometasone Furoate	80%	20.25%	0.81%
Colecalciferol	78%	22.19%	0.79%
Omeprazole	100%	0.19%	0.78%
Loxoprofen		100%	0.74%
Cefixime	90%	10.02%	0.66%
Atorvastatin Calcium	100%		0.57%
Salbutamol	79%	21.01%	0.51%
Etoricoxib	79%	21.07%	0.51%
Montelukast Sodium	90%	10.36%	0.49%

TOP DIAGNOSIS BY NUMBER OF PRESCRIBED MEDS



TOP COST DRIVERS BY PHARMACEUTICALS SPENDING (GENERIC VS. BRAND)
% FROM ALL MEDICATIONS AMOUNT: 15%



Cost of Claims

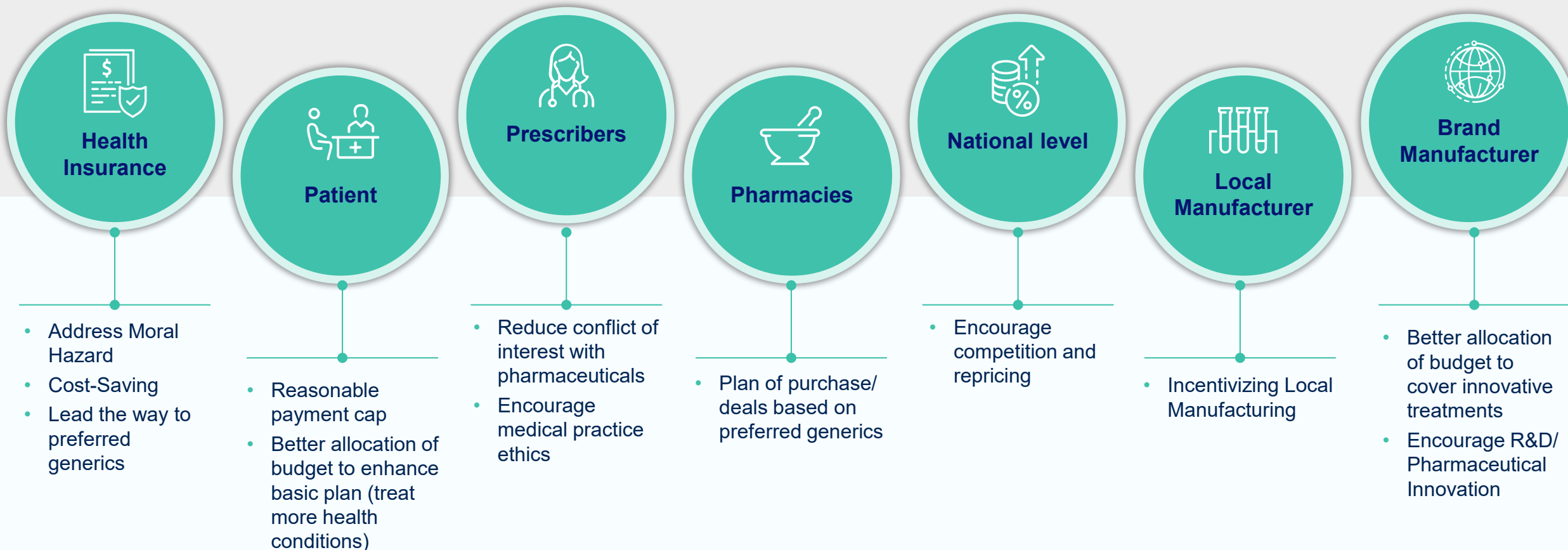


Co-Pay and Generics Policy in the DDF

Medication Type	Copayment
1. Generic medications (prescription or OTC)	0 to 20% with a maximum pay of 30 SAR, for the total prescription
2. Brand medications (prescription or OTC): <u>With</u> available registered generics	Copayment for brands is 0 to 50% for each medication
3. Brand medications (prescription or OTC): <u>Without</u> available registered generics	0 to 20% with a maximum pay of 30 SAR, for the total prescription

- Beneficiary must be given the choice between generics and brands with explanation on the coinsurance impact to them.
- Medications that should not be replaced as per the SFDA, bylaws, will be considered as generics in term of coinsurance (point 1 above)

Expected Impact of Co-Pay Policy on Stakeholders



Panel of Experts Insights and Interactive Q&A

DDF Prospects – Stay Tuned

01.

Biosimilar Policy
& Impact

02.

Drug
Dictionary

03.

Nphies
Intelligence

04.

Value Based
Framework



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