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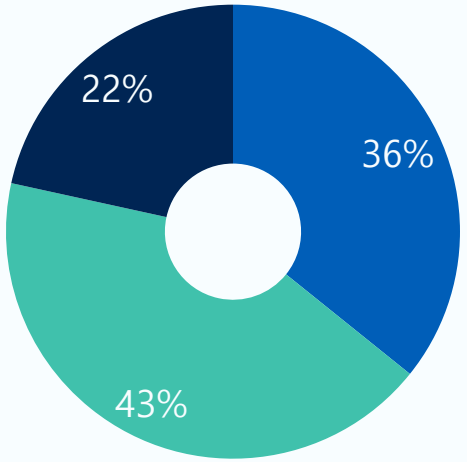
Webinar 1

DAMAN DRUG FORMULARY (DDF) FRAMEWORK

Strategic Insights for Stakeholder Alignment and Effective Implementation

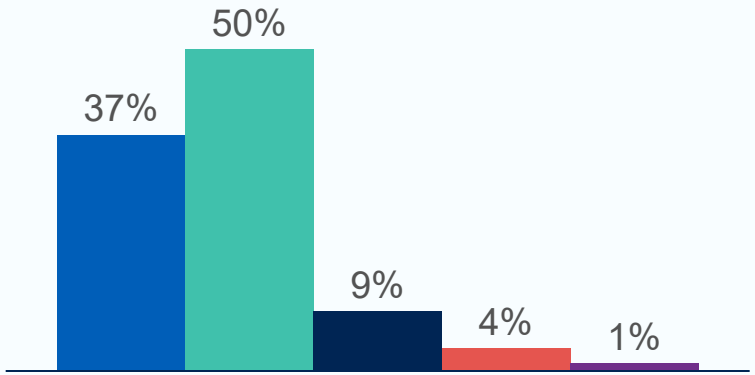
Survey Analysis

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

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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**

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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

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Webinar Panelists

Dr. Ibrahim Al-Juffali

CHI Pharmaceutical Advisor
Chairperson of PTC

Dr. Nada Alagil

Senior Medical Advisor
CHI

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Private Health Insurance Sector growth

2010
3 Million
8 Billion
%0.44

2024
13 Million
36.8 Billion
%0.88

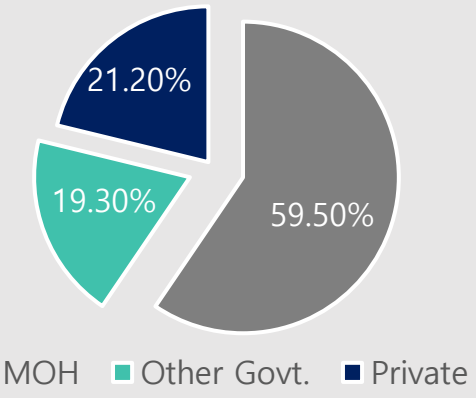
2030
22 -25 Million
61 Billion
%2

VISION رؤية 2030
المملكة العربية السعودية
KINGDOM OF SAUDI ARABIA

Vision 2030 Objectives

100 Million Visitors
Emergency coverage

Percentage of hospital services provided by various health care sectors in Saudi Arabia



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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

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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**

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

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

الرؤية

أن نكون جهة تنظيمية رائدة في تمكين خدمات الرعاية الصحية التي تتمركز حول المستفيد والمبنية على الجودة الكفاءة

الرسالة

تسهيل وصول المستفيدين إلى خدمات صحية عالية الجودة والكفاءة وتمكين مزودي الخدمات وأصحاب العمل من خلال منظومة تتسم بالشفافية والابتكار

القيم

- الشفافية والمصداقية
- المرونة والتكيف
- الابتكار والاستدامة
- التميز المؤسسي

المحاور الإستراتيجية

- منظومة محورها المستفيد
- تمكين أصحاب العمل
- رعاية صحية مبنية على الجودة والكفاءة
- تعزيز الإلتزام
- جهة مُبتكرة ومستدامة ومتميزة رقمياً

الأهداف الإستراتيجية

زيادة الخدمات الوقائية للمستفيدين	تطوير قدرة أصحاب العمل على توفير رعاية صحية للعاملين ومعالهم	تأهيل مزودي الخدمات الصحية لتبني الرعاية المبنية على الجودة والكفاءة	رفع معدل التغطية التأمينية	تبني حلول الذكاء الاصطناعي ودعم الابتكار
				الارتقاء بحوكمة وجودة البيانات وتعزيز مشاركتها
			تطبيق الإشراف السلوكي على مزودي الخدمات الصحية	تعزيز كفاءة العمليات في مجلس الضمان الصحي
				الاستدامة المالية للمجلس

البرامج

تم تحديد 9 برامج إستراتيجية

المبادرات

تم تطوير 47 مبادرة استراتيجية

خطة التنفيذ

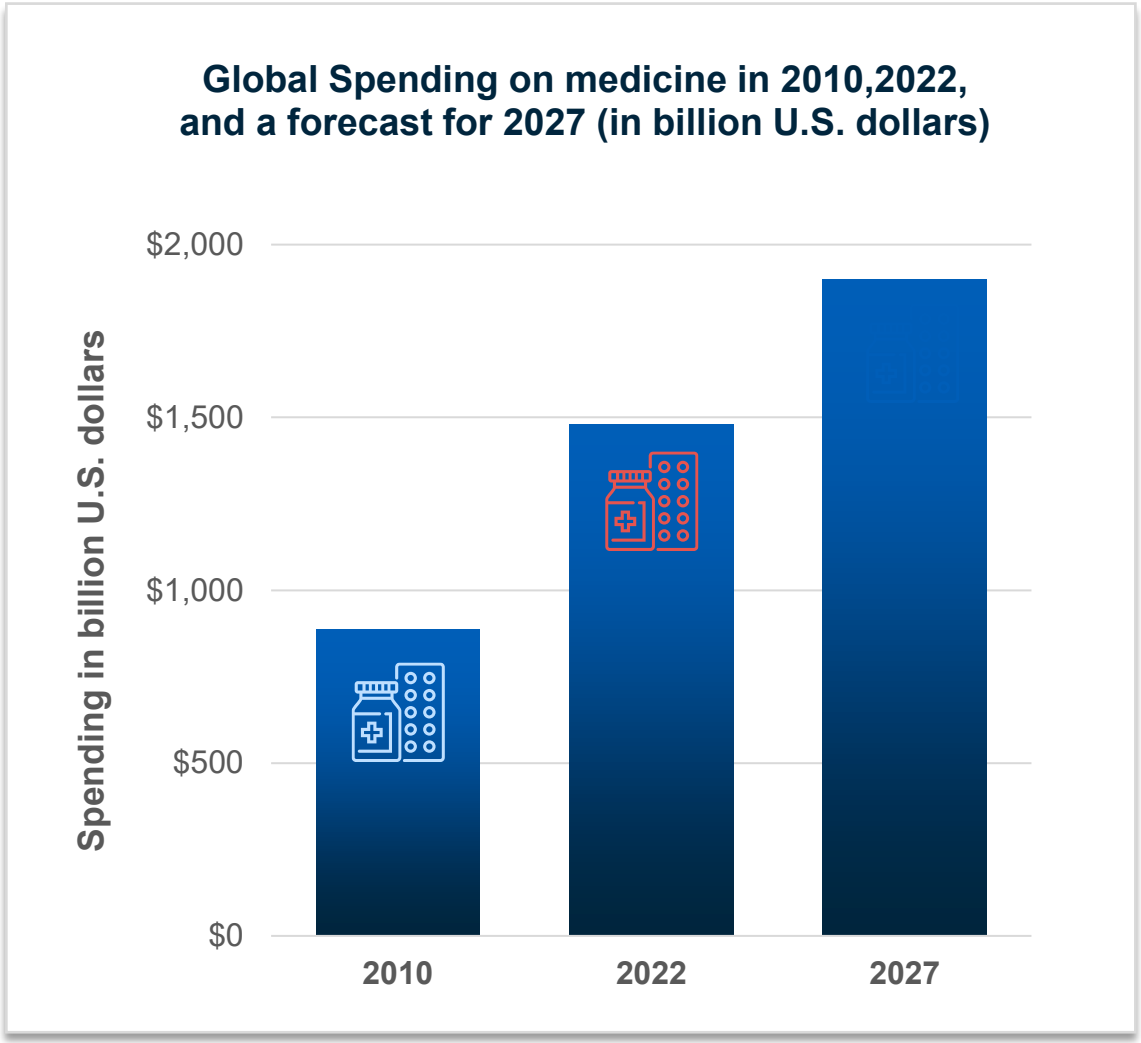
- مواثيق المبادرات التفصيلية
- خطة تنفيذية موحدة


منظومة محورها المستفيد
تمكين أصحاب العمل
رعاية صحية مبنية على الجودة والكفاءة
تعزيز الإلتزام
جهة مُبتكرة ومستدامة ومتميزة رقمياً

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**.”



Global spending on medicines 2027 forecast | Statista
IQVIA Audited Data, MAT Q3 2021

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

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

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% growth[3].

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OECD. Health at a Glance: Europe 2024.; 2024. https://www.oecd.org/en/publications/health-at-a-glance-europe-2024_b3704e14-en.html
SPIMACO. (August 11, 2024). Value of pharmaceutical market in Saudi Arabia from 2019 to 2023, with forecasts for 2027 (in billion Saudi riyals) [Graph]. In Statista. Retrieved January 22, 2025, from https://www.statista.com/statistics/1534881/saudi-arabia-value-pharmaceutical-market/
Alpen Capital. (March 23, 2023). Healthcare expenditures in Saudi Arabia from 2011 to 2027 (in billion U.S. dollars) [Graph]. In Statista. Retrieved January 22, 2025, from https://www.statista.com/statistics/821018/saudi-arabia-healthcare-expenditures/

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)

OPEN FORMULARY

CLOSED FORMULARY

POSITIVE FORMULARY

NEGATIVE FORMULARY

VALUE-BASED FORMULARY (VBF)

MANAGED FORMULARY

INDICATION-BASED FORMULARY

DRUG-BASED FORMULARY

EVIDENCE-BASED FORMULARY

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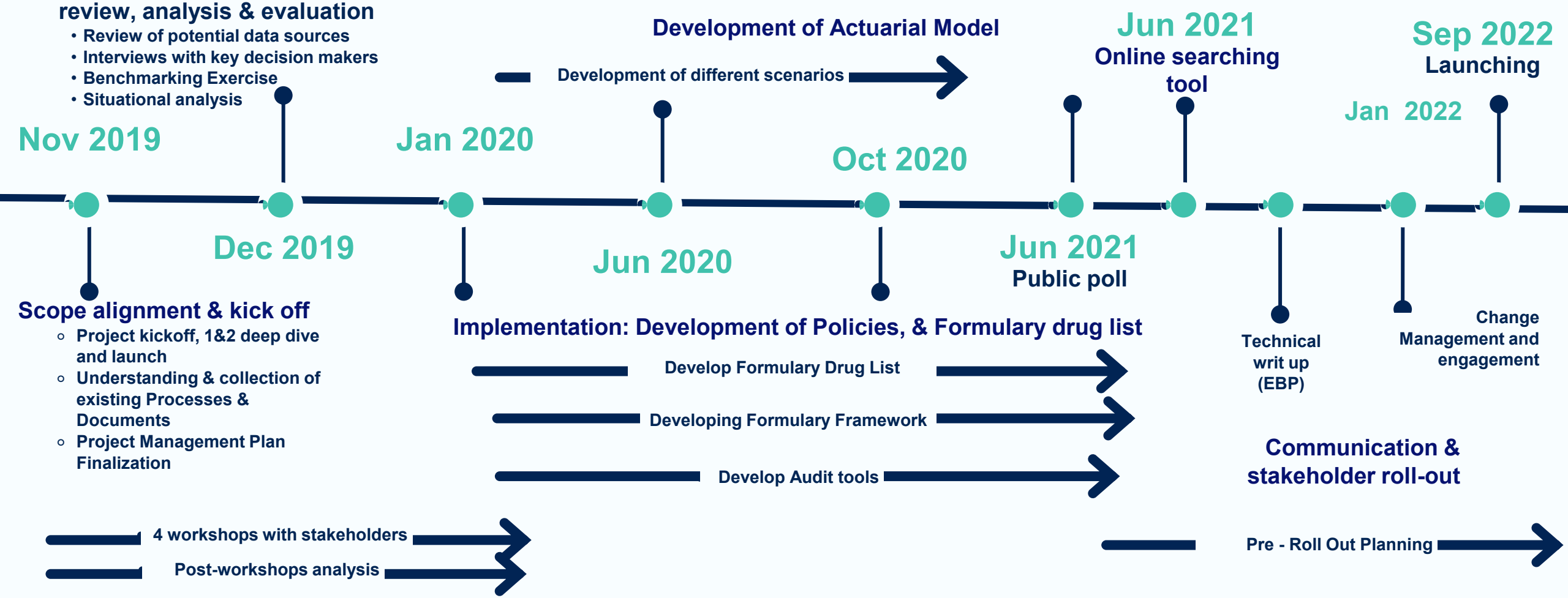
Formulary Management | AMCP.org. (2023). Amcp.org. https://www.amcp.org/about/managed-care-pharmacy-101/concepts-managed-care-pharmacy/formulary-management

Goldberg R. B. (2020). PRACTITIONER UPDATE. Journal of managed care & specialty pharmacy, 26(4), 341–349. https://doi.org/10.18553/jmcp.2020.26.4.341a

Indication-Based Formulary Design Beginning in Contract Year (CY) 2020 | CMS. (2018, August 29). Cms.gov. https://www.cms.gov/newsroom/fact-sheets/indication-based-formulary-design-beginning-contract-year-cy-2020#:~:text=What%20is%20Indication%2DBased%20Formulary,drugs%20predicated%20on%20specific%20indications.

Simon, G. E., Psaty, B. M., Hrachovec, J. B., & Mora, M. (2005). Principles for evidence-based drug formulary policy. Journal of general internal medicine, 20(10), 964–968. https://doi.org/10.1111/j.1525-1497.2005.0232.x

DDF Activities 2019-2022



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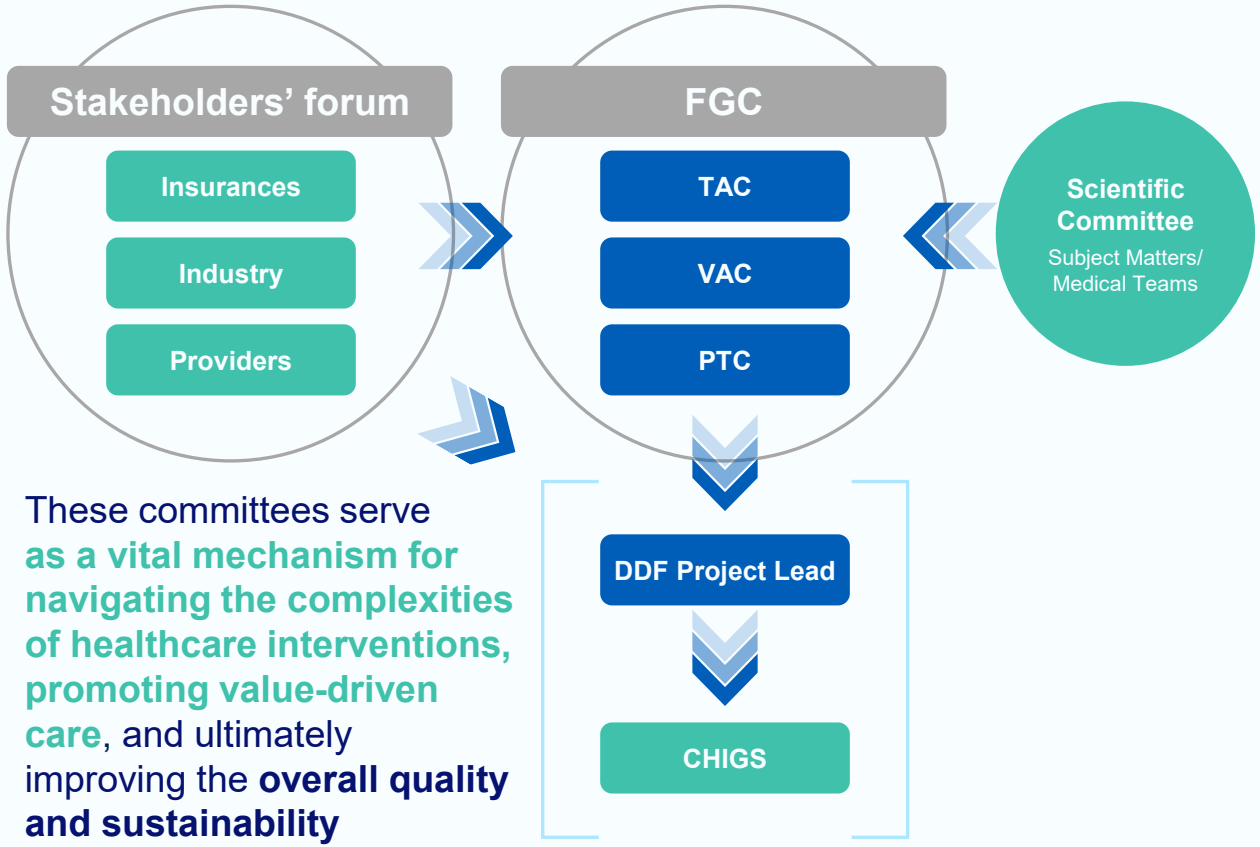
DDF Governance: Committees and Stakeholders Engagement and Interaction

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.

Expertise	Evidence-based Evaluation	Stakeholder Involvement
Value Determination	Transparency & Accountability	Ongoing Assessment & Review

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**.

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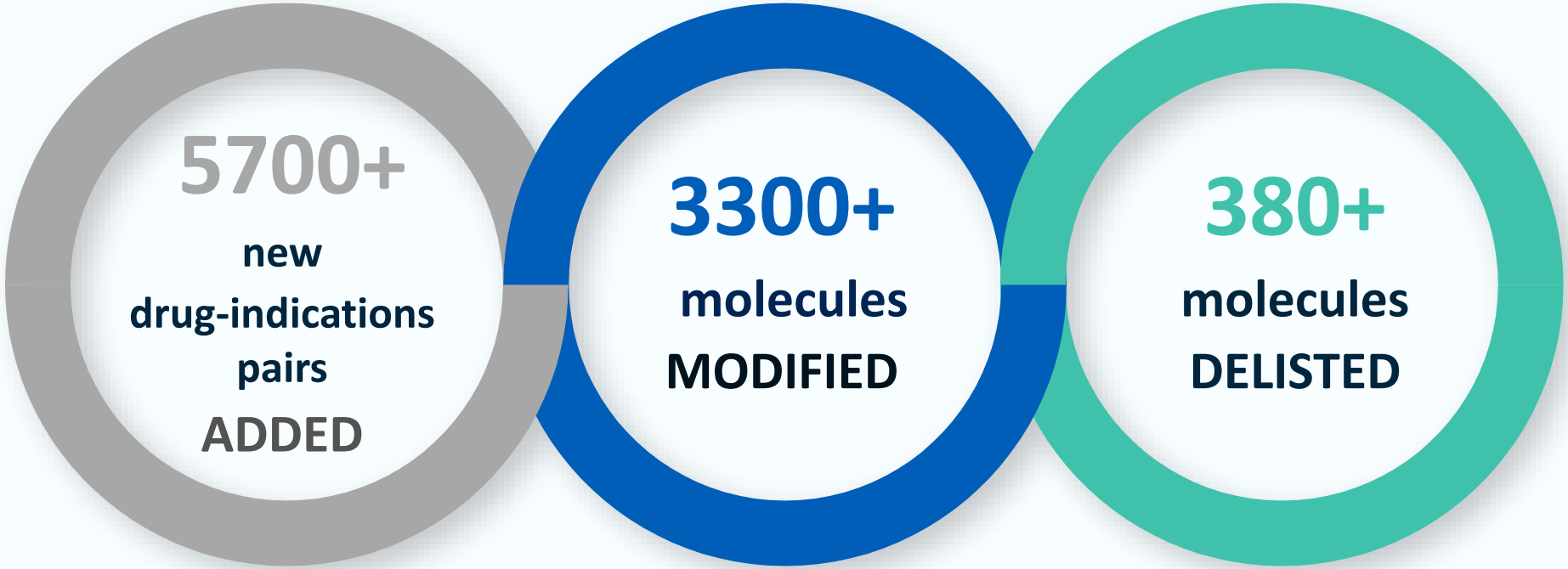
DDF Key Achievements 2023-2024

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**.



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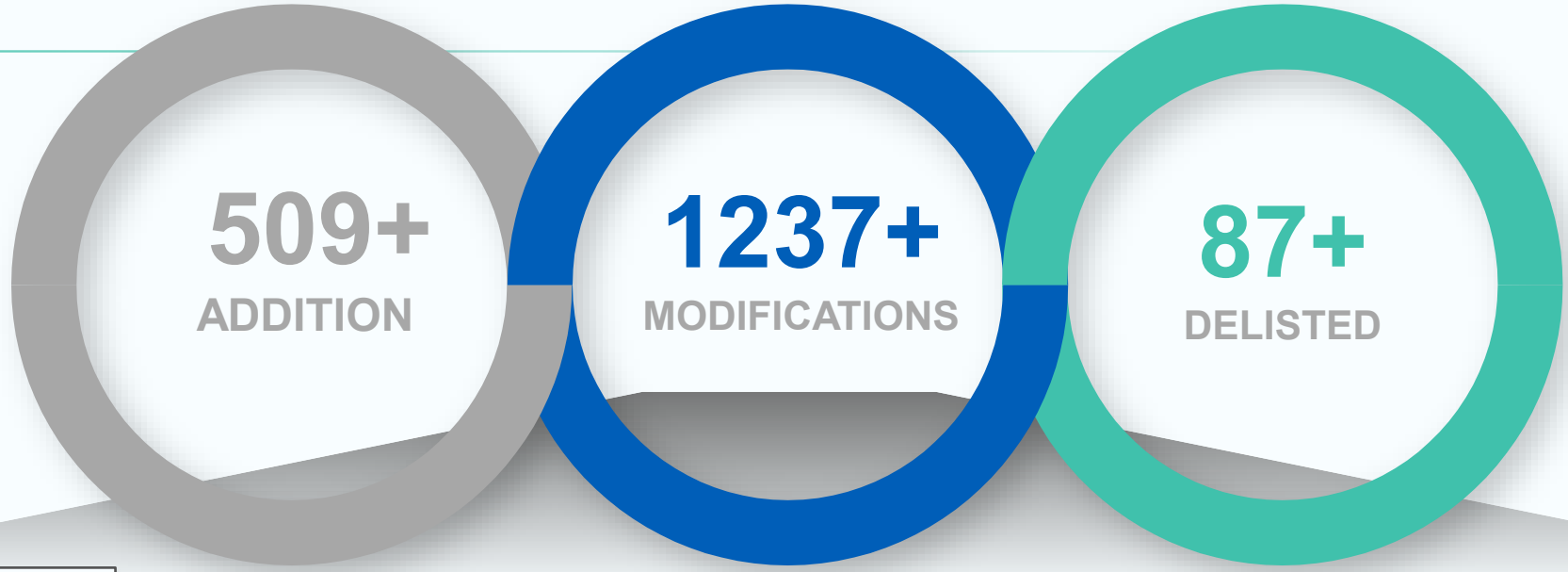
DDF Update 2025



- ICD-10: 133
- Indication name/ICD-10: 122
- Indication name/ICD-10/MDD: 17
- Indication name/ICD-10/PE: 4
- ATC code: 4
- ATC Code/Prescribing edits/Notes: 7
- Drug pharmacological class/Drug pharmacological subclass/MDD adults: 5
- Drug pharmacological class/Drug pharmacological subclass/MDD adults/MDD pediatrics: 5
- Description code: 29
- Drug pharmacological class/Drug pharmacological subclass: 9
- Drug pharmacological class/Drug pharmacological subclass/ATC Code/Prescribing edits/Notes: 1
- Drug pharmacological class/Drug pharmacological subclass/Prescribing edits/Notes: 4
- Drug pharmacological class/Drug pharmacological subclass/Prescribing edits/Notes: 4
- ICD-10/Prescribing edits/MDD/Notes: 107
- ICD-10/Prescribing edits/MDD/Notes: 8
- Indication name/ICD-10/MDD/Notes: 7
- Indication name/ICD-10/Notes: 72
- Indication name/ICD-10/Prescribing edits/MDD/Notes: 177
- Indication name/ICD-10/Prescribing edits/Notes: 26
- Note: 11
- Prescribing Edits: 373
- Others: 112

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Daman Drug Formulary 2025 Updates

01

Daman Drug Formulary (DDF) Maintenance

- Updating an existing indication
- Adding a new indication to the formulary
- Updating the Master Excel sheet

02

Monitoring of the DDF Outcome

- Monitoring reports on medication utilization in the private sector, trends, compliance with CHI regulations, inquiries complaints data and pre-defined KPI's

03

Medication Coverage Governance

- Sustainable Adoption of Biosimilars in Saudi Private Sector
- Value Assessment Framework

04

Market Education

- Educate the Market on DDF and related components and policies

05

Publication

- Develop manuscripts related to the DDF work.
- Topics include Antibiotics and Diabetes, Biologics and Biosimilars Value based framework

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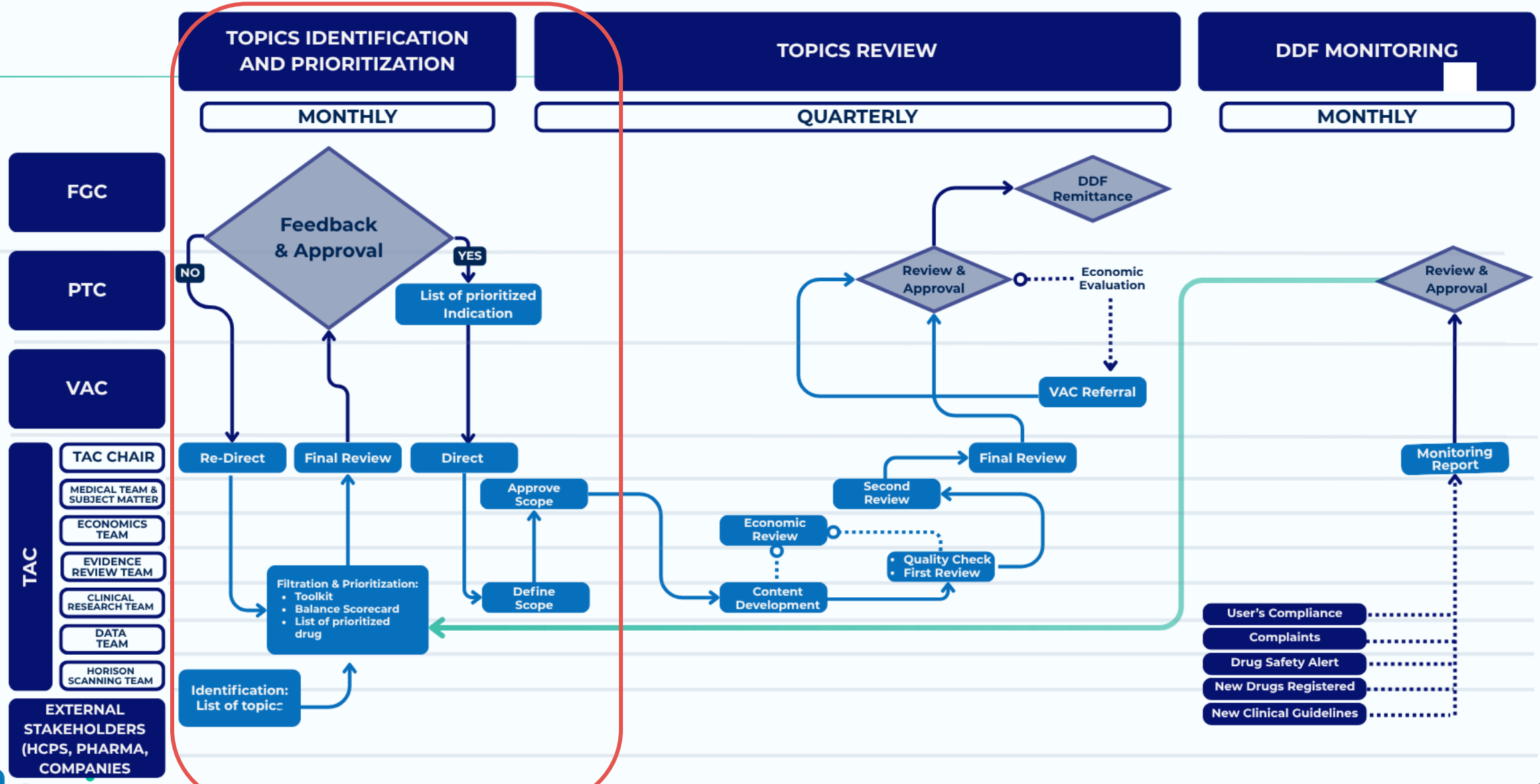
Conclusion – Benefits of Value-based Formularies

PATIENTS	PROVIDERS	PAYERS	SUPPLIERS	SOCIETY
Lower costs and better outcomes	Higher patient satisfaction rates and better care efficiencies	Stronger cost controls and reduces risks	Alignment of prices with patient outcomes	Optimize healthcare spending and better allocation of resources

DDF Maintenance and Monitoring Process

DDF Maintenance and Monitoring Process



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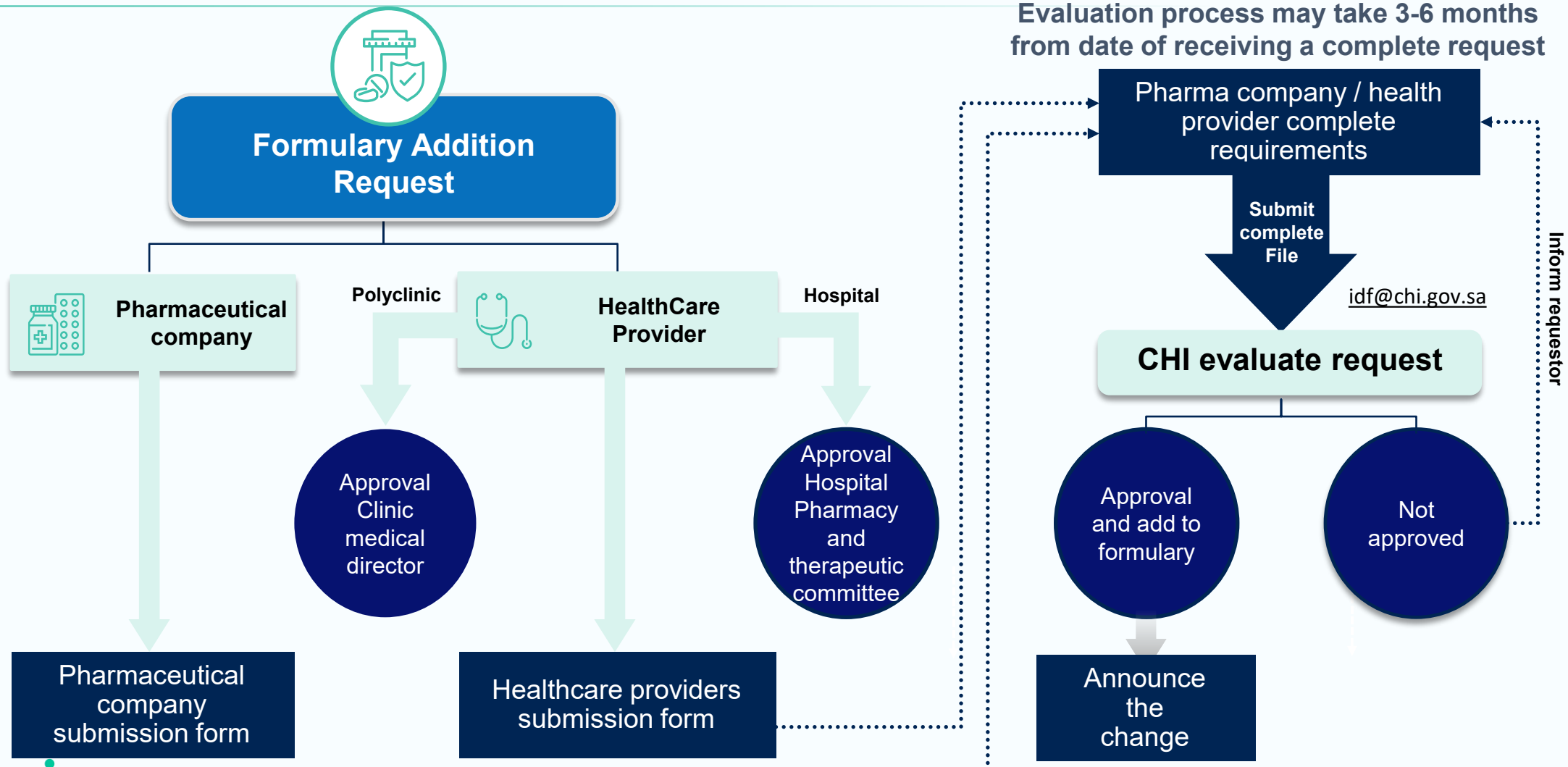
DDF Maintenance and Monitoring

Topic	Description
Triggers for Updates Horizon Scanning Sources	**External Submissions** ▪ Drug submissions by the pharmaceutical industry ▪ Drug submissions by healthcare providers (HCPs) **Periodic Horizon Scanning** ▪ Indication Prioritization Tool (IPT) ▪ New national and international clinical guidelines ▪ Newly SFDA-registered drugs ▪ Safety alerts
Process Name	▪ DDF Maintenance and Monitoring Process
Primary Output	▪ DDF Master Excel Sheet
Update Frequency	▪ Quarterly (Every 3 Months)
User Guidance	▪ Master Excel Sheet Guidebook
Supporting Resources	▪ Indications Review Document ▪ List of Ingredients ▪ Submission Forms

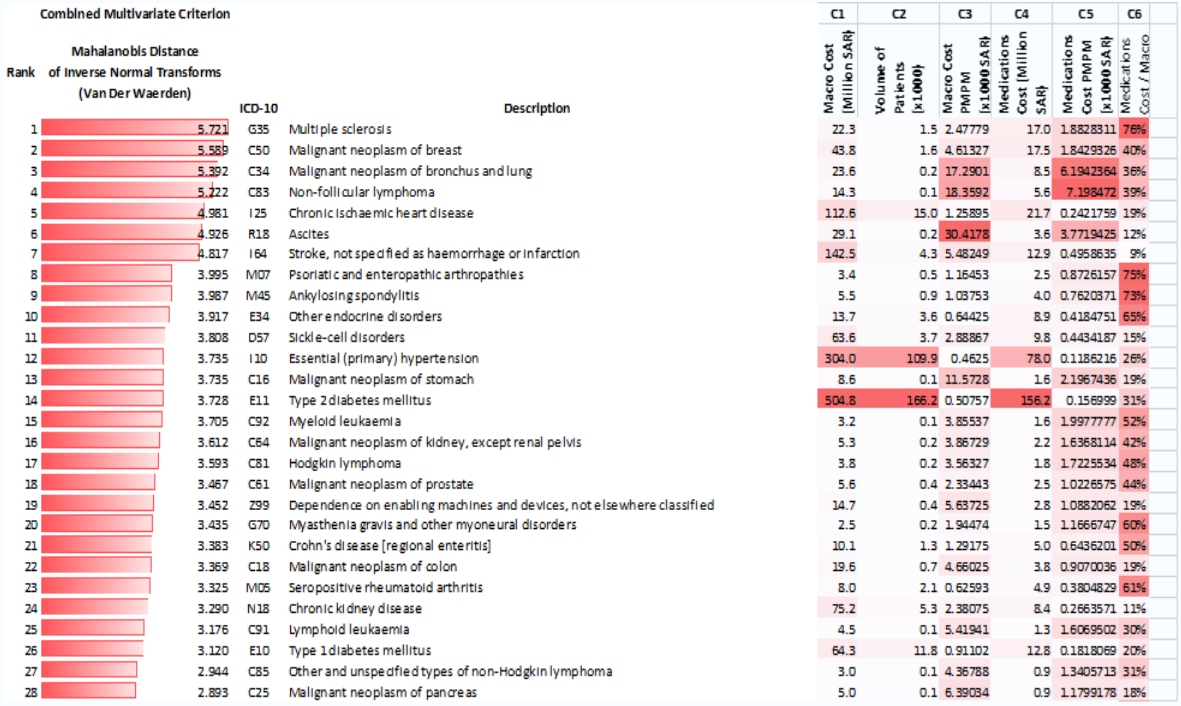
Formulary Addition Request



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**	



Rank	Combined Multivariate Criterion: Mahalanobis Distance of Inverse Normal Transforms (Van Der Waerden)	ICD-10	Description	C1: Macro Cost (Million SAR)	C2: Volume of Patients (x1000)	C3: Macro Cost PMPM (x1000 SAR)	C4: Medications Cost (Million SAR)	C5: Medications Cost PMPM (x1000 SAR)	C6: Medications Cost / Macro
1	5.721	G35	Multiple sclerosis	22.3	1.5	2.47779	17.0	1.8828311	76%
2	5.589	C50	Malignant neoplasm of breast	43.8	1.6	4.61327	17.5	1.8429326	40%
3	5.392	C34	Malignant neoplasm of bronchus and lung	23.6	0.2	17.2901	8.5	6.1942364	36%
4	5.222	C83	Non-follicular lymphoma	14.3	0.1	18.3592	5.6	7.198472	39%
5	4.981	I25	Chronic ischaemic heart disease	112.6	15.0	1.25895	21.7	0.2421759	19%
6	4.926	R18	Ascites	29.1	0.2	30.4178	3.6	3.7719425	12%
7	4.817	I64	Stroke, not specified as haemorrhage or infarction	142.5	4.3	5.48249	12.9	0.4958635	9%
8	3.995	M07	Psoriatic and enteropathic arthropathies	3.4	0.5	1.16453	2.5	0.8726157	75%
9	3.987	M45	Ankylosing spondylitis	5.5	0.9	1.03753	4.0	0.7620371	73%
10	3.917	E34	Other endocrine disorders	13.7	3.6	0.64425	8.9	0.4184751	65%
11	3.808	D57	Sickle-cell disorders	63.6	3.7	2.88867	9.8	0.4434187	15%
12	3.735	I10	Essential (primary) hypertension	304.0	109.9	0.4625	78.0	0.1186216	26%
13	3.735	C16	Malignant neoplasm of stomach	8.6	0.1	11.5728	1.6	2.1967436	19%
14	3.728	E11	Type 2 diabetes mellitus	504.8	166.2	0.50757	156.2	0.156999	31%
15	3.705	C92	Myeloid leukaemia	3.2	0.1	3.85537	1.6	1.9977777	52%
16	3.612	C64	Malignant neoplasm of kidney, except renal pelvis	5.3	0.2	3.86729	2.2	1.6368114	42%
17	3.593	C81	Hodgkin lymphoma	3.8	0.2	3.56327	1.8	1.7225534	48%
18	3.467	C61	Malignant neoplasm of prostate	5.6	0.4	2.33443	2.5	1.0226575	44%
19	3.452	Z99	Dependence on enabling machines and devices, not elsewhere classified	14.7	0.4	5.63725	2.8	1.0882062	19%
20	3.435	G70	Myasthenia gravis and other myoneural disorders	2.5	0.2	1.94474	1.5	1.1666747	60%
21	3.383	K50	Crohn's disease [regional enteritis]	10.1	1.3	1.29175	5.0	0.6436201	50%
22	3.369	C18	Malignant neoplasm of colon	19.6	0.7	4.66025	3.8	0.9070036	19%
23	3.325	M05	Seropositive rheumatoid arthritis	8.0	2.1	0.62593	4.9	0.3804829	61%
24	3.290	N18	Chronic kidney disease	75.2	5.3	2.38075	8.4	0.2663571	11%
25	3.176	C91	Lymphoid leukaemia	4.5	0.1	5.41941	1.3	1.6069502	30%
26	3.120	E10	Type 1 diabetes mellitus	64.3	11.8	0.91102	12.8	0.1818069	20%
27	2.944	C85	Other and unspecified types of non-Hodgkin lymphoma	3.0	0.1	4.36788	0.9	1.3405713	31%
28	2.893	C25	Malignant neoplasm of pancreas	5.0	0.1	6.39034	0.9	1.1799178	18%

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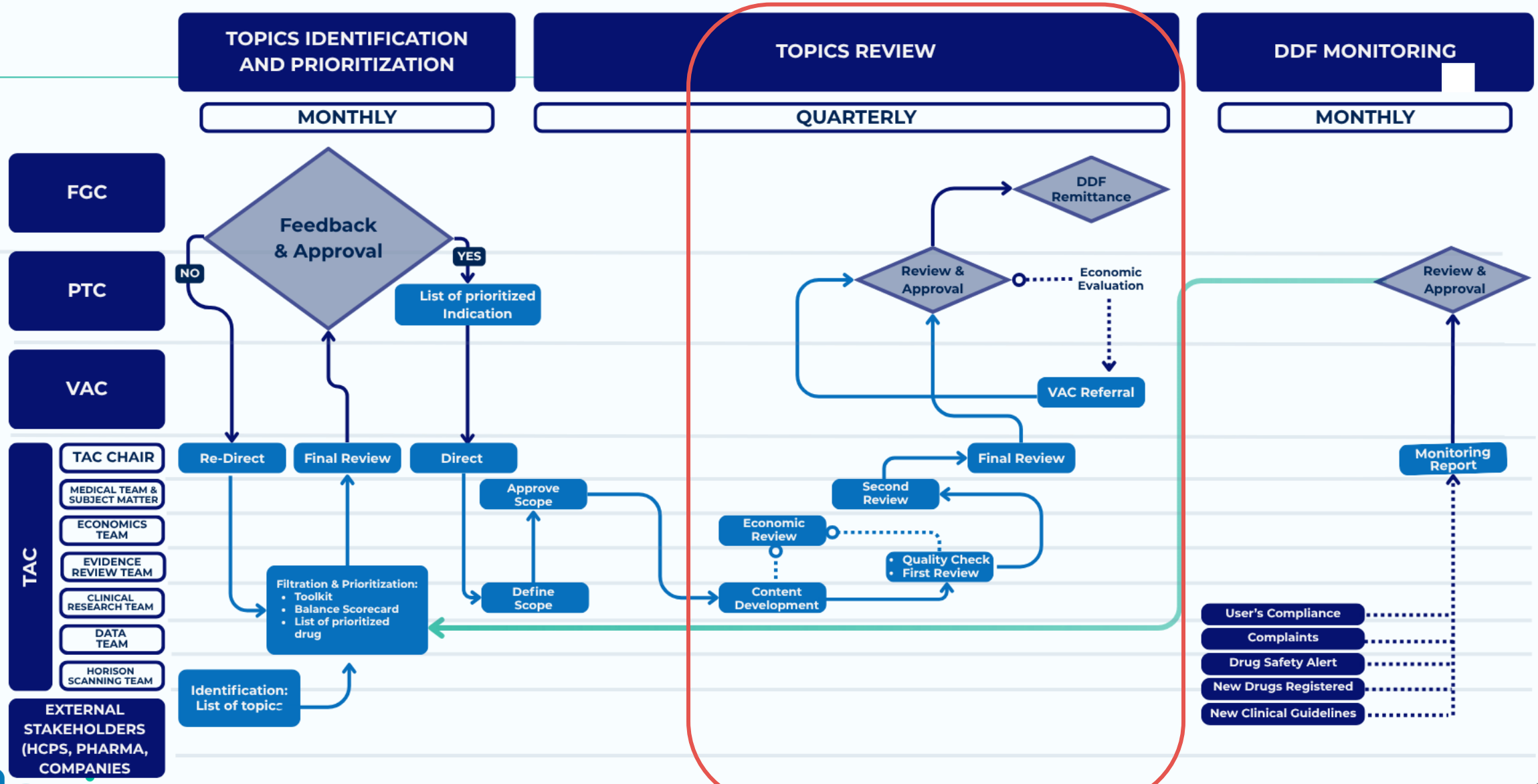
Lauvrak V, Bidonde J, Peacocke E. Topic identification, selection and prioritisation for health technology assessment (HTA) - A report to support capacity building for HTA in low- and middle-income countries [Internet]. Norwegian Institute of Public Health. 2021 [cited 2023 Feb 15].

DDF Maintenance and Monitoring Process



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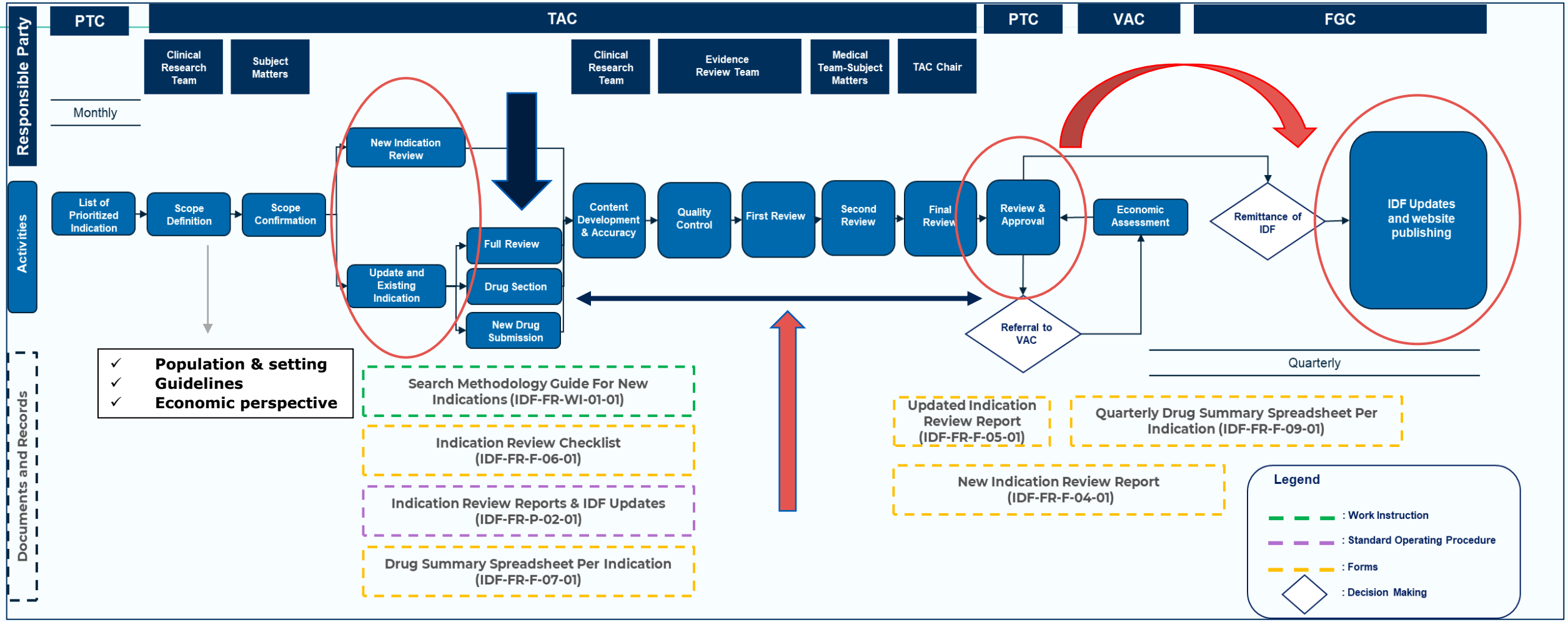
Topic Review



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Scope Definition | Evidence Generation | Report Development | DDF Master Sheet Update

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

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Scope Definition → **Evidence Generation** → Report Development → DDF Master Sheet Update

CHI Indication Review

Transparency & Standardization

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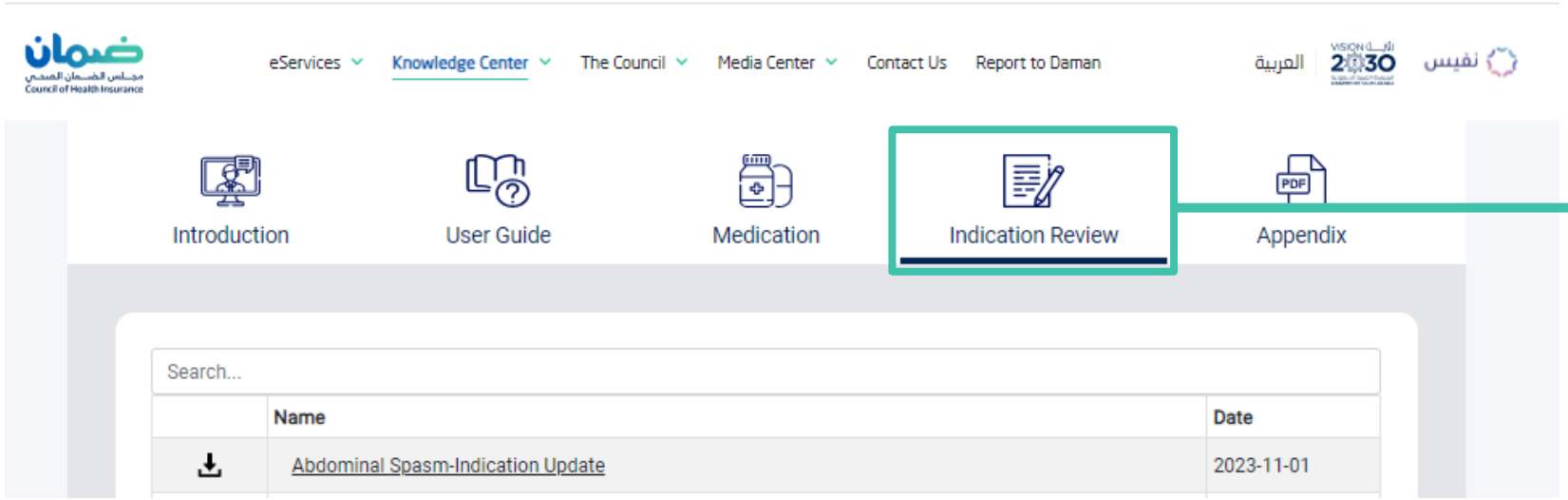
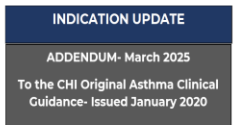
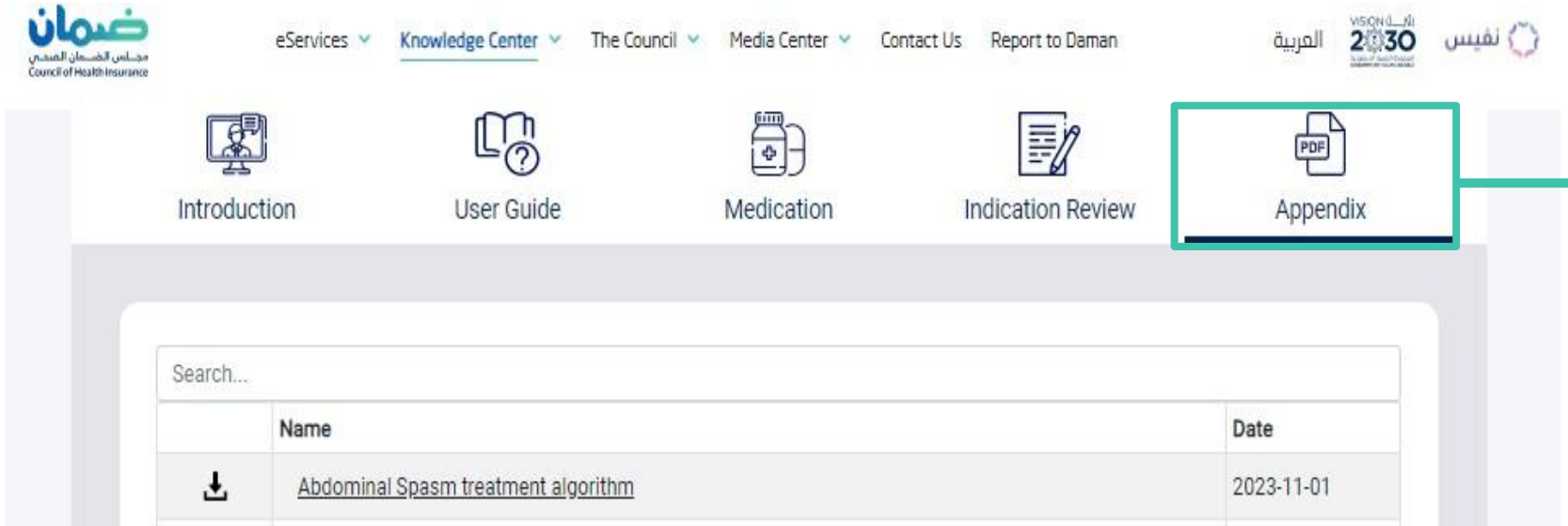


ASTHMA
CHI Formulary Development Project





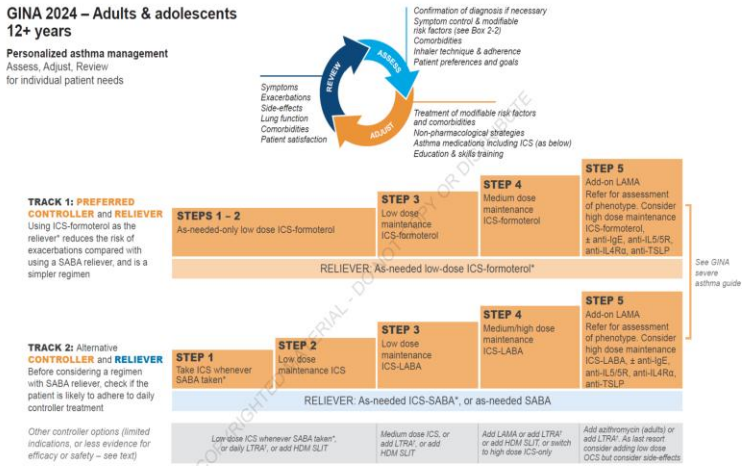


Figure 1: Management of asthma in adults

*available on CHI website

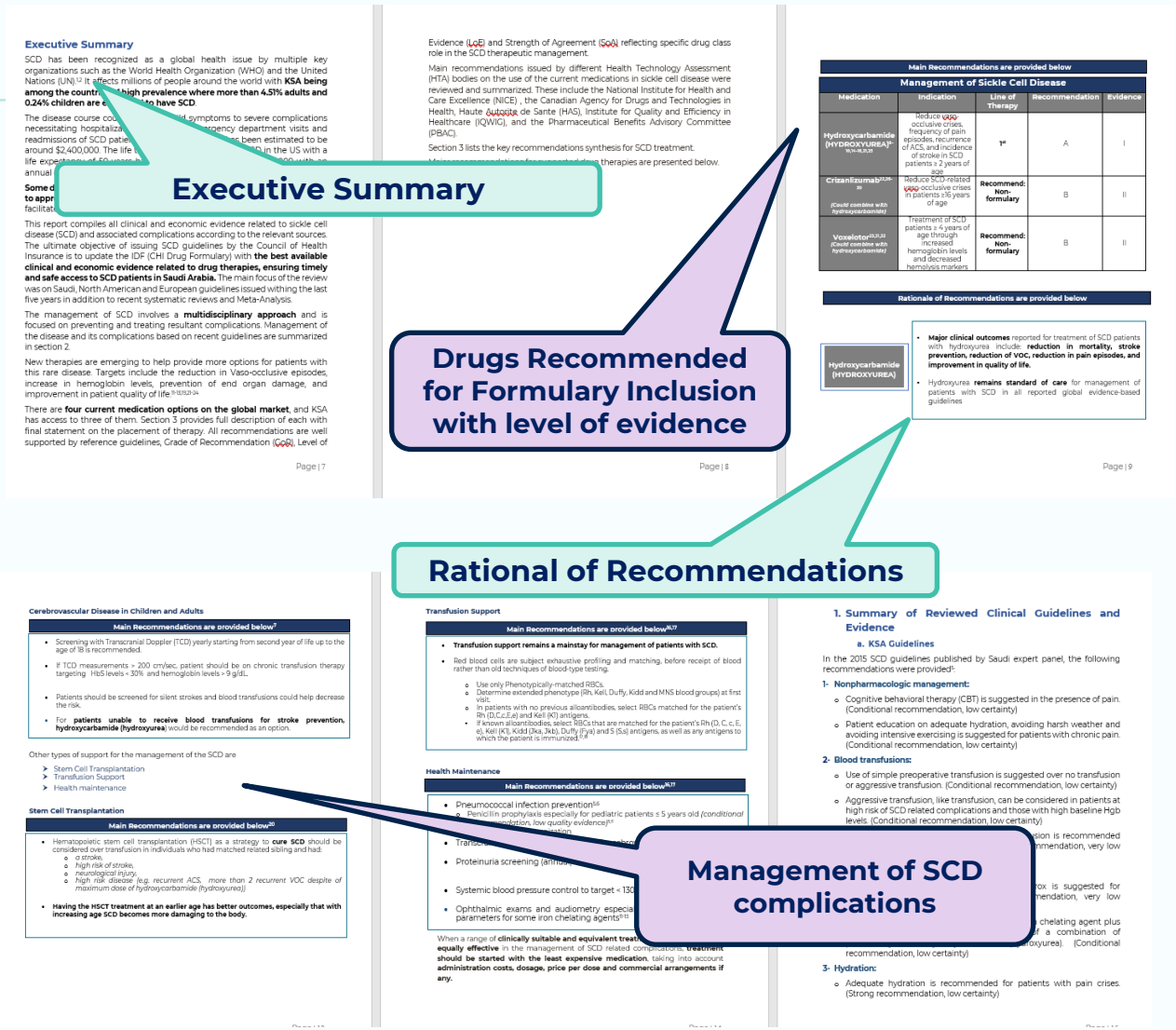
Topic Review

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



Scope Definition → Evidence Generation → **Report Development** → DDF Master Sheet Update

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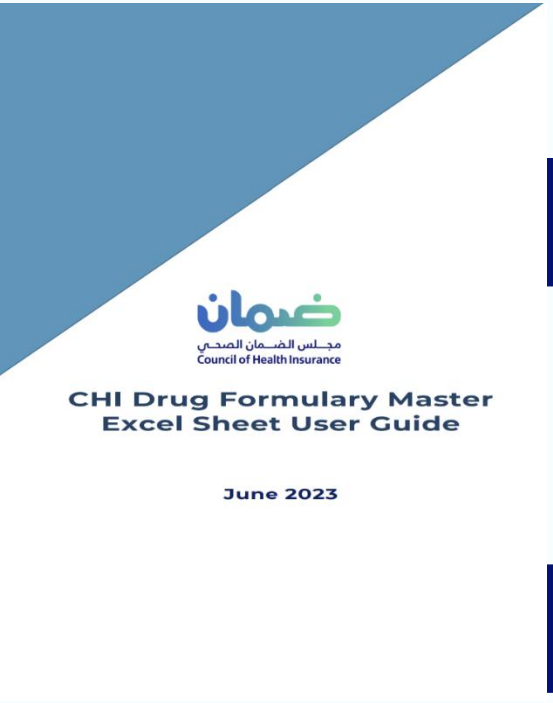
DRUG LIST

DRUG FORMULARY

DDF Output



CLICK

1528 DDF LIST OF INGREDIENTS

CLICK

DDF INDICATION & DRUGS MASTER EXCEL SHEET – MARCH 2025

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Scope Definition → Evidence Generation → Report Development → **DDF Master Sheet Update**

DDF Prescribing Edits

Master Excel Sheet

EU (Emergency use only)
This drug status on Formulary is only for Emergency use

PE (Protocol Edit)
Use of drug is dependent on protocol combination, doses and sequence of therapy

ST (Step Therapy)
Coverage may depend on previous use of another Drug

CU (Concurrent Use Edit)
Coverage may depend upon concurrent use of another drug

Gender
Coverage may depend on patient gender

Age
Coverage may depend on patient age

MD (Physician Specialty)
Coverage may depend on prescribing physician's specialty or board certification

QL (Quantity Limit)
Coverage may be limited to specific quantities per prescription and/or time period

PA (Prior Authorization)
Requires specific physician request process with specific dosage, duration of treatment, population, step therapy and concomitant treatment

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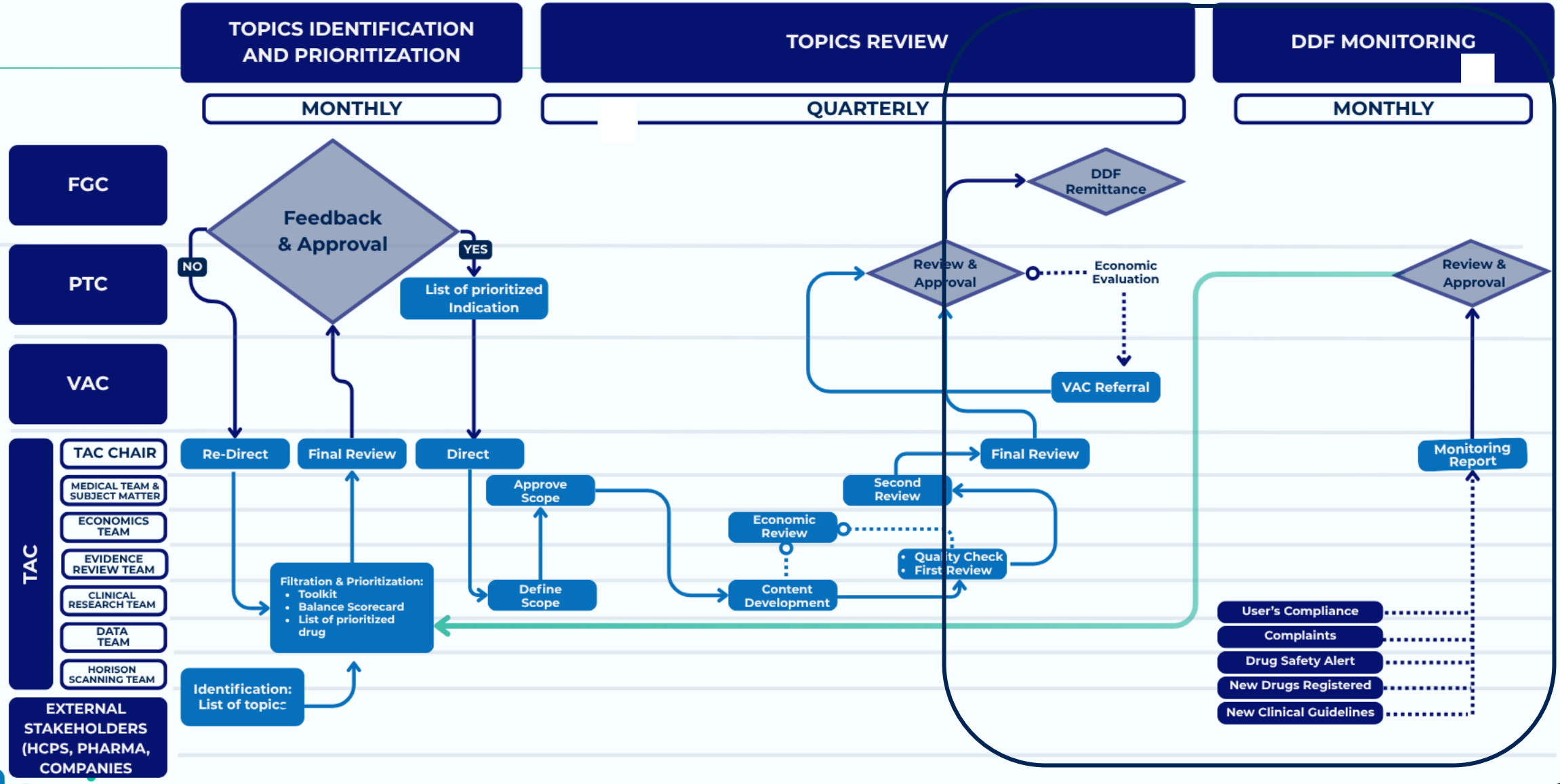
DDF Maintenance and Monitoring Process



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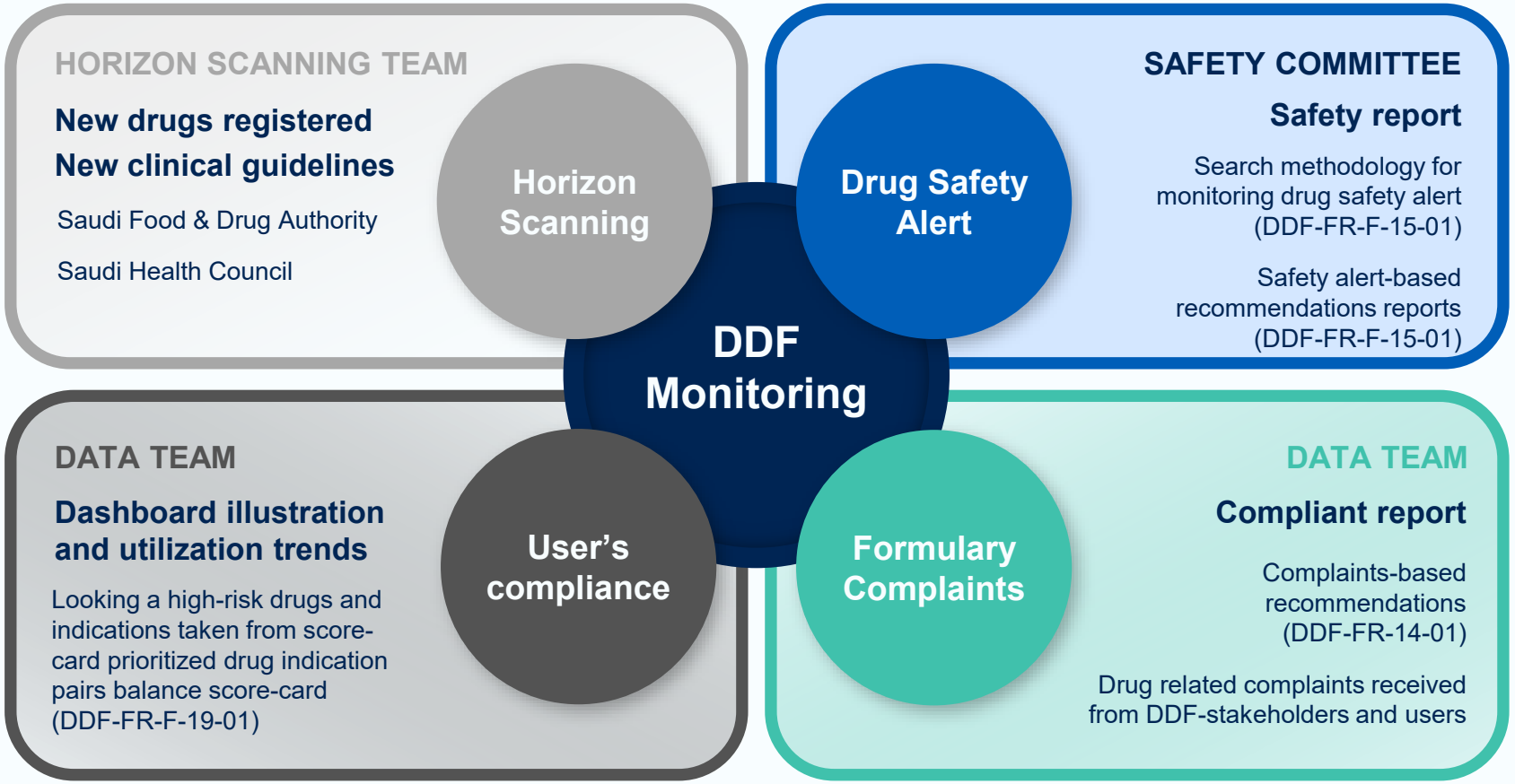
DDF Monitoring

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

CHI Monitoring Dashboard

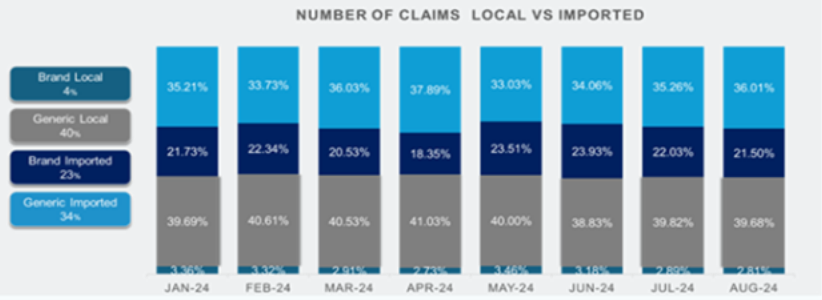
Medication Utilization - استهلاك الأدوية
(2024)

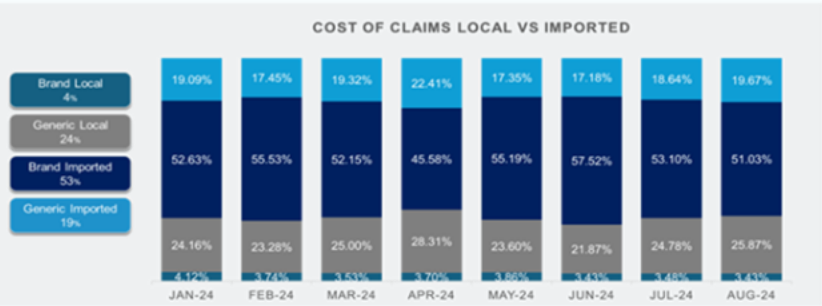
Detailed View

Number of Medication Claims	Cost of Medication Claims
[illegible]	[illegible]

Number of Other Medication Claims	
Other	Other Unlisted
[illegible]	[illegible]
% from total: 26%	% from total: 8%

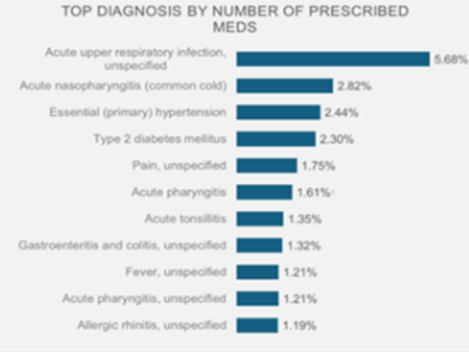
Cost of Other Medication Claims	
Other	Other Unlisted
[illegible]	[illegible]
% from total: 27%	% from total: 16%

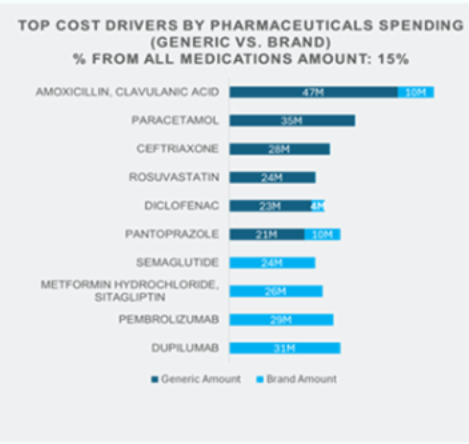


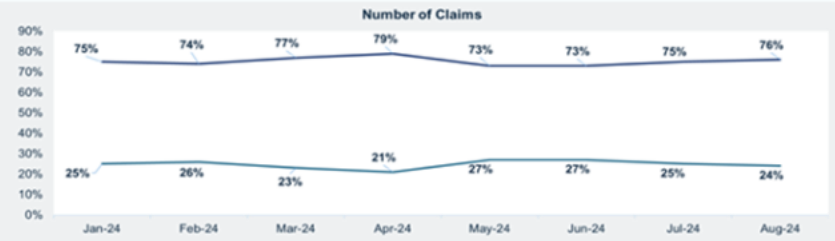


Top 20 Prescribed Medication (Generic Vs Brand)

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%







Data & AI Department:
data@chi.gov.sa

* Excluding Unlisted & Other Medication Codes Due to Unclear Classificatio

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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): With available registered generics	Copayment for brands is 0 to 50% **for each medication**
3. Brand medications (prescription or OTC): Without 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)**

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Expected Impact of Co-Pay Policy on Stakeholders

Health Insurance

- Address Moral Hazard
- Cost-Saving
- Lead the way to preferred generics

Patient

- Reasonable payment cap
- Better allocation of budget to enhance basic plan (treat more health conditions)

Prescribers

- Reduce conflict of interest with pharmaceuticals
- Encourage medical practice ethics

Pharmacies

- Plan of purchase/ deals based on preferred generics

National level

- Encourage competition and repricing

Local Manufacturer

- Incentivizing Local Manufacturing

Brand Manufacturer

- Better allocation of budget to cover innovative treatments
- Encourage R&D/ Pharmaceutical Innovation

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

Scan Here
Survey QR Code

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