



مجلس الضمان الصحي
Council of Health Insurance

Webinar 4

DAMAN DRUG FORMULARY (DDF) **Q2 updates** (August 2026 Edition)



Knowledge Check



Workshop Objectives

01.

Understand the ICD-10-AM coding update

What changed across the DDF and how to interpret diagnosis-code fields. ~5 minutes

02.

Review formulary modifications

New/modified description codes, formulations, strengths and deletions. ~10 minutes

03.

Highlight prescribing-edit updates

Key policy changes requiring payer/provider implementation. ~12 minutes

04.

Support consistent implementation

Clarify how the updated Master Excel should be used in coverage and claims workflows. ~8 minutes

Focus: changes in the August 2026 DDF edition and what the sector needs to implement.

August 2026 DDF Update — At a Glance

26,137

DDF rows
ICD-10-AM fields
updated

69

New
description codes

69

New
formulations

11

New
strengths

12

Modified
description codes

5

Deleted
description codes

29

note & prescribing-
edit updates

3

Modified
prescribing edits

ICD-10-AM Coding Alignment

What changed

The ICD-10-AM field was updated across all 26,137 formulary rows to improve consistency between the indication and the diagnosis coding used for implementation.

How to read the field

Codes may appear as a specific code, a code range, or with an asterisk (*) to represent the applicable code family within the formulary indication.

What this means for the sector

Use the ICD-10-AM field together with the indication, scientific name, description code and prescribing edits. The diagnosis code is not intended to be interpreted in isolation.

Implementation
message

Update local mapping/rules to the current DDF edition and avoid relying on older diagnosis-code mappings.

Understanding ICD-10-AM Coding Symbols

The ICD 10 AM codes provided is intended as a guide to help users identify potentially relevant ICD-10-AM codes based on the listed indication and medication.

Comma ,

◆ OR / Alternative Codes

Example: B20, B21, B22

Interpretation:

Any one of the listed diagnoses may apply

Semi-colon ;

◆ AND / Use Together

Example: E83.0 ; G26*

Interpretation:

Codes/concepts should be considered together when clinically applicable

Asterisk *

◆ Parent (Disease) Category

Example: B16*

Interpretation:

Includes all valid ICD-10-AM descendant codes within the category

Disclaimer:

- The ICD-10-AM codes included in this sheet are approximate guidance codes based on the listed indication and associated medication and are provided for reference purposes only.
- Final code assignment must not rely solely on this sheet and must not replace appropriate coding practices by a qualified medical coder.
- Users are responsible for reviewing the patient's medical record, diagnosis, clinical documentation, ICD-10-AM conventions, and Coding Standards before assigning final codes.

ICD-10-AM Code Validation & Standardization Updates

Why ICD 10 AM Codes in DDF Updated?

During the DDF review, indication mappings were validated against the valid ICD-10-AM code set currently utilized in Saudi Arabia. The review identified:

- Invalid or obsolete diagnosis code references.
- Inconsistent use of category codes
- Opportunities to improve clinical coverage.
- Requirement to align with ICD-10-AM coding standards

Examples of Key Updates

Clinical Area	Previous DDF	Revised DDF	Benefits
Status Epilepticus	G40.501	G41*	Captures all valid Status Epilepticus subtypes
Ischaemic Heart Disease	I20, I25,	I20*, I25*	Expands coverage to all valid subcategories
Cancer-Related Pain	R52, G89.3	R52*, C00-C96	Aligns pain indications with underlying malignant conditions

ICD-10-AM Coding — Examples from the Updated DDF

Type 2 diabetes mellitus	E11*	Code family used for the DDF indication
Asthma	J45*	Code family aligned to the indication
Heart failure	I50*	Code family aligned to the indication
Diabetic retinopathy	E10.32–E14.34	Multiple diabetes categories represented where applicable
Rheumatoid arthritis	M05–M06	Range used to capture the relevant diagnosis group

Examples are illustrative extracts from the August 2026 DDF and should be applied with the full formulary row.

How to Use the Modified ICD-10-AM Fields

The diagnosis code is the entry point — not the only coverage check.

- 1 Confirm the clinical indication** Select the diagnosis that reflects the patient's documented condition.
- 2 Match the ICD-10-AM code** Use the ICD-10-AM code shown for that DDF indication; do not rely on free-text diagnosis alone.
- 3 Match the medicine row** Confirm scientific name + description code/form/strength relevant to the requested product.
- 4 Read the prescribing edits** Check PA, ST, QL, AGE, MD, CU and any note or appendix referenced.
- 5 Submit supporting information** Prior authorization should demonstrate that the patient meets the DDF acceptance criteria.

ICD-10-AM identifies the covered indication; the full DDF row determines the applicable medication criteria.

Examples of Product-Level Changes

Methylprednisolone	New formulation	Intra-articular use added across multiple rheumatology indications.
Ondansetron	New description code	New code mapped to indications including postoperative nausea/vomiting and cancer-related nausea/vomiting.
Omeprazole	New formulation	Powder for oral suspension added across relevant indications.
Valsartan/Sacubitril	Modified description code	Description-code mapping updated for cardiomyopathy and congestive heart failure.
Albumin human	Deleted description code	Selected description code removed from mapped indications.

Type 2 Diabetes — Prescribing Edit Update

Eligibility & step therapy

Adult with confirmed T2DM and HbA1c above the individualized target. The updated edits specify prior therapy requirements and when evidence-based cardiovascular/cardiorenal access may apply.

Continuation & combinations

Initial authorization is generally 6 months. Continuation requires documented glycemic benefit/target progress or an applicable evidence-based indication. Concurrent GLP-1–based duplication is restricted.

Important boundary

Obesity, BMI or weight loss alone does not establish eligibility for T2DM coverage. The formulary distinguishes diabetes coverage criteria from weight-management use.

Specific requirements vary by molecule/formulation; implement the exact prescribing edit shown in the relevant DDF row.

Prior Authorization — Information to Include

Use the DDF row and its prescribing edits/ notes as the checklist for the request.

Patient + Diagnosis

- Diagnosis / indication + ICD-10-AM code
- Scientific name and requested formulation/strength
- Relevant DDF description code when available
- Patient age and other eligibility parameters where applies
- Baseline clinical measure required by the edit (e.g., HbA1c, OCT/visual findings)

Treatment + Acceptance Criteria

- Previous therapies, duration, response, intolerance or contraindication where ST applies
- Requested quantity / duration where QL applies
- Prescriber specialty where MD applies
- Current concomitant therapy to confirm prohibited combinations are avoided
- For renewal: objective response/continuation criteria required by the DDF

Modified Acceptance Criteria — GLP-1 Receptor Agonists

Examples in the August 2026 DDF: liraglutide, semaglutide and dulaglutide for T2DM.

Initial authorization

Adult with confirmed T2DM and HbA1c above the documented individualized target.

Metformin ≥ 3 months at maximum tolerated dose unless contraindicated/not tolerated.

AND ≥ 3 months of an appropriate additional class: SGLT2 inhibitor, DPP-4 inhibitor, sulfonylurea or pioglitazone.

Important exceptions / restrictions

Earlier access may be allowed only when a molecule-specific evidence-based cardiovascular indication applies.

Do not combine with a DPP-4 inhibitor, tirzepatide or another GLP-1 RA.

Obesity, BMI or weight loss alone does not establish eligibility or continuation.

Continuation

Initial authorization: 6 months.

Continue only with documented glycemic benefit toward the individualized HbA1c target OR a continuing evidence-based cardiovascular indication.

Prescribing: consultant diabetologist or endocrinologist; refill may also be by a family physician.

Modified Acceptance Criteria — Tirzepatide

The August 2026 DDF applies additional step-therapy and continuation requirements.

Before tirzepatide

Confirmed adult T2DM with HbA1c above individualized target despite:

1. Metformin ≥ 3 months at maximum tolerated dose unless contraindicated/not tolerated
2. SGLT2 inhibitor ≥ 3 months where appropriate; otherwise DPP-4 inhibitor, sulfonylurea or pioglitazone ≥ 3 months
3. Semaglutide (oral OR SC) ≥ 6 months, including ≥ 3 months at an effective tolerated maintenance dose, unless contraindicated or stopped for documented intolerance

Authorization / quantity

Initial authorization: 6 months.

QL: one-month supply dispensed with 2-month refills.

Do not require sequential failure of both oral and SC semaglutide.

Dose escalation is not automatic.

Reauthorization / stop

Reauthorize only if:

- HbA1c decreases ≥ 0.5 percentage point from pre-tirzepatide baseline OR individualized HbA1c target is achieved.

Stop if response threshold is not met, effective dose cannot be maintained due to intolerance, prohibited combination is used, or therapy is continued primarily for weight management.

Modified Prescribing Edit — Aflibercept

Diabetic macular oedema

Prescribing edits: PA, MD

Use restricted to visual impairment due to center-involved DME.

PA should document ophthalmologist confirmation and OCT support.

Continuation should be based on documented visual and/or anatomical response.

Intravitreal administration by a qualified physician experienced in intravitreal injections.

Age-related macular degeneration

The August update also modified the aflibercept prescribing edit for wet AMD.

The DDF specifies the approved intravitreal dosing approach and links treatment intervals to visual and/or anatomical outcomes, including OCT findings.

MD: administration by an appropriately qualified physician experienced in intravitreal injection.

Practical Example — From DDF Row to a Complete PA Request

Incomplete request

“request for tirzepatide for a patient with diabetes and obesity.”

Missing:

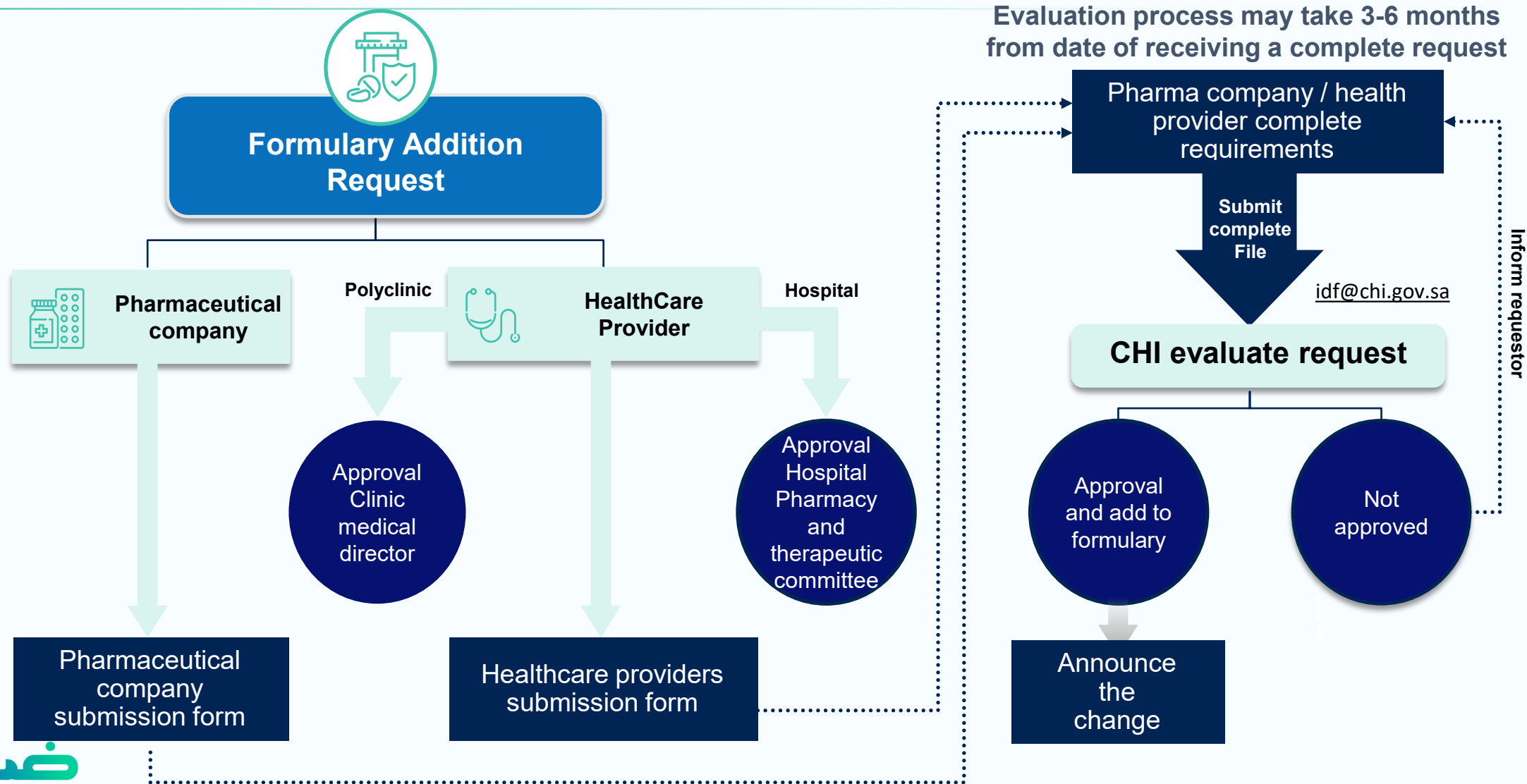
- Exact ICD-10-AM diagnosis
- Baseline / current HbA1c and individualized target
- Prior therapies and durations
- Semaglutide response/intolerance
- Current concomitant diabetes therapy
- Requested dose / quantity
- Prescriber eligibility

DDF-aligned request

“Adult with confirmed T2DM (E11*), HbA1c remains above individualized target. Metformin used ≥ 3 months at maximum tolerated dose; SGLT2 inhibitor used ≥ 3 months; semaglutide used ≥ 6 months including ≥ 3 months at effective tolerated maintenance dose with inadequate glycemic response. No concurrent GLP-1 RA/DPP-4 inhibitor. Tirzepatide requested for 6-month initial authorization according to DDF criteria.”

Attach the objective clinical evidence supporting each criterion.

Formulary Addition Request



Using the Updated DDF Master Excel

1

Start with the indication

Confirm the covered clinical indication and its ICD-10-AM mapping.

2

Match the medicine

Use scientific name and the SFDA-aligned description code; trade names are not the formulary basis.

3

Apply the edits

Review prescribing edits, notes, MDD, patient type and registration status where applicable.

4

Use the latest edition

Local payer/provider rules and claim edits should be synchronized with the current DDF version.

Sector Implementation — Key Actions

- ✓ Replace older ICD-10-AM mappings with the August 2026 DDF coding.
- ✓ Refresh description-code, formulation and strength mappings in local systems.
- ✓ Implement modified prescribing edits exactly as specified in the DDF row.
- ✓ Remove deleted description-code mappings from local rules where applicable.
- ✓ Escalate mapping or implementation questions using the formal HIM communication channel.

Discussion & Q&A

Post Knowledge Check

