IMPLEMENTATION OF A NATIONAL VALUE-BASED UNIFIED DRUG FORMULARY IN THE SAUDI PRIVATE HEALTH SECTOR

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مجلس الضمان الصحي
Council of Health Insurance

HPR30

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INTRODUCTION

Saudi Arabia's Council of Health Insurance (CHI) oversees service providers in the private sector, manages the National Platform for Health and Insurance Exchange Service (NPHIES) program, and identifies insurance beneficiaries. CHI established a national unified drug value-based formulary (VBF) to standardize practices and assure health equity.
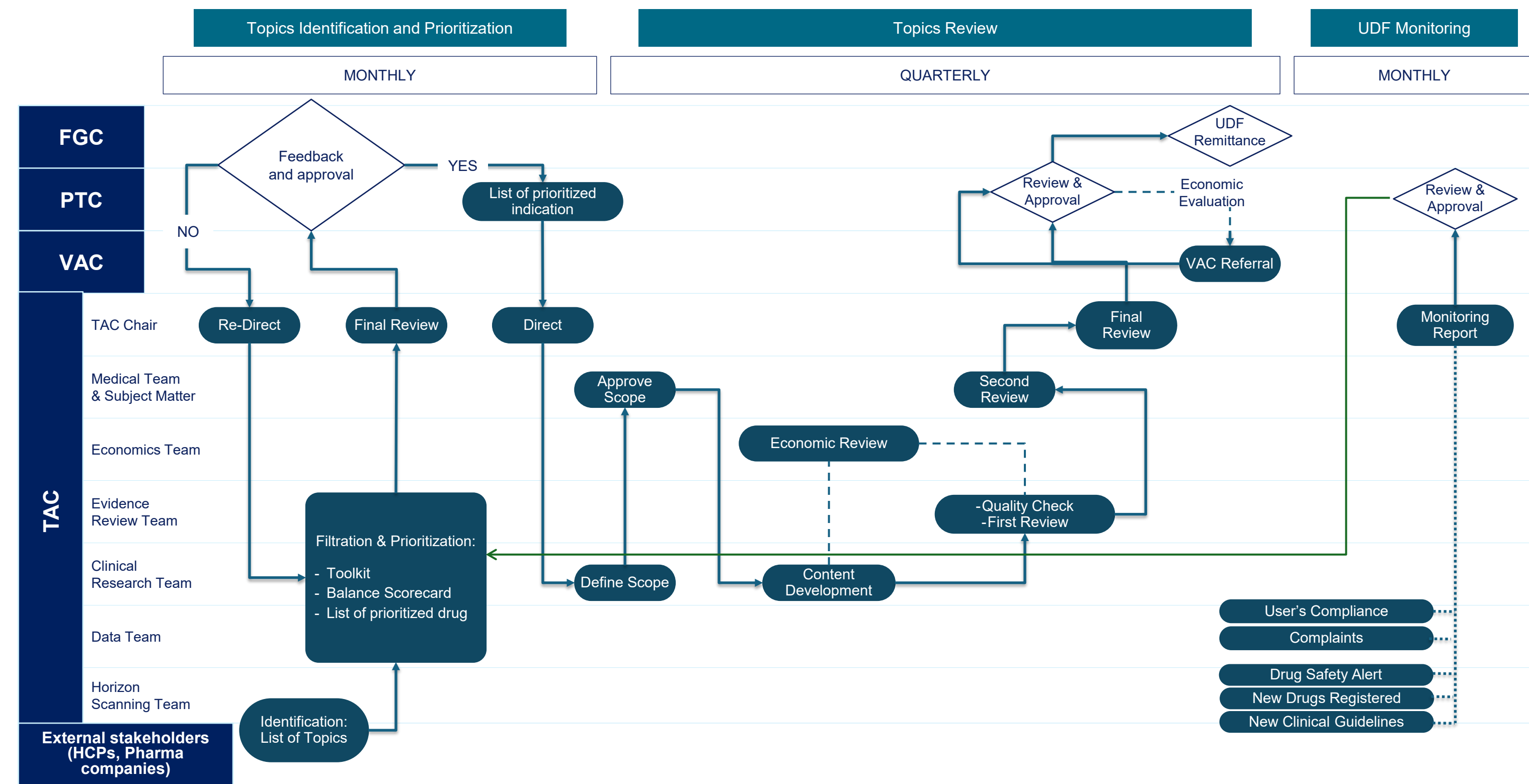
OBJECTIVES

The objectives of this article are to describe (1) the governance framework, a key component of VBF, and (2) the first year's implementation results.

METHOD

The established governance comprised of a process, policies, and standard operating procedures described the dynamic engagement of four multilayered committees. This ensured multisectoral stakeholder representation, informed decision-making, and accountability supporting evidence-based review and rational use of medicines.

The process described two workstreams: Topics Review and Continuous Monitoring. The former entailed indication identification and prioritization, review of clinical and economic guidelines, and final review and approval of the outcome. The latter was informed by horizon scanning of newly registered drugs and published guidelines, pharmacovigilance, formulary complaints from stakeholders, drug utilization trend, and user's adherence.

Figure 1. UDF Maintenance & Monitoring Process

RESULTS

Stakeholder Engagement

Committees effectively encompass a comprehensive spectrum of stakeholders.

This diverse representation underscores the commitment to inclusivity and collaboration among key entities, fostering a well-rounded and balanced perspective in the formulary decision-making process.
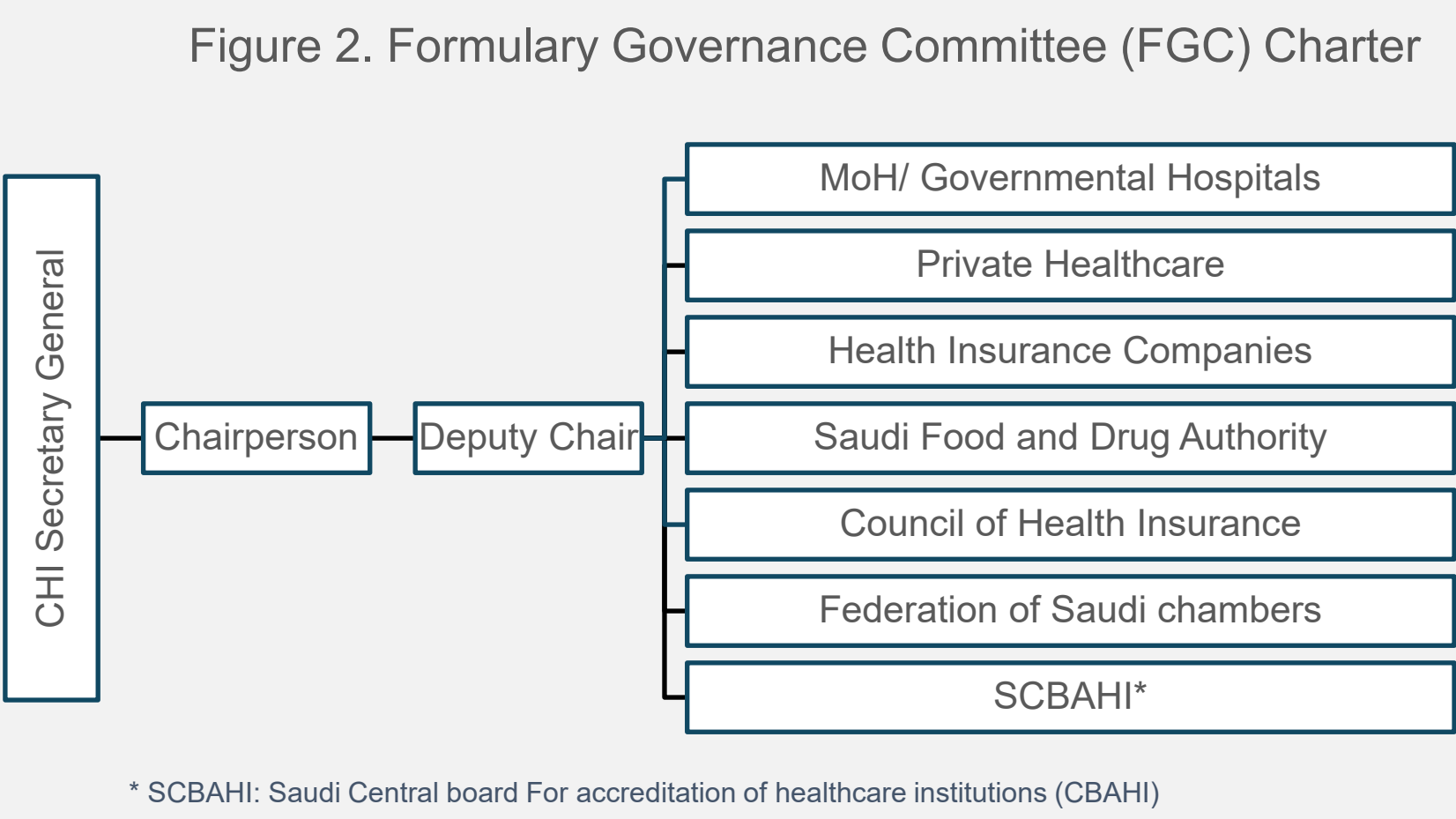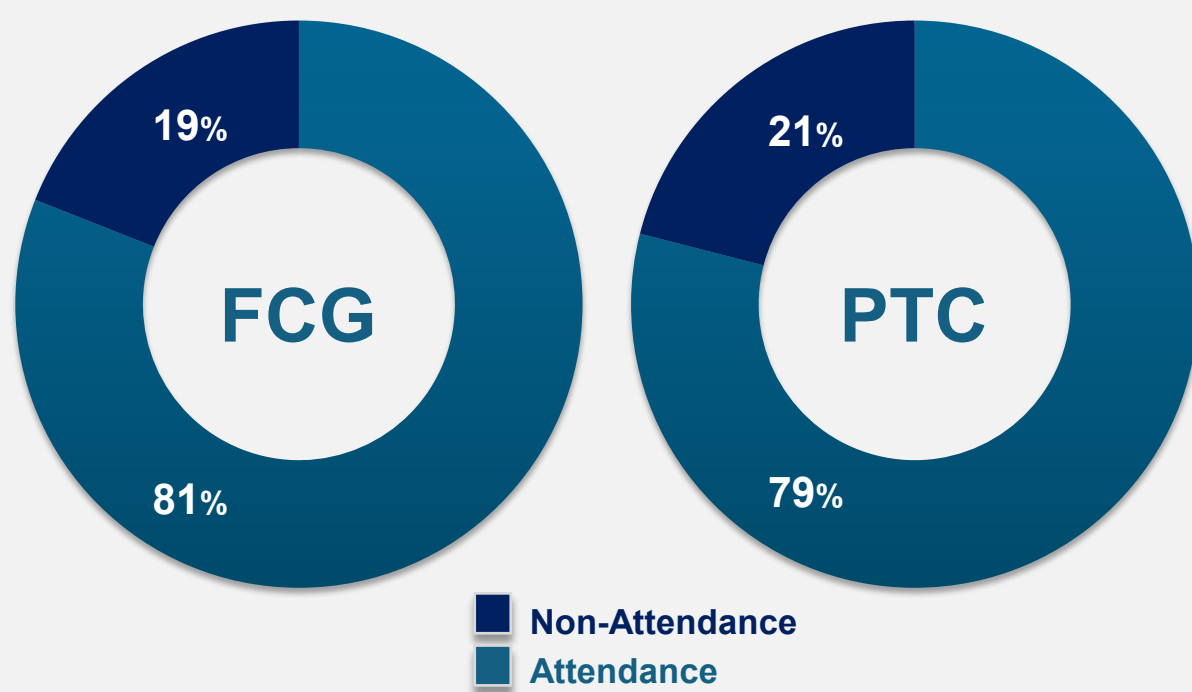

Figure 2. Formulary Governance Committee (FGC) Charter

* SCBAHI: Saudi Central board For accreditation of healthcare institutions (CBAHI)

Figure 3. Pharmacy & Therapeutics Committee (PTC) Charter

Figure 4. Committee Attendance Rates

FCG: 19% / 81% PTC: 21% / 79%
■ Non-Attendance ■ Attendance

Indication Review

200 indications across 14 therapeutic areas were reviewed resulting in the following drug-indication pairs adjustments: 5700+ drug additions to relevant indications, 3300+ prescribing edits modifications, and 380+ delisting's. Twelve monitoring reports described spending and utilization as per the prescribing edits, generics/biosimilars uptake, and specialty drugs prescribing patterns.
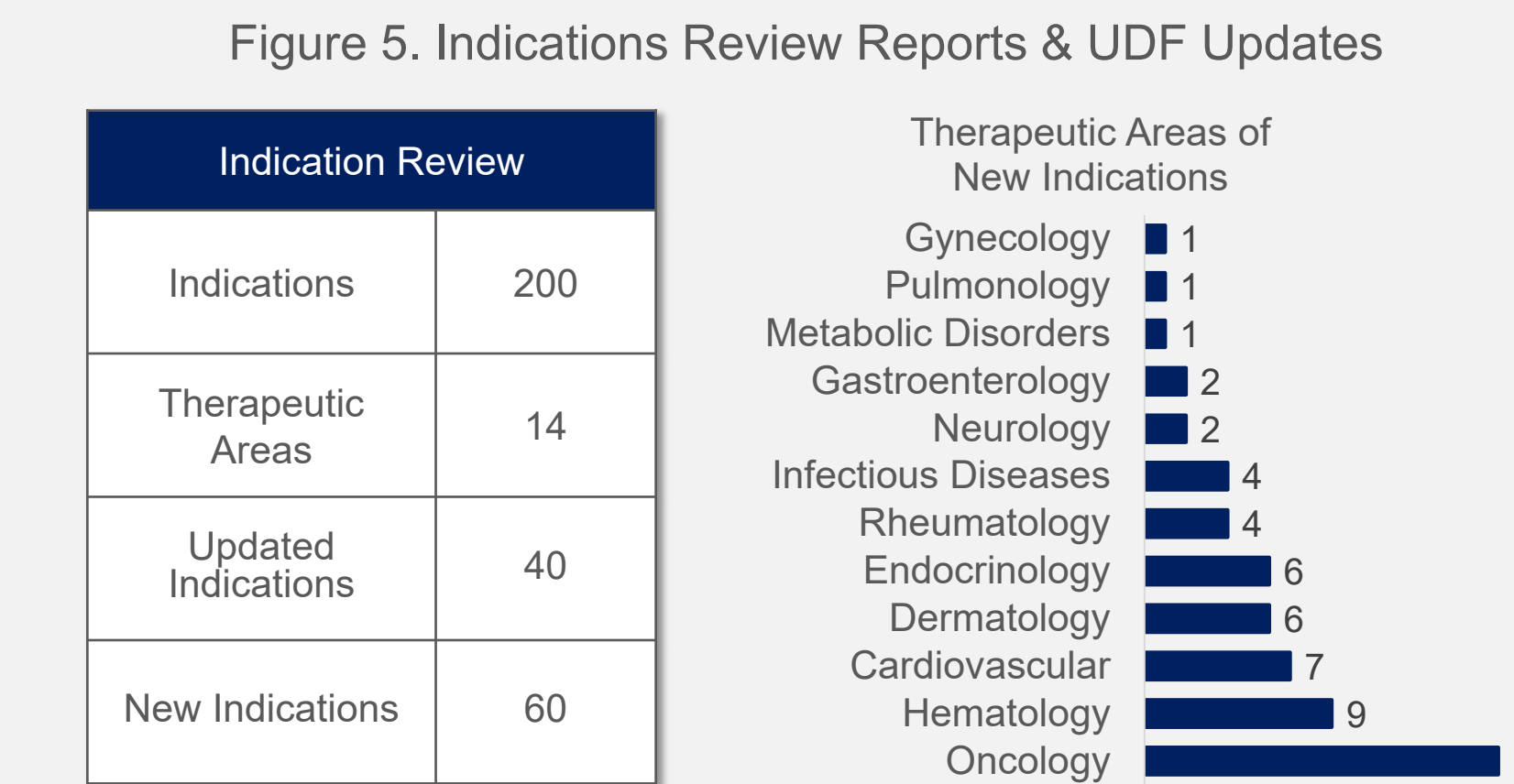
Figure 5. Indications Review Reports & UDF Updates

Indication Review	
Indications	200
Therapeutic Areas	14
Updated Indications	40
New Indications	60

Therapeutic Areas of New Indications

Area	Count
Gynecology	1
Pulmonology	1
Metabolic Disorders	1
Gastroenterology	2
Neurology	2
Infectious Diseases	4
Rheumatology	4
Endocrinology	6
Dermatology	6
Cardiovascular	7
Hematology	9
Oncology	17

Table 1. CHI Prescribing Edit Tools

	Prescribing Edits
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.

Analytical Tool

Two dynamic analytical tools were developed, validated, and approved for future applications; the Prioritization Toolkit and Monitoring Dashboard. The Toolkit employs advanced algorithms to systematically prioritize indications for review based on detailed financial and clinical metrics derived from stakeholders' value criteria. The metrics-related real-world data was extracted from NPHIES. The centralized Dashboard enables continuous monitoring as well as trends identification of drug usage, costs, and adherence.
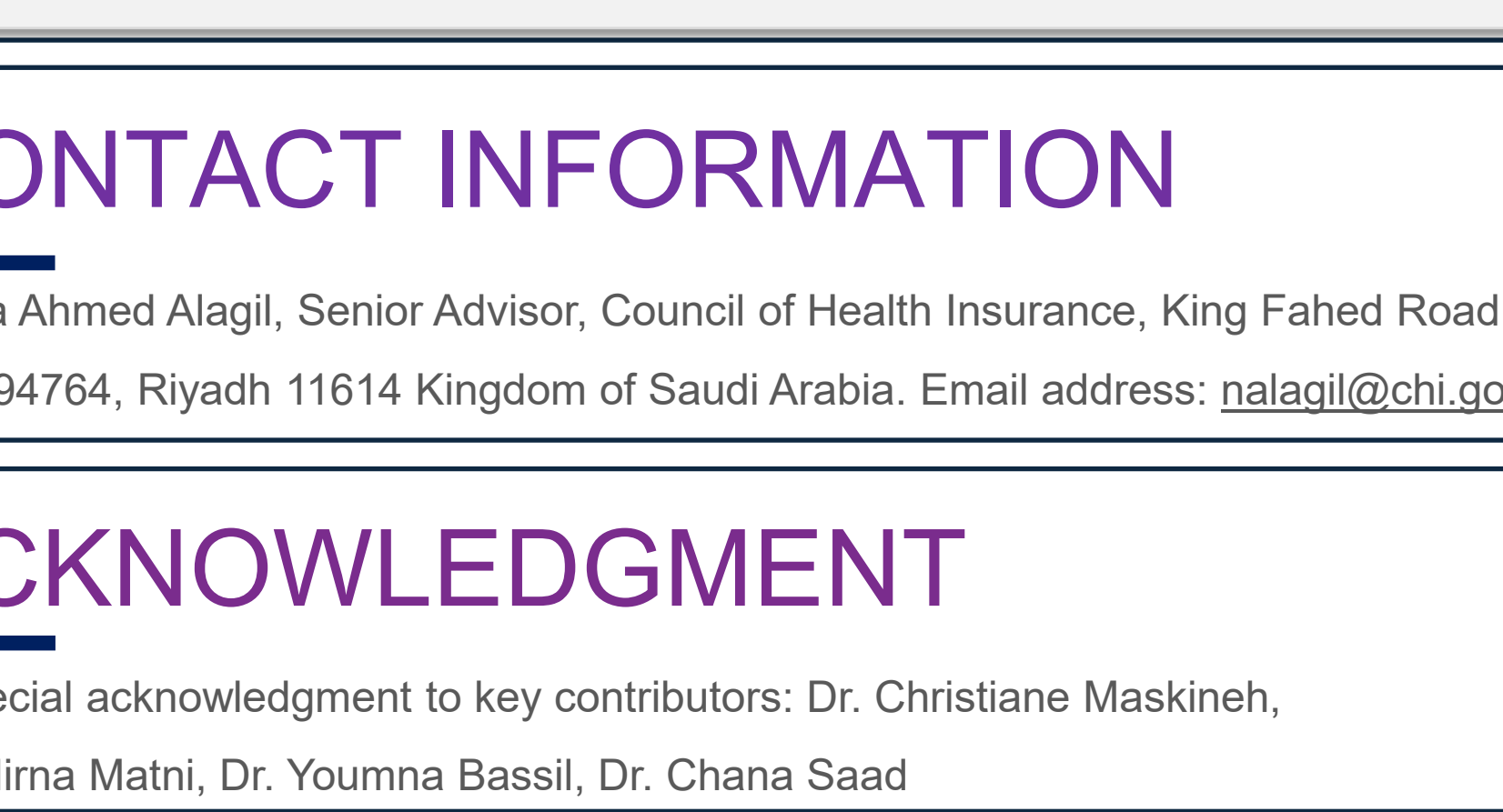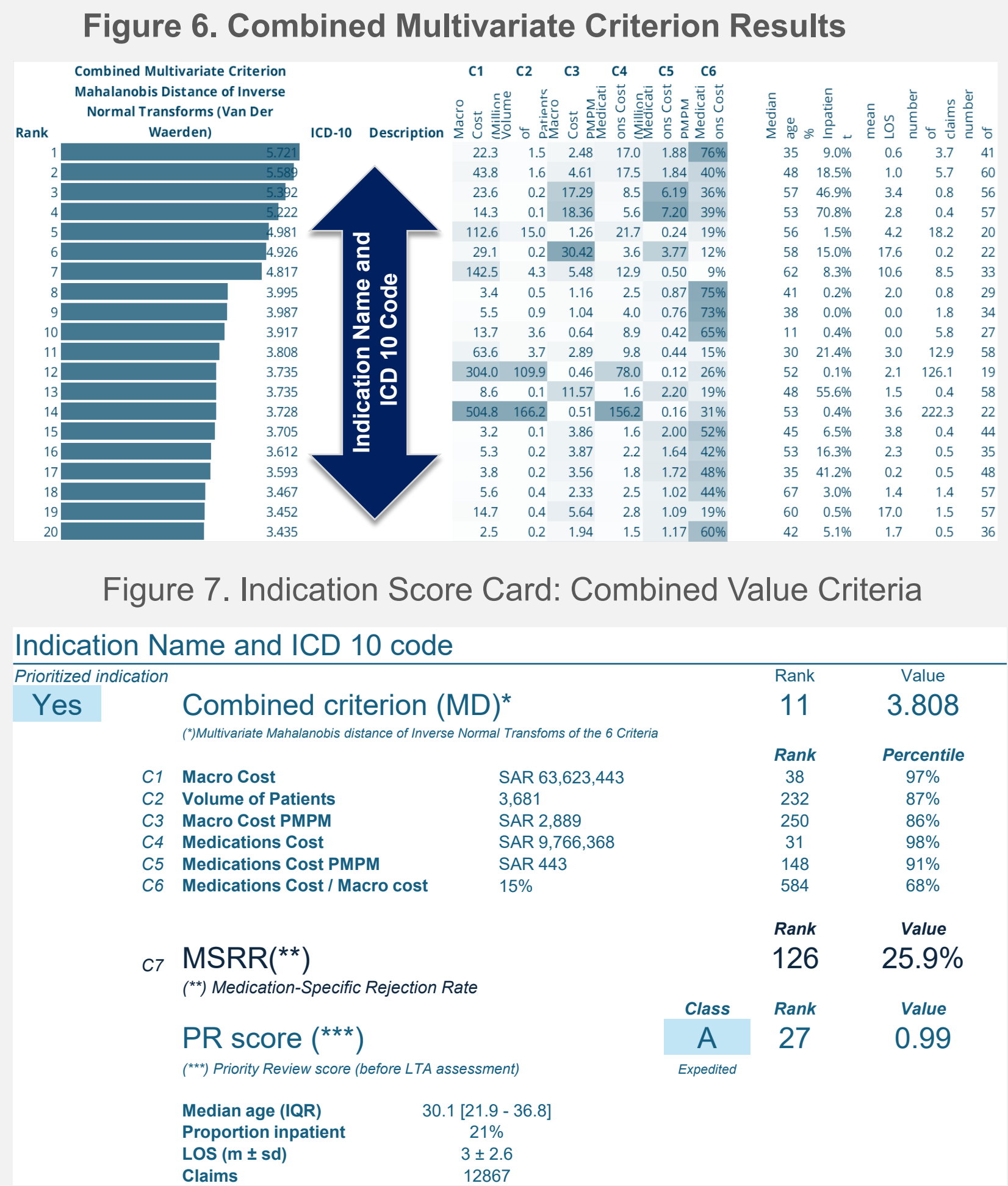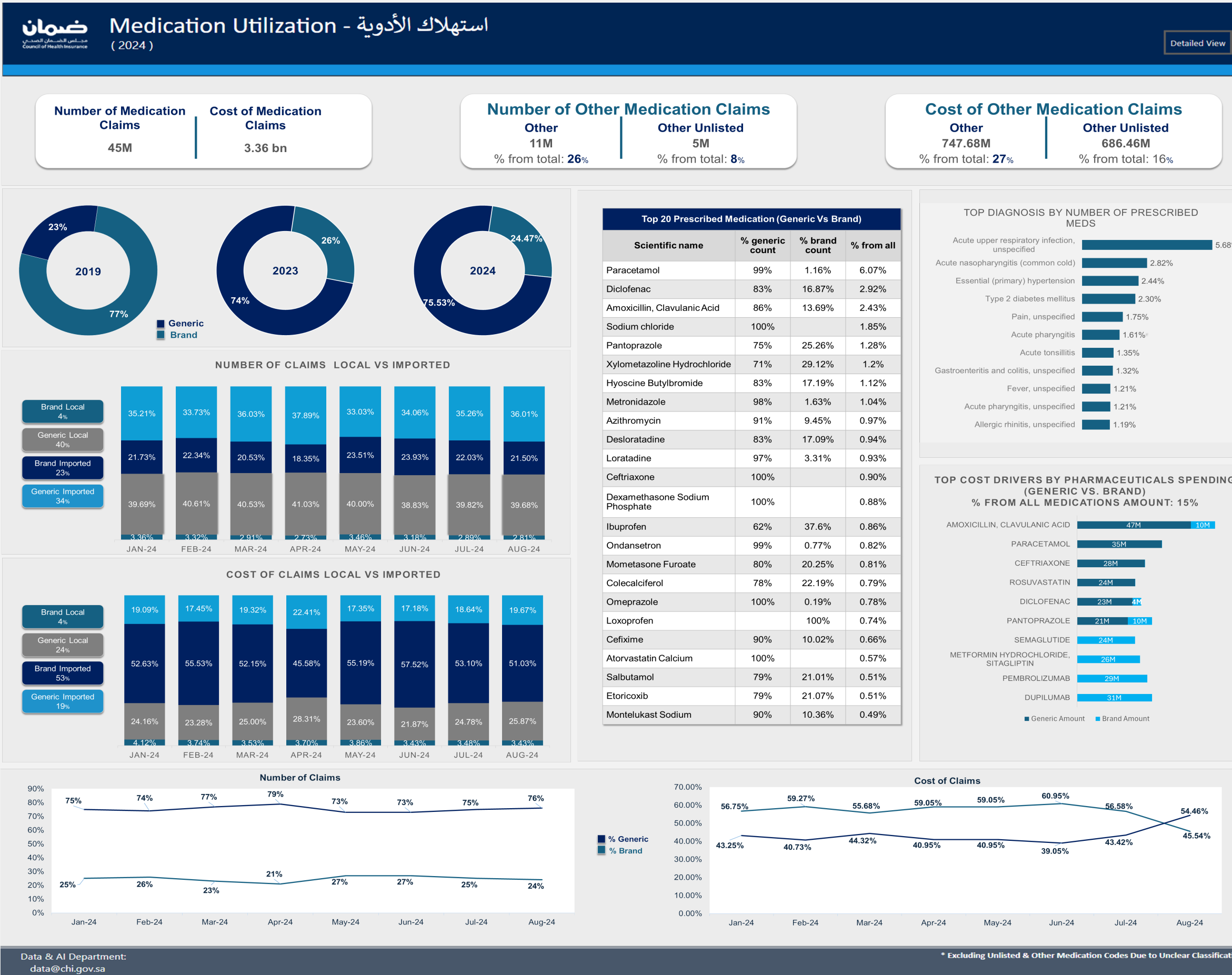

Figure 6. Combined Multivariate Criterion Results

Figure 7. Indication Score Card: Combined Value Criteria

Figure 8. Monitoring Dashboard

CONCLUSIONS

This governance framework successfully supported national-level health innovation uptake while optimizing expenditure. Its regular update is essential for VBF maintenance.

CONTACT INFORMATION

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ACKNOWLEDGMENT

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