

Advancing INN-Based Prescribing in Saudi Arabia's Private Sector: Implications for Biologics and Biosimilars Utilization under CHI Oversight

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مجلس الضمان الصحي
Council of Health Insurance

S. ALGHAMDI, MD¹, I. ALJUFFALI, PhD¹, W. YAR, MD¹, M. ALJUMAH, MD², M. MATNI, PharmD³, Y. BASSIL, PharmD³, N. ALAGIL, RPh¹

¹Council of Health Insurance (CHI), Riyadh, Kingdom of Saudi Arabia, ²Itkan Consulting Group, Riyadh, Saudi Arabia, ³CCHO-FZ-LLC, Dubai, United Arab Emirates.

INTRODUCTION

Saudi Arabia's Council of Health Insurance (CHI) has prioritized rational prescribing through the implementation of the International Nonproprietary Name (INN) policy, aiming to enhance clinical appropriateness, transparency, and cost-efficiency. While biosimilars offer a high-value alternative to originator biologics, their adoption in the private sector remains variable in the absence of a dedicated biosimilar prescribing or substitution policy.

OBJECTIVES

This study provides a real-world analysis of biologics and biosimilars utilization and spending patterns in the private insurance market, assessing the potential alignment with CHI policy objectives and Vision 2030.

METHOD

Anonymized claims data from the NPHIES platform (2023-2024) representing the private insurance sector were analyzed. The study population included patients prescribed biologics. Key indicators assessed included total spending, biosimilar uptake, initiation patterns, and switching dynamics, with descriptive statistics conducted across therapeutic areas.

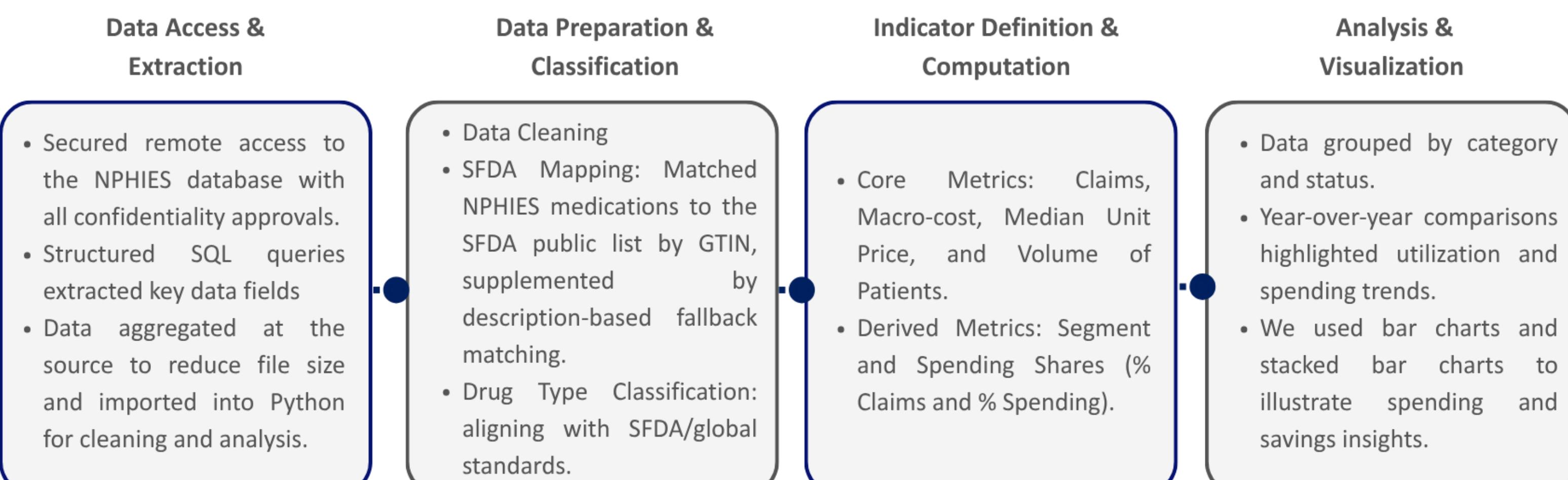


Table 1. Methodology Framework – Time Frame : Jan 2023 - Dec 2023 vs Jan 2024 - Dec 2024

RESULTS

Biologic Spending in the Saudi Private Healthcare Sector

Biologic drugs accounted for approximately 18% of total pharmaceutical spending in Saudi Arabia's private healthcare sector.

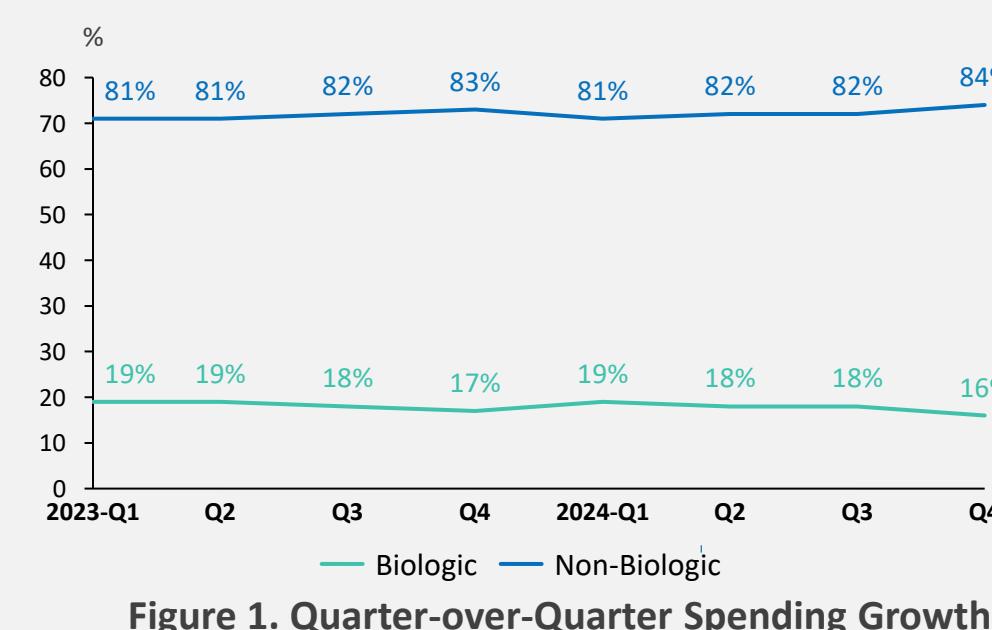


Figure 1. Quarter-over-Quarter Spending Growth

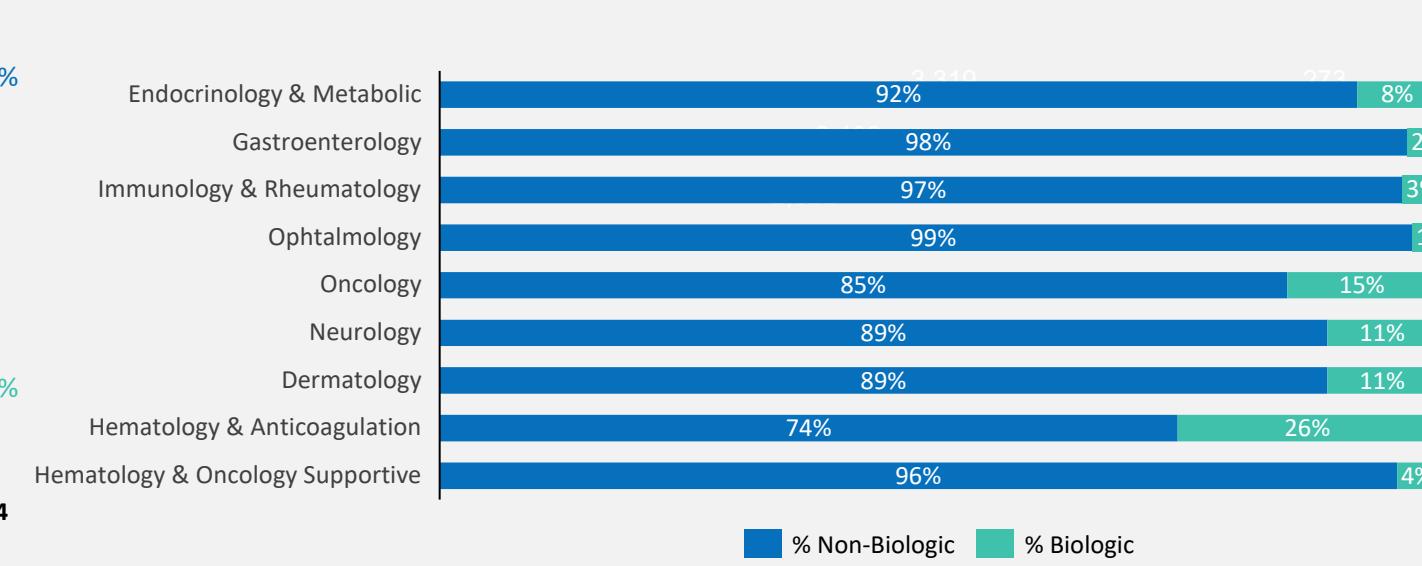


Figure 2. Leading Drug Categories (Million SAR) in 2024

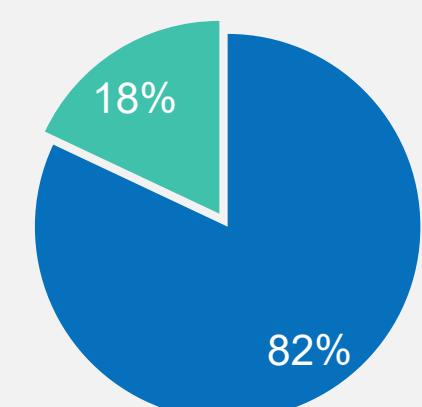


Figure 3. Total Biologic Spending in 2024

Biosimilars adoption is a key opportunity to drive further savings

Biosimilars demonstrated significantly faster growth than originators, with utilization increasing by 77% and spending by nearly 87%, compared to 25% and 47% growth, respectively, for originators. Despite originators dominating overall utilization and spending shares, biosimilars achieved notable market penetration, with utilization rising from 16% to 25% and spending increasing from 14% to 20%.



Figure 6. Utilization and Spending Rate (in %)

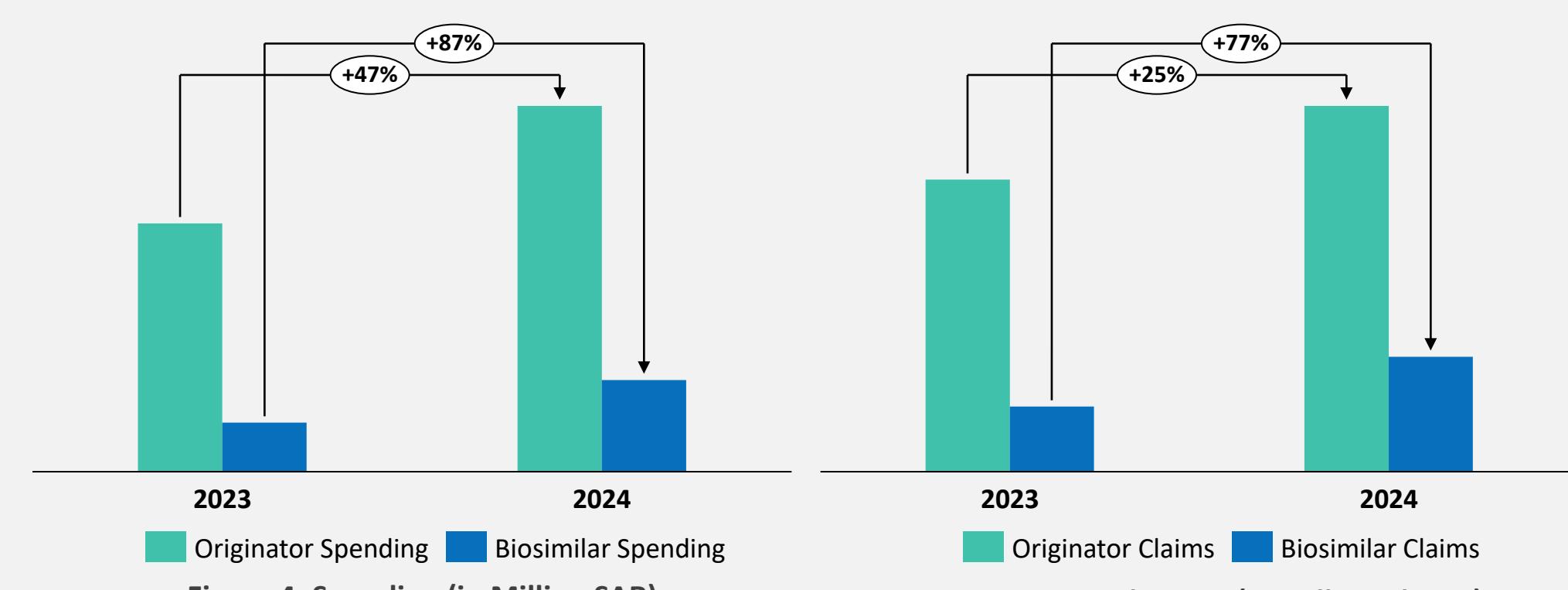


Figure 4. Spending (in Million SAR)

Figure 5. Utilization (in Million Claims)

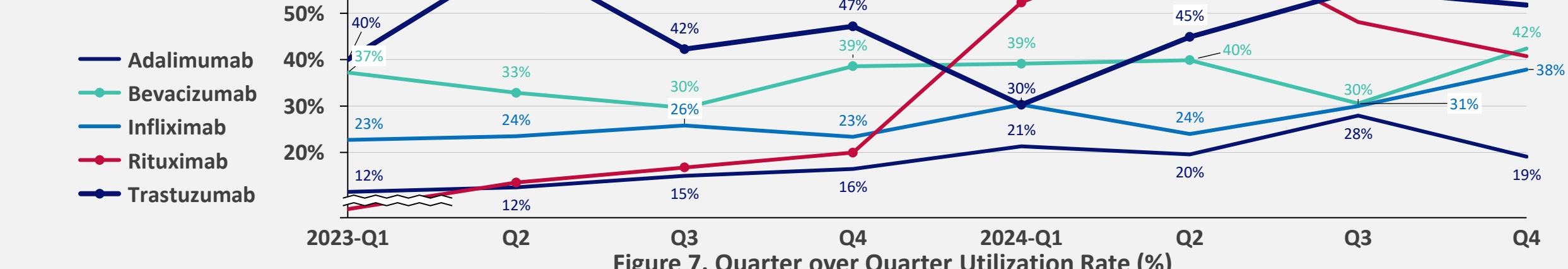


Figure 5. Utilization (in Million Claims)

Switching to biosimilars in the private sector remains limited

Although switching from originators to biosimilars remained limited, biosimilar initiation among treatment-naïve patients reached up to 90% in some molecules, reflecting strong prescriber confidence and alignment with INN-based prescribing policy goals.

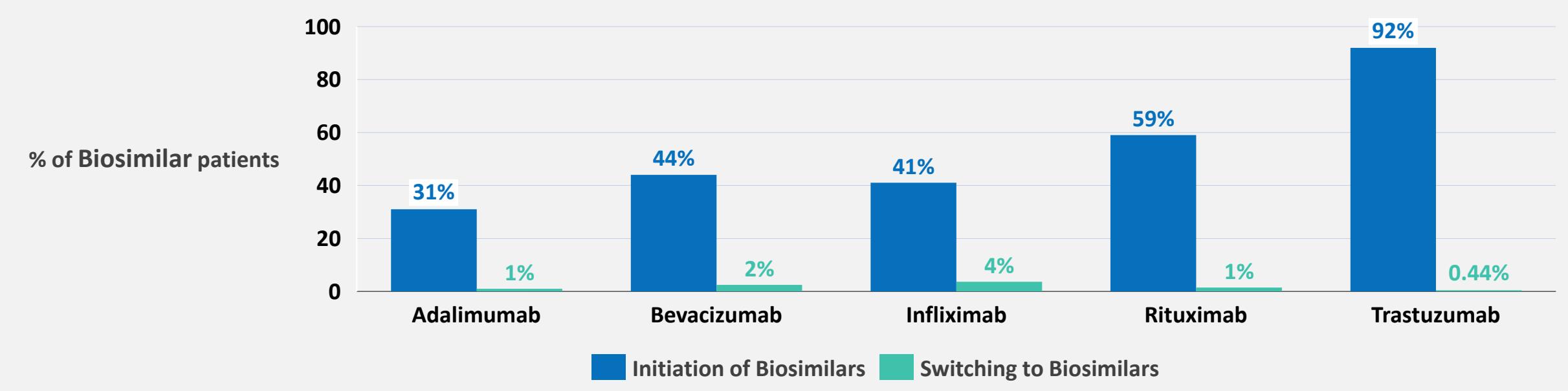


Figure 8. Biosimilars Initiation vs Switching

CONCLUSIONS

In the context of CHI-led reforms and Saudi Arabia's broader healthcare transformation, these findings underscore the value of leveraging INN prescribing frameworks to encourage biosimilar uptake. An explicit Guidance Document on Biosimilars for the Private Sector is being developed, and this analysis provides timely evidence towards sustainable and value-based access in the private sector.

CONTACT INFORMATION

Nada Ahmed Alagil, Senior Advisor, Council of Health Insurance, King Fahed Road P.O. Box 94764, Riyadh 11614 Kingdom of Saudi Arabia. Email address: nalagil@chi.gov.sa

ACKNOWLEDGMENT

A special acknowledgment to key contributors: Dr. Christiane Maskineh, Dr. Myriam Bechwati, Dr. Lea Ghajar.

REFERENCES

1. Council of Cooperative Health Insurance. Insurance Drug Formulary Project policy Operational Framework. 2023.
2. Biosimilars in the United States 2023–2027, [www.iqvia.com](https://www.iqvia.com/insights/the-iqvia-institute-reports-and-publications/reports/biosimilars-in-the-united-states-2023-2027). Published January 31, 2023. <https://www.iqvia.com/insights/the-iqvia-institute-reports-and-publications/reports/biosimilars-in-the-united-states-2023-2027>
3. Biosimilars in the United States 2023–2027, [www.iqvia.com](https://www.iqvia.com/insights/the-iqvia-institute-reports-and-publications/reports/biosimilars-in-the-united-states-2023-2027). Published January 31, 2023. <https://www.iqvia.com/insights/the-iqvia-institute-reports-and-publications/reports/biosimilars-in-the-united-states-2023-2027>
4. The Impact of Biosimilar Competition in Europe 2022. [www.iqvia.com](https://www.iqvia.com/library/white-papers/the-impact-of-biosimilar-competition-in-europe-2022). <https://www.iqvia.com/library/white-papers/the-impact-of-biosimilar-competition-in-europe-2022>