

The Impact of Dispensing and Non-Dispensing Practices on Outpatient Service Utilization and Expenses Under the "Dual-Channel" Policy in China Qingqiang Lei<sup>1</sup>, Min Hu<sup>1</sup>

<sup>1</sup> Department of Health Economics, School of Public Health, Fudan University, Shanghai, China

# BACKGROUNDS

- In China, for a long time, only drugs purchased in hospitals were covered by social medical insurance.
- After the release of the "dual-channel" policy in 2021, the expenses for some innovative drugs are allowed to be reimbursed under both non-dispensing practices where patients obtain drugs from the on-site pharmacy inside the hospital, and dispensing practices where patients obtain drugs from retail pharmacies outside the hospital.

During each outpatient visit, compared with non-dispensing practices, dispensing practices increased the total outpatient expense by 796.71 yuan (P<0.05) and the Dupilumab utilization and expense by 784.00 yuan (P<0.05), but lowered the test expense by 12.48 yuan (P<0.05) (Table 2).

#### Table 2. The impact during each outpatient visit

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Outcome variables	Dispensing	Non-dispensing	Difforence
	practices	practices	Difference
Total expense (yuan)	6603.59	5806.88	796.71***
Expense of Dupilumab (yuan)	6339.10	5555.10	784.00***
Utilization of Dupilumab (DDDs)	27.96	24.59	3.37***
Expense of other drugs (yuan)	140.80	99.01	41.79***
Expense of test (yuan)	46.59	59.07	-12.48*
*P<0.05, **P<0.01, ***P<0.001			

• To analyze the impact of dispensing and non-dispensing practices on outpatient service utilization and expenses, ultimately helping to improve the "dual-channel" policy.

## METHODS

OBJECTIVE

- Dupilumab, an innovative drug on the "dual-channel" drug list of S city (in eastern China) for atopic dermatitis and the most commonly used drug in dispensing practices, was selected as a sample drug.
- Propensity score matching was used to control covariates, including patient factors (gender, age, etc.), hospital factors (level of medical institution prescribing), and background factors(COVID-19 lockdowns).
- The impact of different dispensing practices on utilization and expenses was evaluated from the perspectives of each outpatient visit, three months of taking Dupilumab, and six months of taking Dupilumab.
- Within three months of taking Dupilumab, compared with nondispensing practices, dispensing practices lowered the total outpatient expense by 1464.77 yuan (P<0.05), the Dupilumab utilization and expense by 1290.19 yuan (P<0.05) and the test expense by 79.22 yuan (P<0.05) (Table 3).</li>

### Table 3. The impact within three months

Outcome variables	Dispensing practices	Non-dispensing practices	Difference
Total expense (yuan)	17159.68	18624.45	-1464.77**
Outpatient visits for Dupilumab	2.61	3.31	-0.70***
Expense of Dupilumab (yuan)	16451.69	17741.88	-1290.19**
Utilization of Dupilumab (DDDs)	72.51	78.50	-5.99**

### RESULTS

Compared with before the "Dual-channel" policy, the number of newly added drug users of Dupilumab increased by 169.93 per month after the "Dual-channel" policy, and most of the increase was distributed in the out-of-hospital channel (142.15, 83.7%) (Figure 1 & Table 1).



Expense of other drugs (yuan)	374.46	360.84	13.62
Expense of test (yuan)	146.57	225.80	-79.22**

\*P<0.05, \*\*P<0.01, \*\*\*P<0.001

 Within six months of taking Dupilumab, compared with nondispensing practices, dispensing practices lowered the total outpatient expense by 3331.09 yuan (P<0.05), the Dupilumab utilization and expense by 2893.39 yuan (P<0.05) and the test expense by 172.95 yuan (P<0.05) (Table 4).</li>

Table 4. The impa	ct within three months
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Outcome variables	Dispensing	Non-dispensing	Difforence
	practices	practices	Difference
Total expense (yuan)	22531.58	25862.66	-3331.09**
<b>Outpatient visits for Dupilumab</b>	3.39	4.48	-1.09***
Expense of Dupilumab (yuan)	21672.00	24565.38	-2893.39*
Utilization of Dupilumab (DDDs)	95.81	108.81	-13.00*
Expense of other drugs (yuan)	483.84	587.22	-103.38
Expense of test (yuan)	147.59	320.54	-172.95***
*P<0.05, **P<0.01, ***P<0.001			

#### Table 1. The growth rate of monthly newly added outpatient Dupilumab users

The initial	<b>Before the</b>	After the		
acquisition channel	policy	policy	Difference	
Non-dispensing	86.37***	114.15***	27.78***	
practices				
<b>Dispensing practices</b>	0***	142.15***	142.15***	
Non-dispensing and	86.37***	256.30***	169.93***	
Dispensing practices				
*P<0.05, **P<0.01,	***P<0.001			

## CONCLUSIONS

 The implementation of the "Dual-channel" policy led to a significant increase in the number of patients taking Dupilumab, indicating its potential to enhance the accessibility of innovative drugs. However, when compared to non-dispensing practices, the long-term accessibility of Dupilumab under dispensing practices was lower, suggesting that it required further improvements.

Correspondence: Min Hu, PhD, Associate Professor; E-mail: <u>humin@fudan.edu.cn</u> Fund: Key Program of National Social Science Foundation of China (20ZDA072)

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