

The Impact Mechanism of National Centralized Drug Procurement

Policy on Prescription Behavior:

Identification, Measurement and Improvement

— An Interview Guide Using Anesthetic Drugs as an Example

Dear Experts,

Thank you for participating in this interview. Before we begin, we would like to briefly explain the purpose and structure of the interview.

Introduction

Since 2018, China's National Healthcare Security Administration (NHSA) has implemented the National Centralized Drug Procurement policy (NCDP). In May 2024, the NHSA issued the *Notice on Strengthening Regional Coordination and Advancing the Quality and Scope Expansion of Centralized Pharmaceutical Procurement in 2024*, indicating that the NCDP policy will continue to be expanded and refined.

Against this policy background, this study—“The Impact Mechanism of National Centralized Drug Procurement Policy on Prescription Behavior: Identification, Measurement and Improvement (National Natural Science Foundation of China, Young Scientists Fund Project No. 72404281)”—aims to examine changes in prescribing behavior following the implementation of the NCDP policy and to explore the underlying mechanisms. The ultimate objective is to provide empirical evidence and methodological support for the sustained and effective implementation of centralized drug procurement.

Rationale for Focusing on Anesthetic Drugs

Within the broader scope of centralized drug procurement, anesthetic drugs occupy a distinct clinical position due to their standardized use, strict regulatory requirements, and close linkage to surgical procedures. As a result, changes in prescribing patterns for anesthetic drugs may offer valuable insights into how the NCDP policy operates in clinical practice.

To better understand real-world clinical use of anesthetic drugs, commonly used combination regimens, and the impact of the NCDP policy on their utilization, this study conducts semi-structured interviews with clinical experts from anesthesiology and related departments. These interviews aim to capture frontline clinical experience and practical perspectives, thereby supporting a more detailed interpretation of prescribing behavior under policy intervention.

Interview Scope and Confidentiality

The interview focuses on clinical practice of anesthetic drugs. All information collected during the interviews will be used solely for research purposes. Interview results will be reported only in aggregated and anonymized form and will be disclosed solely for academic research purposes, with no use for commercial, administrative, or evaluative purposes.

We sincerely appreciate your participation and thank you for sharing their professional insights and clinical experience.

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1. In general anesthesia, what is the approximate clinical proportion of intravenous anesthetics versus inhalational anesthetics (e.g., 7:3)? Besides patient-related factors (for example, the use of desflurane for anesthesia maintenance in non-cardiac surgery for patients with cardiac disease or coronary artery disease¹), are there other factors that influence clinicians' choice between intravenous and inhalational anesthetics?
2. In clinical practice, are anesthesia regimens mainly based on single-agent use or combination therapy? Which drugs are typically used as single agents, and under what surgical scenarios are single-agent regimens applied?
3. What are the commonly used combination regimens? In these regimens, how are different drug classes (e.g., intravenous anesthetics, local anesthetics, analgesics, muscle relaxants) combined across the induction, intraoperative, and postoperative phases?
4. In recent years, several new anesthetic drugs have been approved (e.g., remimazolam tosylate for injection in 2021 and ciprofol injection in 2022). Have there been changes in clinical drug use? For example, have newly approved drugs been adopted, or have any older drugs been phased out?
5. Is there any seasonal pattern in surgical volume (for example, more surgeries in April–May and fewer in July–August)?
6. Is it common to use four or more anesthetic drugs in a single surgery? Data show that some individual patients receive five or more anesthetic drugs—does this reflect

1 W.Z. Li, X.M. Deng. Anesthesiology, fifth ed., People's Medical Publishing House, Beijing, 2024.

multiple surgeries for the same patient, or is it due to different drugs being used during induction, intraoperative maintenance, and postoperative management?

7. Rocuronium and cisatracurium are both centrally procured muscle relaxants. Are they used together when efficacy is uncertain, or are other drugs added to achieve the desired effect? Are their clinical use scenarios the same?

8. For lidocaine and ropivacaine (both centrally procured), are additional drugs used when efficacy is uncertain to achieve the desired effect?