Notice on Ensuring the Priority Provision and Use of Essential Medicines[1]

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To the health commissions, traditional Chinese medicine authorities and disease control authorities of all provinces, autonomous regions and municipalities directly under the Central Government, and to the Xinjiang Production and Construction Corps:

The National Essential Medicines List is a core policy component of the national essential medicines system and serves as the basis for the provision and use of medicines by medical and health institutions at all levels. In accordance with the Law of the People's Republic of China on Basic Medical and Health Care and Health Promotion, the Drug Administration Law of the People's Republic of China, the Measures for the Administration of the National Essential Medicines List and other relevant provisions, the 2026 Edition of the National Essential Medicines List has been officially issued.

In order to better implement the requirements of the Opinions on Improving the National Essential Medicines System, the Notice on Further Strengthening the Administration of the Provision and Use of Essential Medicines by Public Medical and Health Institutions (Guo Wei Yao Zheng Fa [2019] No. 1) and other relevant policies, guide medical and health institutions in effectively carrying out the priority provision and use of essential medicines, and promote the equitable availability and rational use of essential medicines, the relevant matters are hereby notified as follows:

I. Timely Adjustment of Medicines Supply Catalogues of Medical and Health Institutions

Local health administrative departments at all levels (including the competent authorities for traditional Chinese medicine and disease control, hereinafter the same) shall guide medical and health institutions within their respective jurisdictions in establishing and improving

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mechanisms for the assessment of medicines supply catalogues, continuously optimizing and standardizing the structure of medicines use, and promoting coordination in the use of medicines among medical and health institutions at different levels.

Public medical and health institutions at all levels shall, within two months after the implementation of the new edition of the National Essential Medicines List, complete the update and adjustment of their respective medicines supply catalogues, specifying the generic names, dosage forms and specifications, and, in accordance with the principle of proactive and standardized provision and use of medicines, give priority to the provision of essential medicines.

Tightly integrated medical alliances (including tightly integrated urban medical groups and tightly integrated county-level medical communities) shall, in accordance with the requirements of the Opinions on Reforming and Improving the Coordinated Management Mechanism for Medicines at the Primary Level and Expanding the Range of Medicines Available at the Primary Level (Guo Wei Yao Zheng Fa [2024] No. 38) and other relevant documents, strengthen the unified management of medicine catalogues, promptly expand the range of essential medicines provided by primary-level medical and health institutions, and facilitate convenient access to medicines for the public at nearby medical and health institutions.

The medicine catalogues of tightly integrated medical alliances shall be subject to a dynamic adjustment mechanism, with the adjustment cycle generally not exceeding one year.

Other medical and health institutions are encouraged to give priority to the provision and use of essential medicines.

II. Improving the Mechanism for the Priority Use of Essential Medicines

Provincial-level health administrative departments shall, taking into account medicine use monitoring data and local circumstances, provide overall guidance to public medical and health institutions at all levels in determining and progressively increasing, on an annual basis, the proportion of essential medicine varieties provided, the proportion of the volume of essential medicines used, the proportion of expenditure on essential medicines, and the proportion of prescriptions involving essential medicines.

Public medical and health institutions shall strengthen the management of the clinical use of essential medicines within their respective institutions and establish, in a scientific and reasonable manner, targets for the use of essential medicines by clinical departments. Essential medicines shall be identified in information systems so as to prompt their priority use. The priority and rational use of essential medicines shall be included among the key areas for prescription review and evaluation.

Physicians shall use medicines rationally in accordance with clinical pathways, clinical practice guidelines, guidelines for the clinical use of medicines and other relevant requirements. Where

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medicines of the same category are available, essential medicines included in the National Essential Medicines List shall be given priority, provided that therapeutic efficacy is ensured.

III. Deepening the Monitoring and Evaluation of Medicine Use

Provincial-level health administrative departments shall focus on the implementation of the new edition of the National Essential Medicines List, monitor the provision and use of essential medicines, and provide guidance to public medical and health institutions on the quality and effectiveness of medicine use.

Full use shall be made of clinical real-world data, with essential medicines as a particular focus, to organize comprehensive clinical evaluations of medicines with regard to their efficacy, safety, economic value and innovativeness.

The analysis of medicine use monitoring data and the application of evaluation results shall be strengthened, with such analysis and results serving primarily as technical support for the selection of medicines for inclusion in relevant catalogues, optimization of the structure of medicine use, formulation of standards for clinical medicine use, and prevention of adverse drug reactions, thereby promoting the targeted and rational use of essential medicines and continuously improving the standardization of pharmaceutical care.

IV. Strengthening Policy Training and Publicity on the Provision and Use of Essential Medicines

The National Health Commission shall organize the formulation of the National Essential Medicines Formulary and Clinical Application Guidelines, so as to promote the priority provision and use of essential medicines.

Health administrative departments at all levels shall emphasize the functional positioning of essential medicines and the policy characteristics concerning key medicines for clinical use, strengthen the principles of essential medicines as the first choice in clinical practice and equitable access, and focus on training on the National Essential Medicines Formulary and Clinical Application Guidelines. The rational use of essential medicines shall be incorporated as an important component of continuing medical education, so as to achieve full coverage of training for physicians and pharmacists in public medical and health institutions and enhance healthcare professionals' capacity for the rational use of essential medicines.

Training on essential medicines policies for administrative personnel shall be strengthened to improve their capacity to implement such policies effectively.

Public education and awareness activities shall be carried out to enhance understanding of and confidence in essential medicines among all sectors of society.

V. Strengthening the Evaluation of the Effectiveness of the Provision and Use of Essential Medicines

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Provincial-level health administrative departments shall conscientiously implement the relevant policies and measures concerning the provision and use of essential medicines, clarify the division of responsibilities, and incorporate the provision and use of essential medicines into medical and healthcare reform assessments and the performance assessment of public medical and health institutions, among other relevant evaluation mechanisms, with specific evaluation contents and indicators clearly defined and a system for notification of evaluation results established.

The results of evaluations of the provision and use of essential medicines shall be linked to the allocation of subsidy funds for the implementation of the essential medicines system at the primary level and shall serve as an important basis for such allocation.

In areas inhabited by ethnic minorities, certain ethnic medicines may, where necessary, be added to the relevant list at the provincial or autonomous regional level. The health administrative departments of the relevant provinces shall strictly comply with the procedures and standards for such additions, strictly control the number of medicines added, and submit the selection results to the National Health Commission for record-filing.

The State will, as appropriate, organize an evaluation of the implementation of the national essential medicines system.

All provinces shall organize monitoring and evaluation of implementation and, by December 10 each year, prepare an evaluation report and submit it to the Department of Drug Policy and National Essential Medicines System of the National Health Commission.

National Health Commission of the People's Republic of China

National Administration of Traditional Chinese Medicine

National Administration for Disease Control and Prevention

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(Information Disclosure: Proactively Disclosed)

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