



KEMENTERIAN SEKRETARIAT NEGARA RI
SEKRETARIAT WAKIL PRESIDEN

TRENDS ON PHARMACEUTICAL SPENDING UNDER JKN, 2014

*Yusi Anggriani, Prastuti Soewondo, John Langenbrunner,
Edwina Frisdiantiny*

Health Working Group

National Team for Accelerating and Poverty Reduction



TIM NASIONAL PERCEPATAN PENANGGULANGAN KEMISKINAN

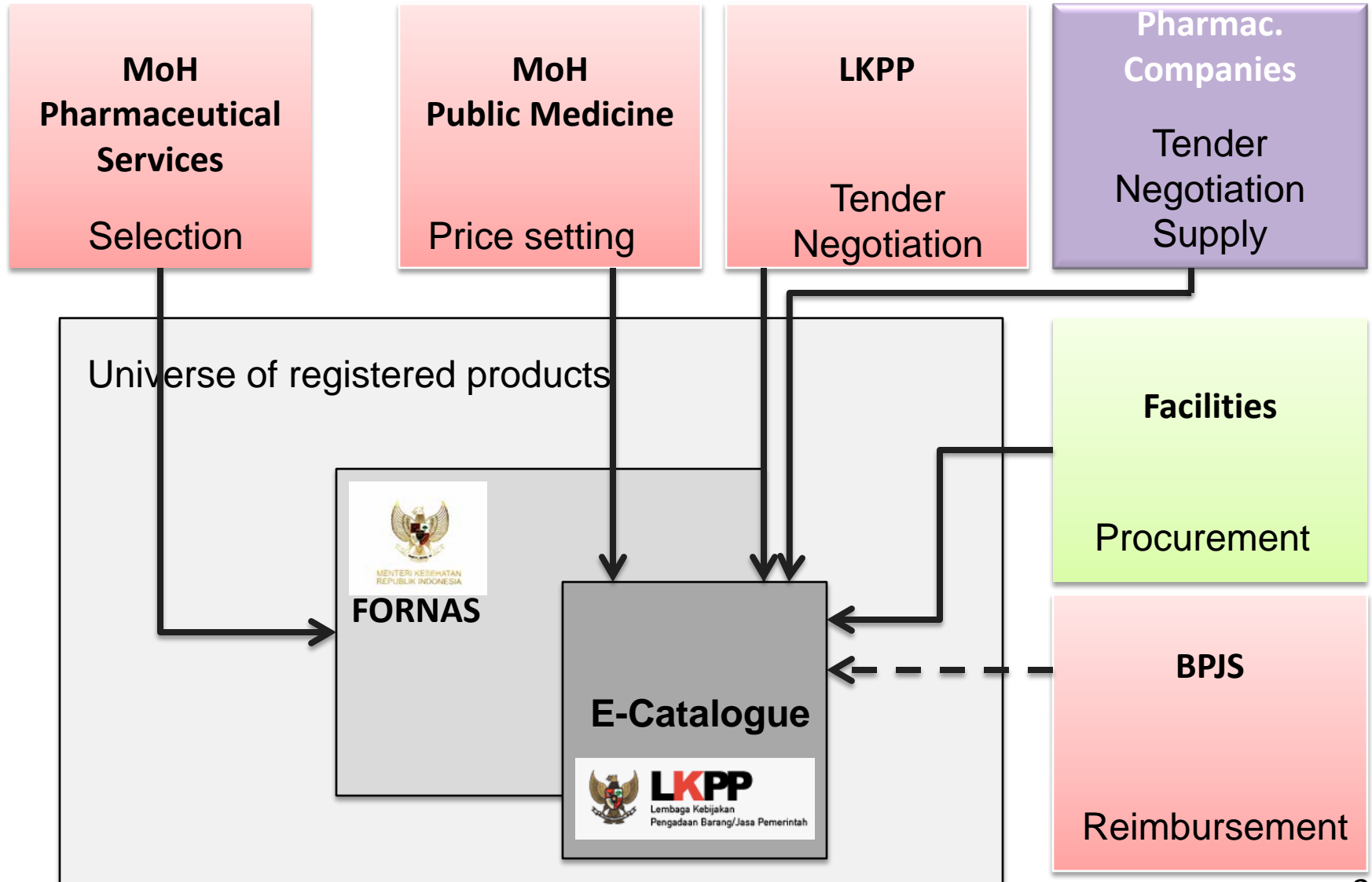
Background

- Medicines expenditures:
Globally, a key contributor to household poverty
- Major pharmaceutical sector changes under JKN expansion to:
 - Increase transparency, accountability, efficiency in medicines procurement
 - Improve access to medicines
 - Increase affordability, at the household and system levels

Key Pharmaceutical Sector Changes

- Medicines selection
 - September 2013: National formulary (FORNAS)
- Medicines procurement
 - 2013: (uji coba) E-Catalogue procurement system
 - 2014: National implementation
- Medicines coverage
 - January 2014: For JKN members, medicines on FORNAS are paid by BPJS within capitated/INA CBG rates

FORNAS & E-Catalogue



Quantitative Study Questions - What are Trends in Prescription Medicines Sales?

- How have volumes and values of medicines sold in different channels changed?
- What have been relative changes in types of products sold from 2011 to 2014?

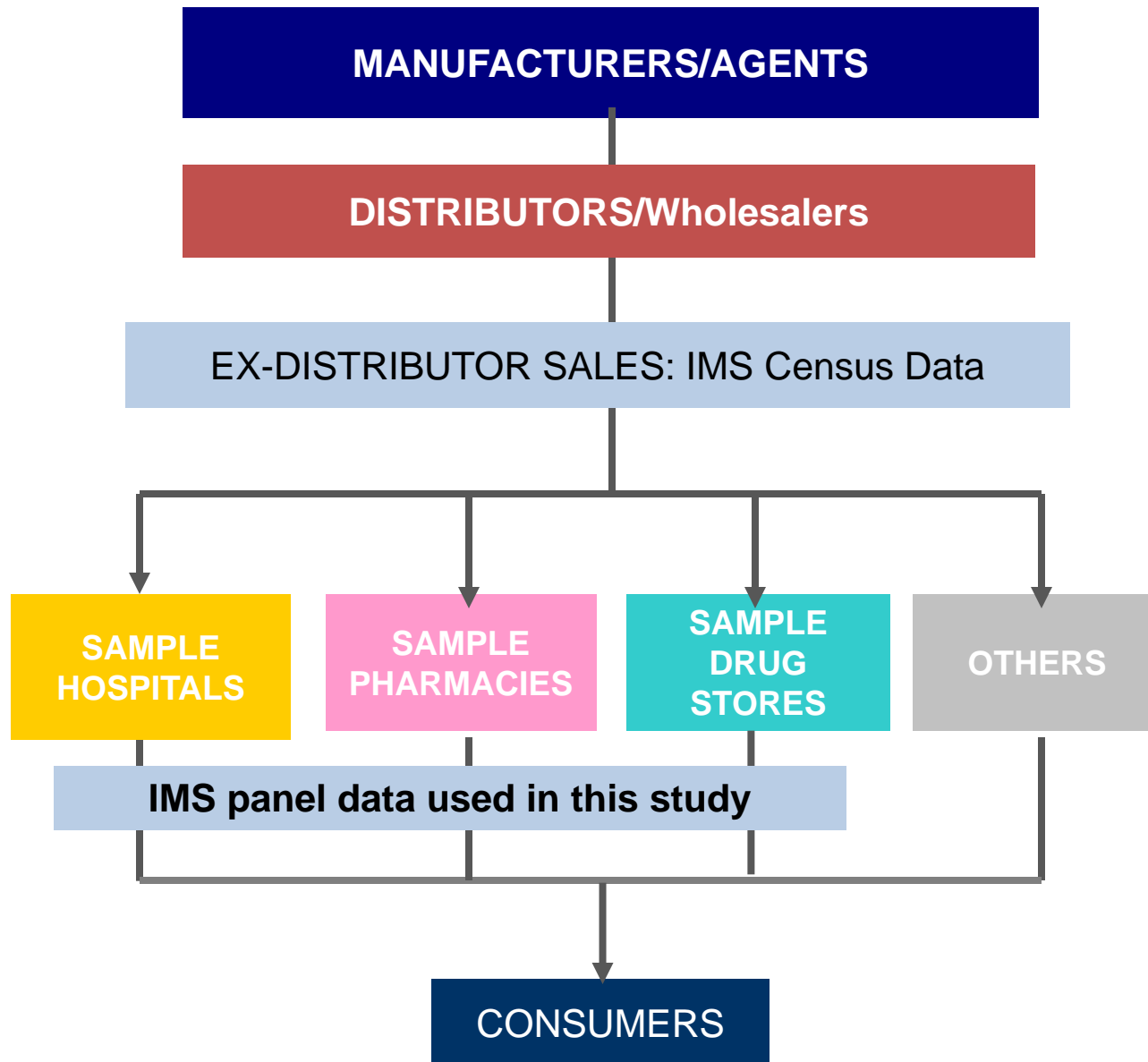
Objective

To assess trends on pharmaceutical spending during era of Jaminan Kesehatan Nasional (JKN).

Methods – Market Trend Analyses

- Relative changes in volumes and values of medicines sold, from quarter 1 (2011) to quarter 3 (2014)
 - By type of facility/outlet (public hospital, BPJS affiliated private hospital, non-BPJS affiliated private hospital, pharmacy, drug store)
 - By licensing status (originator, branded generic, INN generic)
 - By manufacturer type (local, multinational)
 - By listing status on FORNAS, E-Catalogue
- Selected therapeutic classes to treat chronic conditions and infectious disease
- Relative volumes and values of the most-sold products in BPJS affiliated hospitals in 2013 and 2014

Quantitative Methods – IMS Health Data Sample



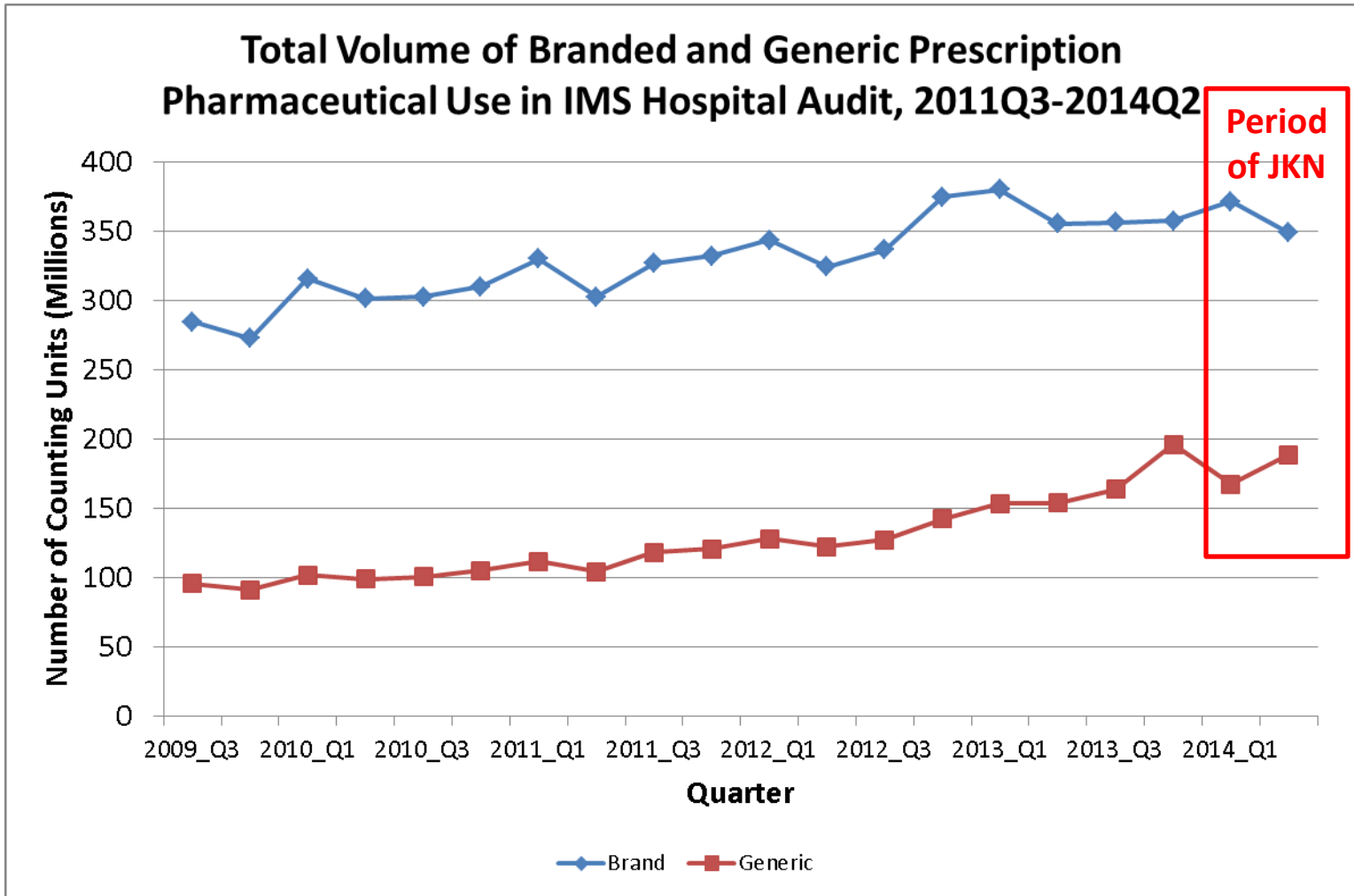
Study Limitations

- Selected provinces only
- Medicines sold in puskesmas not completely included
- No information on medicines use by prescribers, dispensers, patients
=> no information on quality of care
- No information on affordability of medicines
 - for households
 - for the system

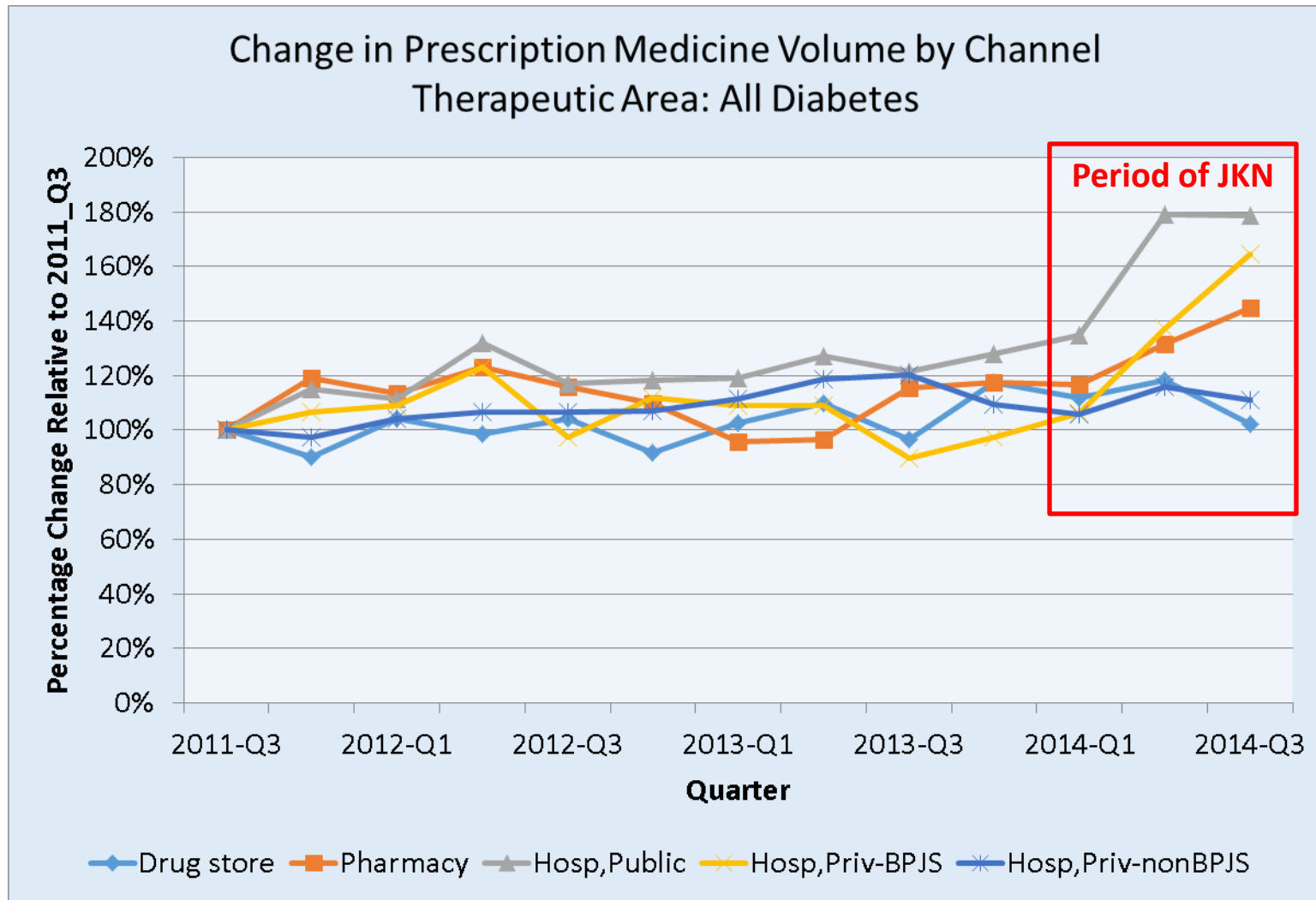
1

KEY FINDINGS: MARKET TRENDS

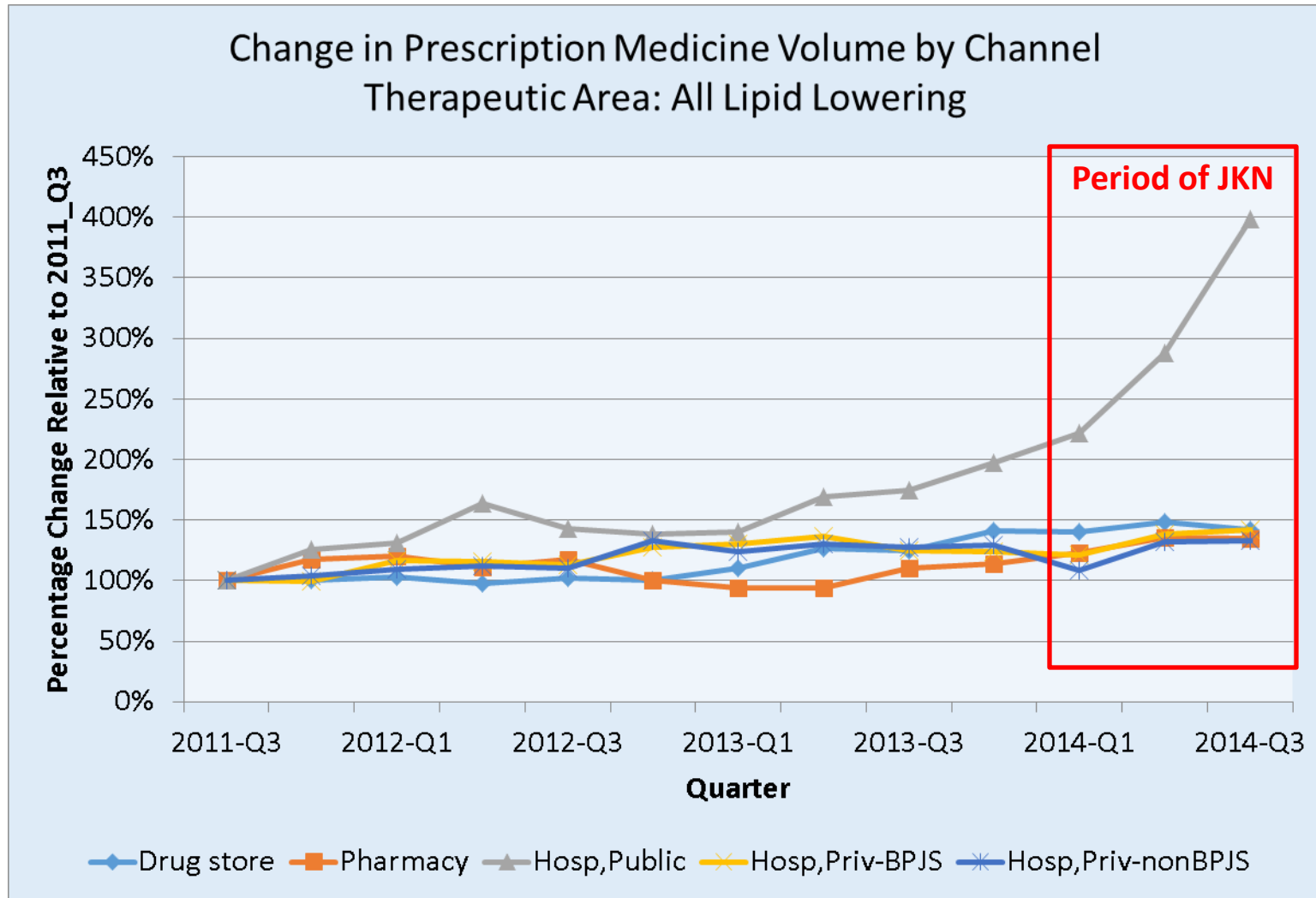
Decreasing Volume of Brand and Increasing Volume of Generic Pharmaceutical Use in IMS Hospital Audit Since 2013, with Indication of Positive Impacts of JKN



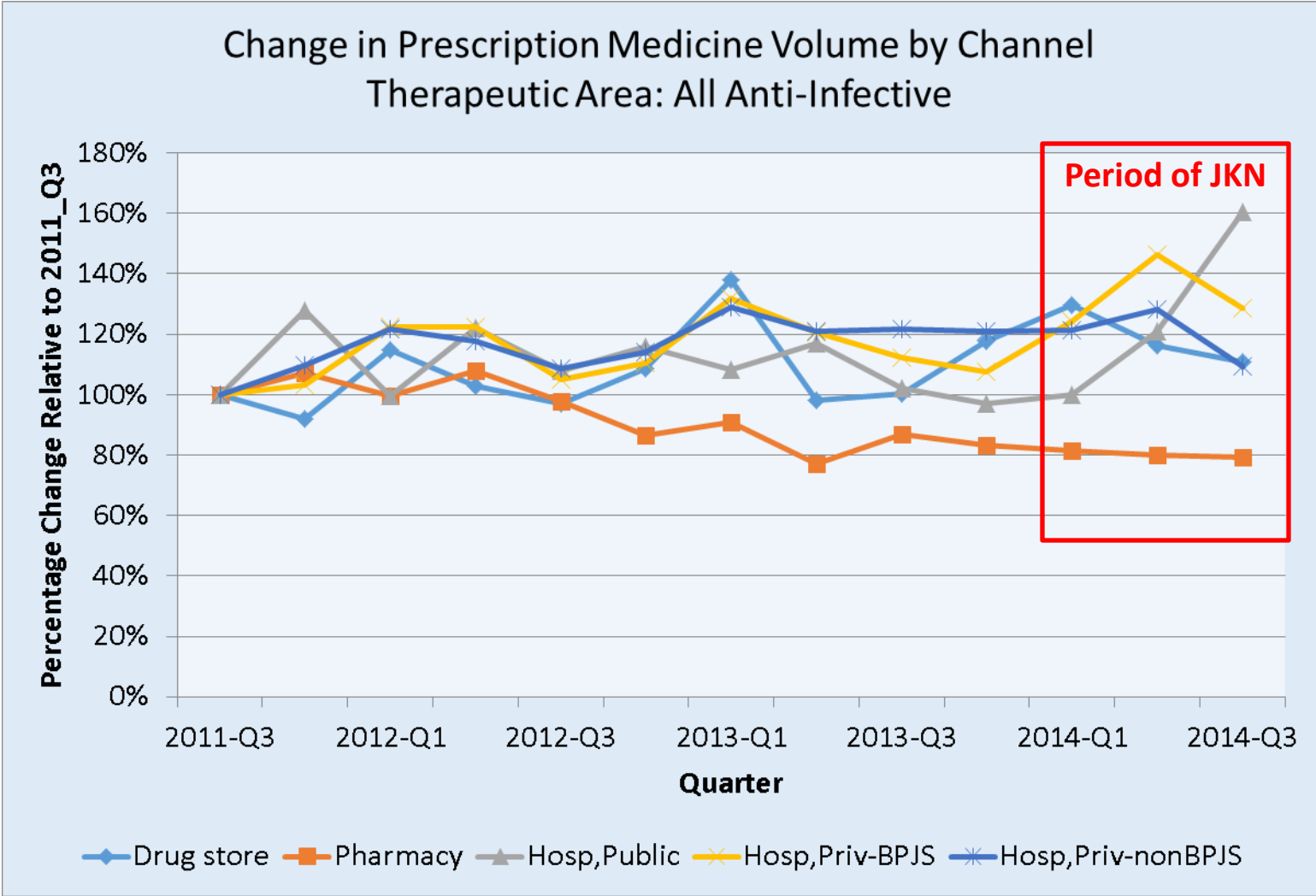
Rapid increases under JKN in treatment of important chronic illnesses like diabetes in public hospitals, private BPJS-affiliated hospitals, and private pharmacies, especially after 2014 Q2



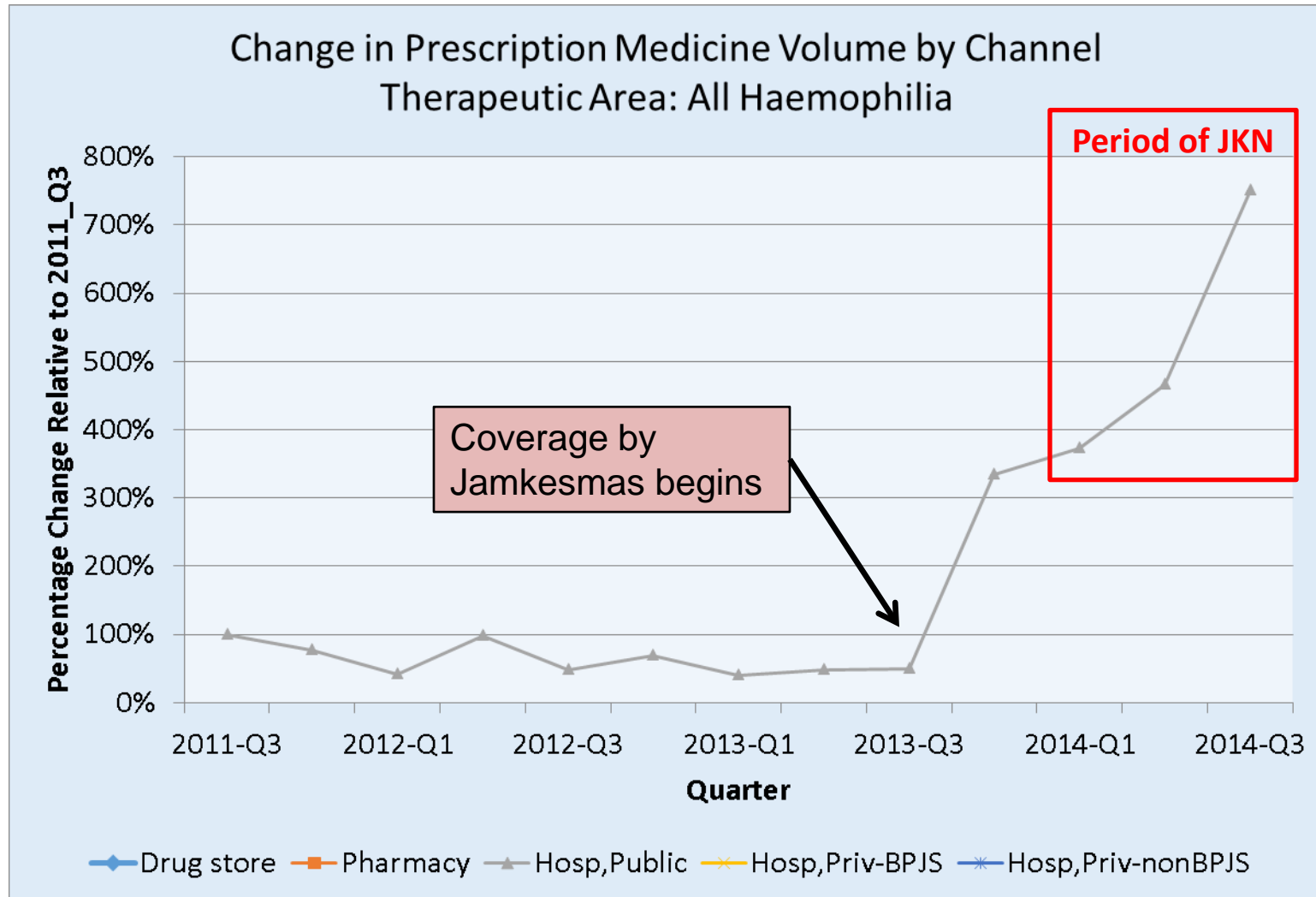
Increasing use of preventive treatments such as lipid lowering medicines in public hospitals since 2011, with surge in treatment since 2014 Q2



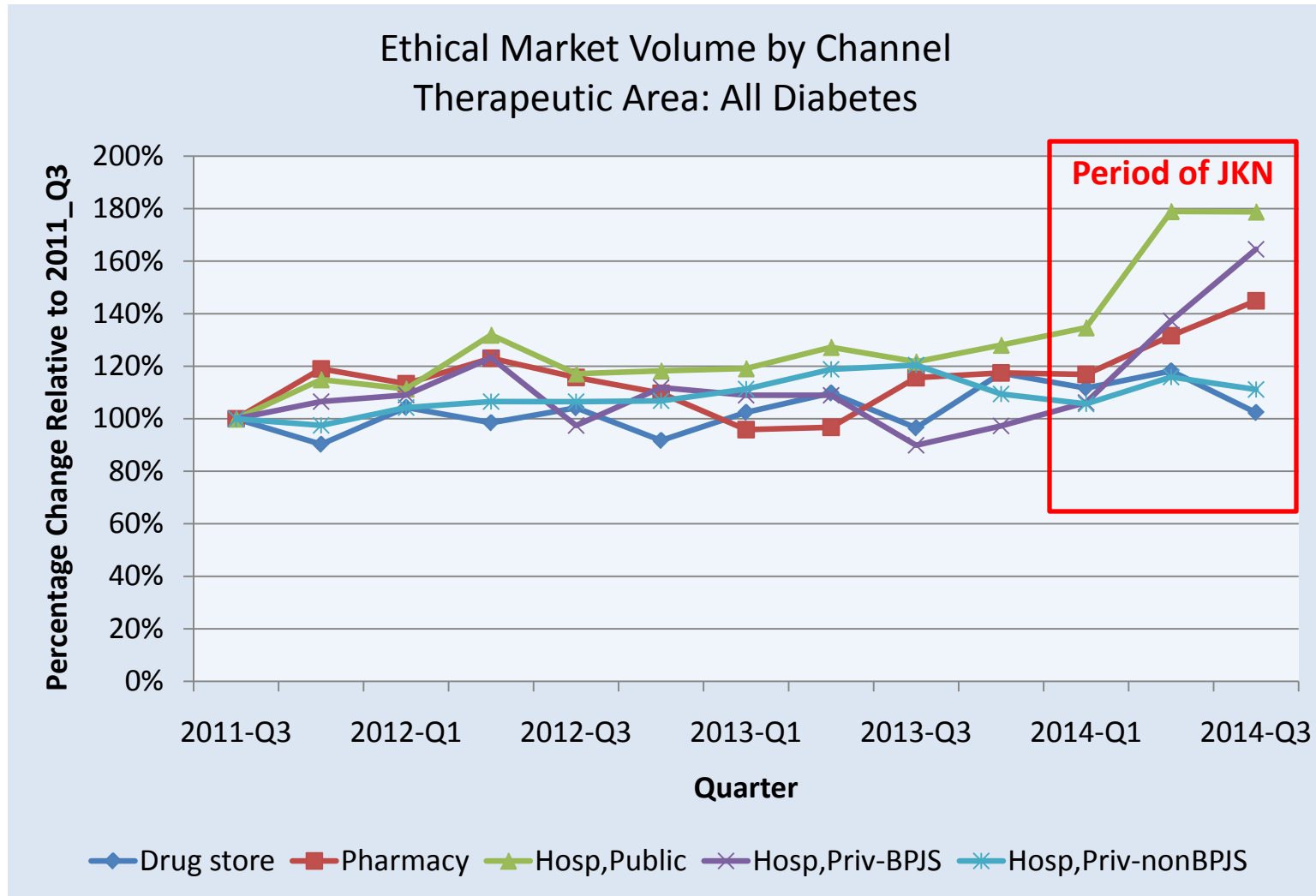
Anti-infective therapy has grown rapidly in public and private-BPJS hospitals since the start of JKN, raising concerns about increasing rates of inappropriate use



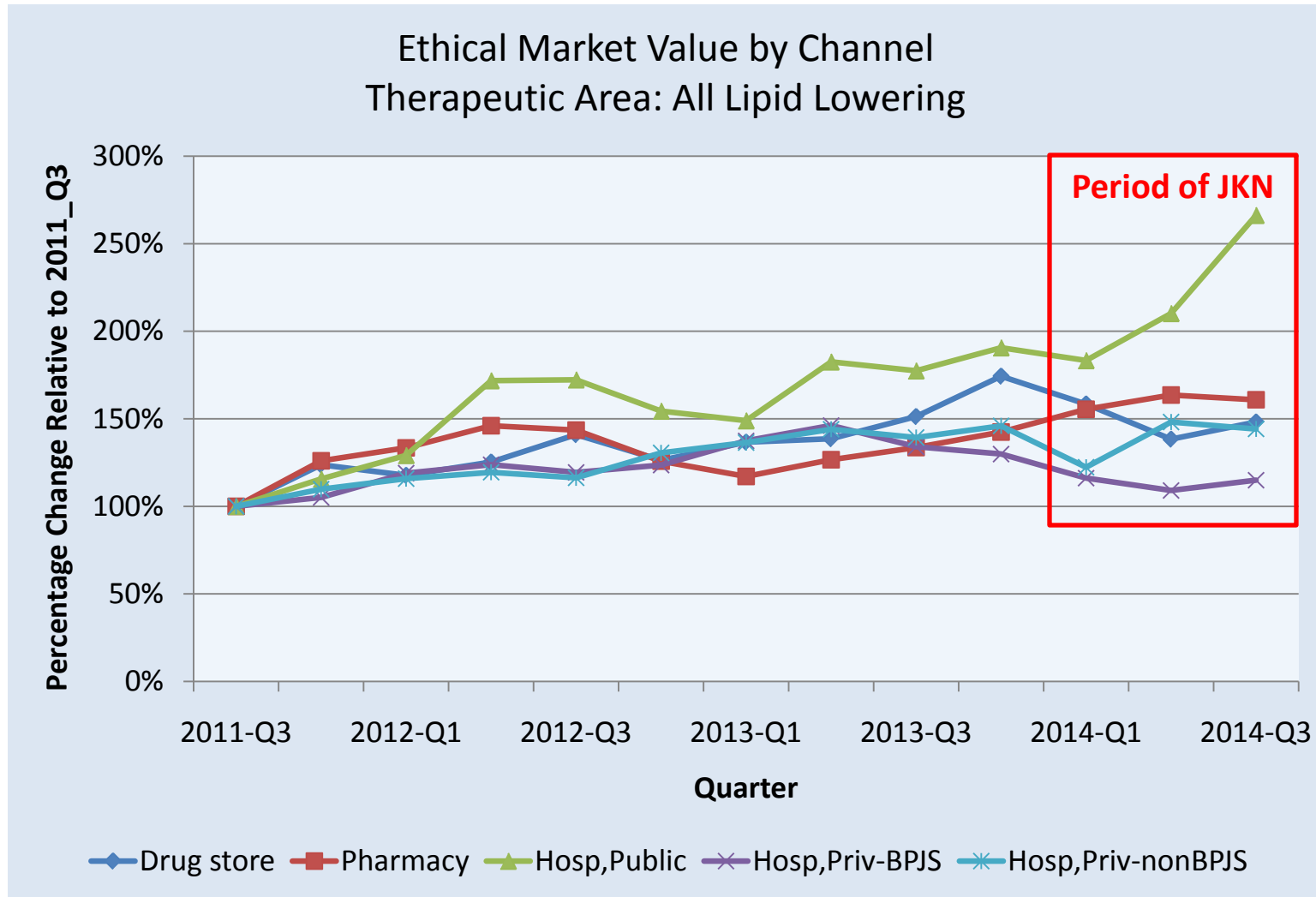
Rapid increase in use of medicines to treat haemophilia in public hospitals after coverage of very expensive therapies begins under Jamkesmas and continuing under JKN



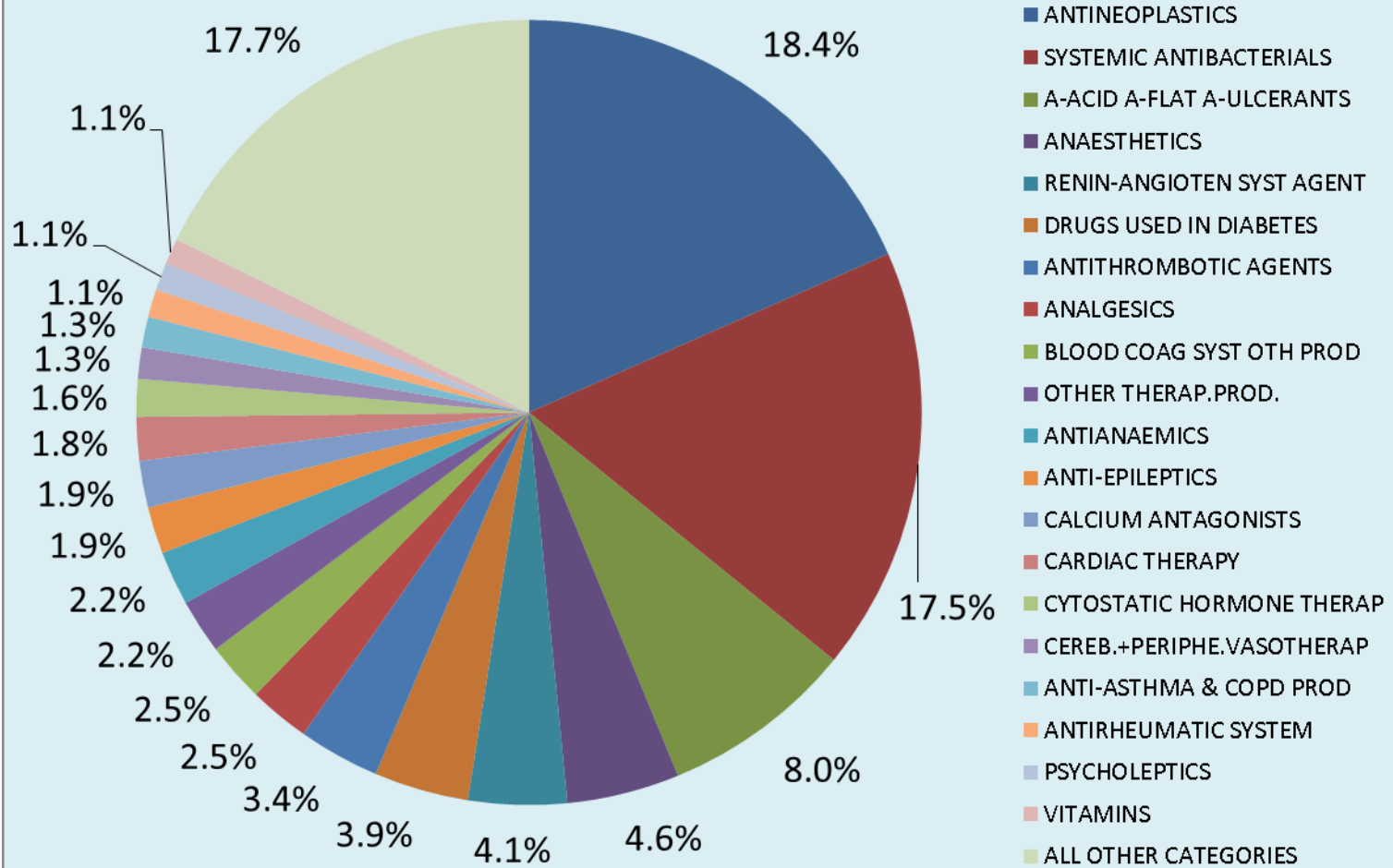
Rapid increases under JKN in treatment of important chronic illnesses like diabetes in public hospitals, private BPJS-affiliated hospitals, and private pharmacies, especially after 2014 Q2



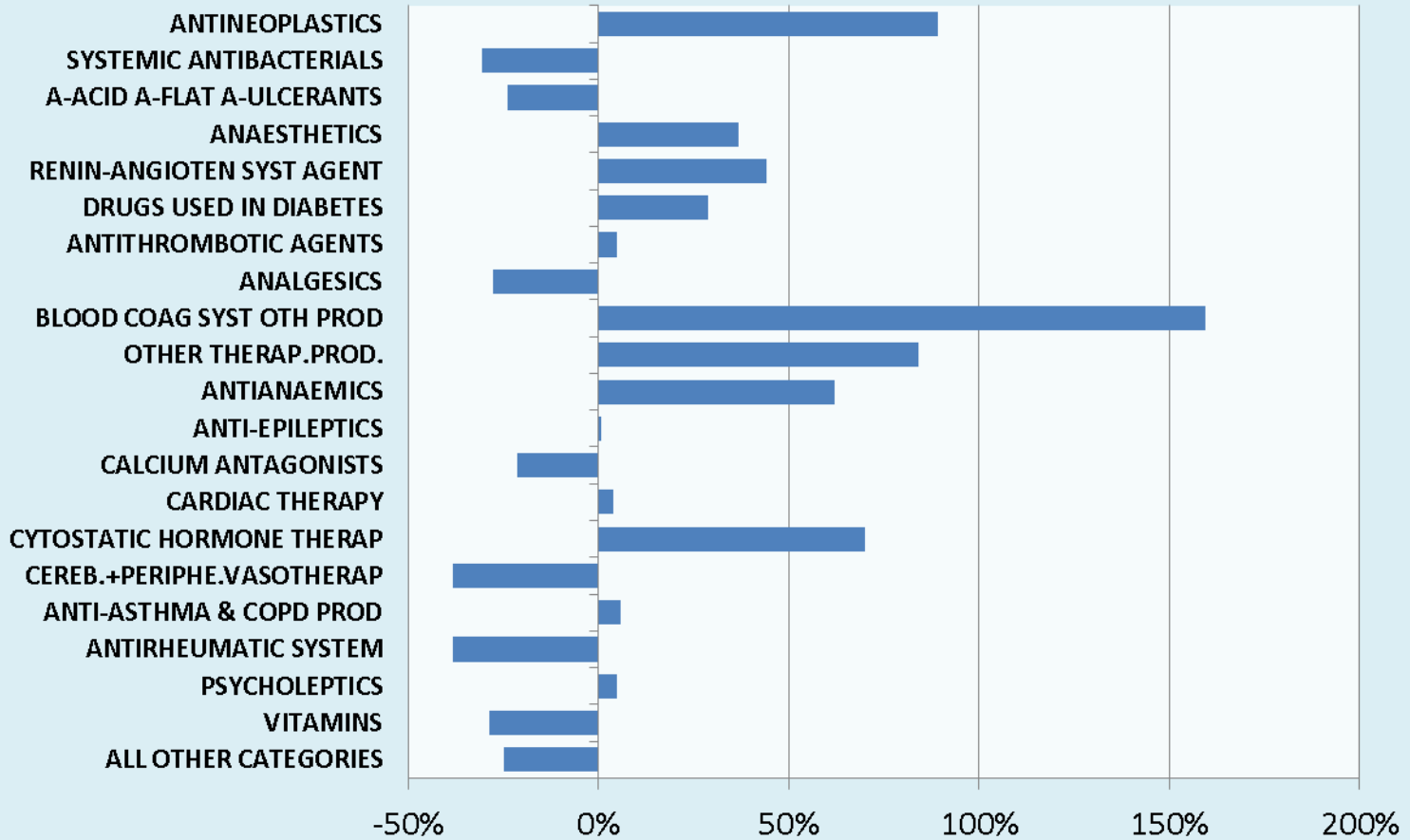
Increasing expenditures on preventive treatments such as lipid lowering medicines in public hospitals since 2011, with surge in treatment since 2014 Q2



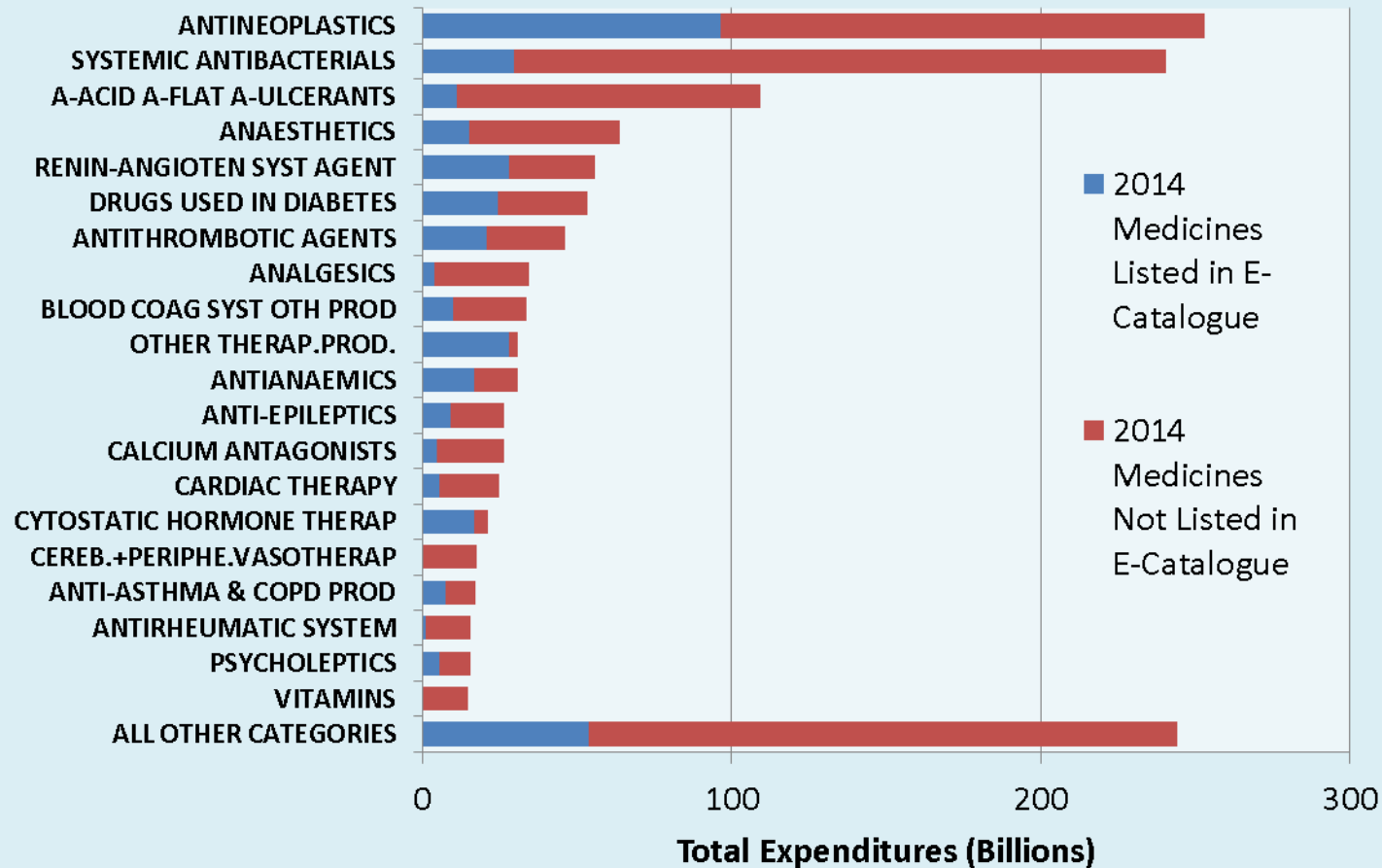
Total Expenditures on Medicines in BPJS Hospitals, 2014



% Change in Expenditures in BPJS Hospitals by Category, 2014 vs.2013



2014 Expenditures in BPJS Hospitals of Medicines Listed or Not Listed in E-Catalogue as of October 2014



Conclusions

- The volume and total spending of medicines have increased under JKN.
- Providers response positively to recent policy changes that direct them to utilize more cost-effective medicines, e.g., generic medicines as recommended by the MOH.
- There have been implementation challenges and unintended consequences with potential negative impacts.

TERIMA KASIH