

Pengaruh kebijakan harga obat terhadap peluang peredaran obat substandar dan palsu = Effect on pharmaceutical pricing policy on probability of substandard and falsified drug distribution

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Abstrak

Penerapan kebijakan JKN untuk menjamin akses masyarakat terhadap obat dengan pengendalian biaya yang ketat berpotensi terhadap terjadinya kompromi kualitas dan keamanan obat. Pembatasan harga obat dan adanya asimetris informasi terkait kualitas dan harga obat dapat mendorong moral hazard produsen memproduksi obat substandar dan palsu untuk mempertahankan keuntungan. Hasil analisis terhadap data sampling dan pengujian obat pada level kabupaten/kota menggunakan regresi logistik menunjukkan bahwa peluang suatu obat JKN tergolong tidak memenuhi syarat lebih rendah daripada peluang suatu obat non-JKN. Seiring dengan kenaikan harga satuan obat, peluang suatu obat tergolong tidak memenuhi syarat meningkat, hingga pada tingkat harga satuan tertentu yang tidak memungkinkan lagi obat substandar dan palsu dijual dengan harga kompetitif, peluang tersebut mulai menurun. Penelitian ini merekomendasikan implementasi penuh sistem JKN sebagai upaya mengatasi asimetris informasi harga dan kualitas obat, dengan memberlakukan diferensiasi harga sebagai suatu insentif bagi industri farmasi mempertahankan mutu dan ikut berkompetisi dalam penyediaan obat JKN.

.....The implementation of National Health Insurance (NHIS; or Jaminan Kesehatan Nasional/JKN)s policy, increasing patient access to medicine while keeping its budget under tight control, has the potentiality to result in compromising the safety and efficacy of the medicine. Budget constraint and the existing asymmetry information in terms of quality and price of medicines could lead to a moral hazard situation where pharmaceutical companies may produce substandard and falsified medicines to secure their profit. The result of this research using logistic regression analysis of pharmaceutical sampling and testing on municipal/district level showed that despite previous assumptions, medicines included in JKN list are actually having lower probability of falsified or substandard compared to their counterparts, non-JKN medicines. In terms of the relation between price and quality of the medicines, the probability of falsified or substandard medicines increases up to a price level where for the poor qualified medicines does not have the ability to copy the original medicines while still making profit out of it. As a result, this research recommends full implementation of JKN to include all essential medicines into its list to avoid asymmetry information and maintain medicines quality. JKN also needs to have a price-differentiation policy which allows pharmaceutical companies to maintain quality of their medicines, even to innovate for a better one, while still maintaining a good profit and their ability to compete in the JKN era.