DESCRIPTION OF THE COMPATIBILITY OF MEDICATION PRESCRIBING WITH THE NATIONAL FORMULARIUM IN BPJS PATIENTS IN THE OUTPATIENT POLICYOF INTERNAL MEDICINE AT EMC TANGERANG HOSPITAL FOR THE PERIOD OF JANUARY – MARCH 2023

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ABSTRACT

The Hospital Formulary is a list of drugs agreed upon by medical staff compiled by the Pharmacy and Therapy Committee/Team determined by the Hospital Management. The Hospital Formulary is prepared referring to the National Formulary and must be available to all prescribers, drug dispensers and drug providers in hospitals. The aim of this research is to determine the appropriateness of drug prescribing according to the National Formulary for BPJS patients in the internal medicine clinic at EMC Hospital Tangerang City for the period January – March 2023. The type of research is non-experimental research with a descriptive approach, data collection was carried out retrospectively. Based on the results of the research, the description of the suitability of drug prescribing with the National Formulary in BPJS outpatient poly internal medicine patients at EMC Hospital Tangerang City for the period January – March 2023 can be concluded based on the characteristics of the gender and age categories of BPJS outpatient poly internal medicine patients, gender is the most the highest, namely female gender, 88 patients (55%) and the highest age, namely early adulthood (26–35 years) as many as 50 patients (31%), based on conformity between prescription writing and the National Formulary in BPJS internal medicine patients The highest number was in February with 24 recipes (40%).

Keywords: *Formulary, Hospital, Prescription Suitability*

INTRODUCTION

The Hospital Formulary is a list of drugs and drug use policies agreed upon by the medical staff, compiled by the pharmacy and therapy committee/team, determined by the director/head of the hospital. Hospital formularies are useful in quality control and will facilitate rational drug selection, improve affordable clinical pharmacy services so as to optimize service satisfaction for all levels of society (Ministry of Health of the Republic of Indonesia, 2020). If a hospital does not have a Hospital Formulary, it will result in a large number of types of drugs, resulting in more and more drug management, and requires high costs because of the large risks borne by the hospital including ordering costs, damage costs, increased costs of expired drugs & patients not fully receiving services. the optimal prescription, namely the occurrence of refusal of the prescription. Suboptimal use of formularies in doctor prescribing will have an impact on reducing the quality and quality of health services (Ministry of Health of the Republic of Indonesia, 2016). In an effort to improve the quality of health services to the community, the government passed Law no. 24 of 2011 concerning the Social Security Administering Body (BPJS). The Social Security Administration Agency (BPJS) is one of the institutions established as a social security assistance program in Indonesia (Ministry of Health of the Republic of Indonesia, 2011).

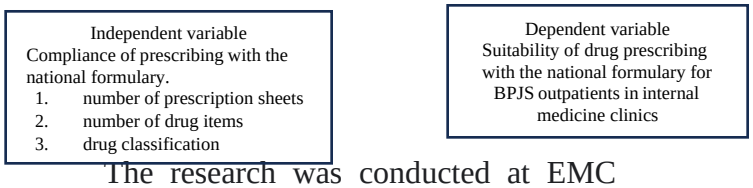
Efforts to overcome this problem are by optimizing the appropriateness of drug prescribing based on the National Formulary, where the National Formulary contains a list of drugs that have been compiled based on the latest scientific evidence which can be used as a reference for writing drug prescriptions. The National Formulary functions as a guide for health service providers to provide medicines that are quality assured, safe and affordable so that they can improve the quality standards of services in JKN. The National Formulary is a list of selected drugs that are needed and available in health service facilities for BPJS Health patients as a reference in implementing JKN, the standard for writing prescriptions according to the formulary is 100% (Lestari et al., 2019).

Based on research by the Ministry of Health (6), the appropriateness of using National Formulary drugs in hospitals increases every year, namely 64.92% in 2014, 73.84% in 2015, 80.28% in 2016, and 83.91% in 2017. This data is the average percentage from 137 hospitals in 33 provinces (Ministry of Health of the Republic of Indonesia, 2018).

At the EMC Tangerang Hospital there are still many doctors who prescribe drugs outside of the National Formulary, so patients are required to pay for drugs outside of BPJS coverage. As in internal medicine clinics, doctors prescribe medication along with vitamins to help the healing process and increase the body's immunity, but these vitamins are not included in the National Formulary. So the researchers were interested in conducting research entitled Description of the Conformity of Prescribing Drugs with the National Formulary in BPJS Outpatient Internal Medicine Clinic Patients at EMC Tangerang Hospital for the Period January – March 2023.

MATERIALS AND METHODS

This research is a type of non-experimental research with a descriptive approach with retrospective data collection to obtain an overview of the appropriateness of prescribing for internal medicine outpatients at EMC Tangerang Hospital for the period January to March 2023. The conceptual framework in this research can be explained as follows:



The research was conducted at EMC Hospital Tangerang City. The research was carried out for 3 (three) months, namely January – March 2023. The population in this study was BPJS outpatient prescriptions for internal medicine polyclinics at EMC Tangerang Hospital for the period January 2023 with 90 prescriptions, February 2023 with 79 prescriptions, and March 2023 with 100 prescriptions. with a total of 269 recipes. Taking prescriptions for internal medicine at EMC Tangerang Hospital using non-probability sampling and collecting data using the purposive sampling method. The number of research samples was determined using the Slovin formula, namely: Total number of samples (January – March) = 269 recipes, so the number of samples taken using the Slovin formula was 160.11 rounded up to 160 recipes.

This research was conducted using a purposive sampling technique that considerations are needed to select and determine the data that will be used as a sample. Researchers must select samples that are considered to know the problems that occur and at the same time what is expected in the research, by using intervals in selecting research samples, all BPJS poly-disease outpatient prescriptions in that the subjects

chosen represent the problem in the research for the sample include, among other things, that the subjects chosen represent the problems in the research.

1. Inclusion Criteria

a. All prescriptions for outpatient BPJS patients. The BPJS outpatient prescription referred to in this study is the BPJS outpatient drug prescription written by the outpatient internal medicine doctor at EMC Tangerang Hospital.

b. All prescriptions for outpatient BPJS patients registered at the internal medicine clinic at EMC Tangerang Hospital for the period January-March 2023.

2. Exclusion criteria:

a. All non-BPJS (Personal or Insurance Coverage) outpatient prescriptions registered at the internal medicine clinic at EMC Tangerang Hospital for the period January-March 2023

b. All inpatient prescriptions.

Data analysis in this research is quantitative analysis which processes data in the form of numbers. The steps taken to determine the number and percentage (%) of compliance of prescriptions with the National Formulary at the EMC Hospital Tangerang Pharmacy Installation for the period January-March 2023, are as follows:

1. Collect data on patient characteristics.
2. Record all BPJS patient medications
3. Calculate the amount and percentage based on compliance with the National Formulary.
4. Create a percentage of drug therapy classes that are not in accordance with the National Formulary.
5. Make a list of the most commonly used drug items in accordance with the National Formulary.
6. Compile and present data in tabular form.

RESULT

1. Patient Characteristics Based on Age Group

Age Group		n	Percentage (%)
Late adolescence	17-25 tahun	33	21
Early adulthood	26-35 tahun	50	31
Late adulthood	36-45 tahun	37	23
Early Old Age	46-55 tahun	27	17
Late old age	56-65 tahun	13	8
Old age	> 65 tahun	0	0
Total		160	100

2. Patient Characteristics Based on Gender Group

Gender Group	n	Percentage (%)
Man	72	45
Woman	88	55
Total	160	100

3. Patient Characteristics Based on Treatment Profile Group

a. Drug Class

Golongan Obat	n	Percentage (%)
Analgesic	23	14.38
Narcotic Analgesics	4	2.5
Antacid	80	50
Antianginal	1	0.63
Antibiotics	13	8.13
Antidiabetic	18	11.25
Parenteral Antidiabetic	4	2.5
Antidiarrhoeal	1	0.63
Antidote	2	1.25
Antiemetic	22	13.75
Antihypertensive	18	11.25
Antihistamines	3	1.88
Anti-inflammatory	28	17.5
Anticancer	11	6.88
Anticholesterol	2	1.25
Anticoagulants	2	1.25
Antimigraine	1	0.63
Antimalarial	2	1.25
Antipyretic	4	2.5
Antiplatelet	5	3.13
Antiseptic	9	5.63
Antispasmodic	4	2.5
Diuretic	6	3.75
Mucolytic	4	2.5
Laxative	7	4.38
Vitamins & Supplements	126	78.75
Total	160	100

b. Route of Drug Administration

Route of Drug Administration	n	Percentage (%)
Orally	387	96.76
Parenteral	5	1.25
Rectal	1	0.25
Topical	7	1.75
Total	400	100

Conformity of Drug Prescribing with the National Formulary

Recipe Writing Month	Appropriate Number of Recipes		Inappropriate Number of Prescription		Number of Recipes
	n	%	n	%	
January	14	23	27	27	41
February	24	40	34	34	58
March	22	37	39	39	61
Total	60	100	100	100	160

List of Drug Items that are Not Compliant with the National Formulary

Recipe Writing Month	Number of Medicine Items In accordance		Number of Inappropriate Medication Items		Number of Medication Item
	n		n	%	
January	78	30.71	40	27.4	118
February	100	39.37	49	33.56	149
March	76	29.92	57	39.04	133
Total	254	100	146	100	400

Conformity of Drug Prescribing with the National Formulary

Recipe Writing Month	Appropriate Number of Recipes		Inappropriate Number of Prescriptions		Number of Recipes
	n	%	n	%	
January	14	23	27	27	41
February	24	40	34	34	58
March	22	37	39	39	61
Total	60	100	100	100	160

List of Drugs That Are Incompatible with the National Formulary

Medicine name	Information	n	Percentage (%)
Analsik Tablet	Tablet		2.7
Betadine 30ml Solusion	Bottle	4	0.3
Braxidin Tablet	Tablet	10	0.6
Buscopan 10 mg Tablet	Tablet	28	1.8
Cavit D3 Tablet	Tablet	263	16.7
Curcuma Drage Tablet	Tablet	100	6.4
Curcuma Forte Tablet	Tablet	28	1.8
Curvit Tablet	Tablet	16	1
Dulcolax 5mg Tablet	Tablet	6	0.4
Folic Acid 1 mg Tablet	Tablet	7	0.4
Grotein 500 mg Kapsul	Capsule	28	1.8
Hezandra Tablet	Tablet	28	1.8
Hp Pro Kapsul	Capsule	34	2.2
Hyloquin 200 mg Tablet	Tablet	7	0.4
Interlac Tablet	Tablet	197	12.5
Kaltrofen Suppositoria	Suppos	3	0.2
Lactulax 60ml Sirup	Bottle	2	0.1
Mediamer B6 Tablet	Tablet	17	1.1
Methotrexat 2,5 mg Tablet	Tablet	141	9
Methycobal 500mg Kapsul	Tablet	14	0.9
Molagit Tablet	Tablet	15	1
Nalitik 200 Mg Kapsul	Capsule	14	0.9
Onoiwa Kapsul	Capsule	24	1.5
Paket Kassa Steril 7,5 X 7,5	Wrap	5	0.3
Primperan 10 mg Tablet	Tablet	3	0.2
Provital Plus Tablet	Tablet	115	7.3
Rillus Tablet	Capsule	27	1.7
Salofalk 500mg Tablet	Tablet	98	6.2
Sangobion Kapsul	Capsule	7	0.4
Sanmol 500 mg Tablet	Tablet	4	0.3
Somevell 40 mg Tablet	Tablet	233	14.8
Thrombo Aspilets 80 mg Tablet	Tablet	7	0.4
Velacom Plus 1 Tablet	Tablet	3	0.2
Vermox 500mg Tablet	Tablet	1	0.1
Vipalbumin Kapsul	Capsule	17	1.1
Zinc 20mg Tablet	Tablet	14	0.9

DISCUSSION

1. Patient Characteristics Based on Age Group

Based on the results of research conducted at EMC Tangerang Hospital for the period January - March 2023, it shows that outpatient BPJS patients based on age characteristics, namely the late teenage age group 17 - 25 years, were 33 patients (21%), early adulthood 26 - 35 years as many as 50 patients (31%), late adulthood 36 – 45 years 37 patients (23%), early elderly 46 – n55 years as many as 27 patients (17%), late elderly 56 – 65 years as many as 13 patients (8 %) and the elderly were 0 patients (0%).

This research is different from the results of research conducted (Tuloli et. al, 2022) which stated that the initial elderly category group of 46-55 years was the largest age group of patients in the internal medicine polyclinic at Toto Hospital from August to December, namely 17 people each. patients with a percentage of 23%. Old age is characterized by a decline in physical function and vulnerability to various diseases. A weakened physical condition and decreased immune system make it easier for disease to occur. In old age, cells decline due to the aging process, which results in organ weakness, physical decline, and the emergence of various diseases, especially degenerative diseases (Ratna, 2004).

2. Patient Characteristics Based on Gender Group

Based on gender group, drug prescriptions for BPJS outpatient internal medicine patients were dominated by 88 female patients (55%) and 72 male patients (45%). Women are more susceptible to disease and generally experience complaints of acute and chronic pain at a higher rate than men. This research is in line with research conducted (Tuloli et. al, 2022) that female patients based on patient characteristics based on female gender grouping were higher, namely 43 patients with a percentage of 58.9%. Meanwhile, there were 30 male patients with a percentage of 41.1%.

In accordance with the National Socio-Economic Survey (2009) by the Central Statistics Agency, the number of elderly women is 10.4 million, while there are 8.8 million men. This phenomenon is caused by the life expectancy of women in Indonesia being 71 years higher than that of men, namely 67 years.

3. Patient Characteristics Based on Treatment Profile Group

Based on the treatment profile groups, BPJS outpatients in internal medicine clinics have grouped several drug classes, namely analgesic drugs for 23 patients (5.75%), narcotic analgesics for 4 patients (1%), antacids for 80 patients (20%), antianginal in 1 patient (0.25%), antibiotic in 13 patients (3.25%), antidiabetic in 18 patients (4.5%), parenteral antidiabetic in 4 patients (1%), antidiarrheal in 1 patient (0, 25%), antidotes in 2 patients (0.5%), antiemetics in 22 patients (5.5%), antihypertensives in 18 patients (4.5%), antihistamines in 3 patients (0.75%), anti-inflammatories in 3 patients 28 patients (7%), anticancer 11 patients (2.75%), anticholesterol 2 patients (0.5%), anticoagulant 2 patients (0.5%), antimigraine 1 patient (0.25%) , antimalarial in 2 patients (0.5%), antipyretic in 4 patients (1%), antiplatelet in 5 patients (1.25%), antiseptic in 9 patients (2.25%), antispasmodic in 4 patients (1%), diuretics in 6 patients (1.5%), mucolitics in 4 patients (1%), laxatives in 7 patients (1.75%) and vitamins and supplements in 126 patients (31.5%).

The results of the study showed that the conformity of drug prescriptions with the National Formulary reached an average of

100%, namely in the Analgesic, Antipyretic, Non-Steroidal Anti-Inflammatory, Antipyretic therapy classes; Antiallergic And Medication For Anaphylaxis; Anti-infective; Drugs That Affect the Blood; Diuretics And Drugs For Prostate Hypertrophy; Hormones, Other Endocrine Drugs And Contraception; Cardiovascular Drugs; Topical Medicines For Skin; Medicines for the Gastrointestinal Tract; and Vitamins and Minerals (KepMenKes RI 2016).

4. Compliance with drug prescribing with the National Formulary

Based on table 4.5, the conformity of drug prescriptions with the National Formulary in January was 14 prescriptions (23%), in February there were 24 prescriptions (40%), and in March there were 22 prescriptions (37%) while there were discrepancies in drug prescriptions with the National Formulary in January as many as 27 prescriptions (27%), in February there were 34 prescriptions (34%), and in March there were 39 prescriptions (39%).

The percentage of conformity in January was 63%, in February it was 66%, and in March it was 56%, so the average was 62%. This is not in accordance with the Minister of Health's decision Number 129/Menkes/SK/II/2008 concerning Minimum Hospital Service Standards, namely 100%.

At the EMC Tangerang Hospital there are still many doctors who prescribe drugs outside of the National Formulary, so patients are required to pay for drugs outside of BPJS coverage. As in internal medicine clinics, doctors prescribe medication along with vitamins to help the healing process and increase the body's immunity, but these vitamins are not included in the National Formulary.

In serving prescriptions, pharmaceutical installations can use an auto switching mechanism or changing drugs with the same content in order to reduce drug costs. Medicines that are not in accordance with the National Formulary will be served by the pharmacy installation but with the approval of the hospital, if the medicine prescribed is not in accordance with the National Formulary, then this is outside the responsibility of BPJS Health (Tannerl et al., 2015).

According to Pratiwi et al., (2017) in their research, it is stated that if the National Formulary is not implemented properly it will affect the quality of service from pharmaceutical installations and service to patients will not be optimal. Prescriptions that do not comply with the National Formulary result in prescriptions being rejected because the drug is not available in the National Formulary and the drug is not included in the treatment package.

5. List of drugs that are not in accordance with the National Formulary

Based on table 4.6, it can be seen that the sample number of patient prescriptions was 160 prescriptions, there were 254 drug items that were in accordance with the National Formulary, in January there were 78 items (30.71%), in February there were 100 items (39.37%) and in March there were 76 items (29.92%). Meanwhile, the number of drug items that were not in accordance with the National Formulary was 146 drug items. Based on this list, the largest number of drug items in March was 57 items (39.04%). Then there were 146 drug items that did not comply with the National Formulary, in January there were 40 items (27.4%), in February there were 49 items (33.56%), and in March there were 57 items (39.04%).

Based on table 4.7, it can be seen that the sample number of patient prescriptions was 160 prescriptions, there were 152 drugs that were not in accordance with the National Formulary, namely Cavit D3, 263 tablets (16.7%), Somevell 40 mg, 233 tablets (14.8%), Interlac. as many as 197 tablets (12.5%), Methotrexat 2.5 mg as many as 141 tablets (9%), Provital Plus as many as 115 tablets (7.3%), Curcuma Drage as many as 100 tablets (6.4%), Salofalk 500mg Tablets as many as 98 tablets (6.2%), Analsik as many as 42 tablets (2.7%), Hp Pro Capsules as many as 34 capsules (2.2%), Buscopan 10 mg as many as 28 tablets (1.8%), Curcuma Forte as much as 28 tablets (1.8%), 28 tablets of Grotein 500 mg (1.8%), 28 tablets of Hezandra Tablets (1.8%), 27 tablets of Rillus Tablets (1.7%), 24 Onoiwa Capsules tablets (1.5%), Mediamer B6 Tablets 17 tablets (1.1%), Vipalbumin Capsules 17 (1.1%), Curvit Tablets 16 tablets (1%), Molagit Tablets 15 tablets (1%), Methycobal 500mg Capsules 14 tablets (0.9%), Nalitik 200 mg Capsules 14 tablets (0.9%), Zinc 20mg Tablets 14 tablets (0.9%), Braxidin Tablets 10 tablets (0, 6%), Folic Acid 1 mg Tablets 7 tablets (0.4%), Hyloquin 200 mg Tablets 7 tablets (0.4%), Sangobion Capsules 7 tablets (0.4%), Thrombo Aspilets 80 mg Tablets 7 tablets (0.4%), 7 tablets of Dulcolax 5mg Tablets (0.4%), 5 packs of 7.5 X 7.5 Sterile Gauze Packs (0.4%), 4 packs of Betadine 30ml Solution (0.3%), 4 packs of Sanmol 500 mg Tablets (0.3%), 3 packs of Kaltrofen Suppositories (0.2%), 3 packs of Primperan 10 mg Tablets (0.2%), 3 packs of Velacom Plus Tablets 3 tablets (0.2%), 2 bottles of Lactulax 60ml Syrup (0.1%), 1 tablet of Vermox 500mg Tablet (0.1%).

According to Khasanah et al., (2022) the drugs listed in the table are drugs that are used as additional therapy outside the main diagnosis due to comorbidities that arise due to complications from the main diagnosis. In drug service practice, if the drug prescribed by a doctor is not on the National Formulary list, but is included in the Hospital Formulary list, it is still given to BPJS participating patients but with certain limits.

CONCLUSION

Based on the results of research that has been carried out regarding the description of the suitability of drug prescribing with the National Formulary for BPJS outpatients in internal medicine clinics at EMC Hospital, Tangerang City for the period January – March 2023, it can be concluded as follows:

1. Based on gender characteristics, the highest number was female, 88 patients (55%), the highest age was early adulthood (26 - 35 years), 50 patients (31%).
2. Based on the correspondence between prescription writing and the National Formulary, the highest number of BPJS internal medicine patients was in February with 24 prescriptions (40%).
3. Based on the classification of therapy classes that do not comply with the National Formulary, the highest number of BPJS outpatient internal medicine patients is Vitamins & Supplements with 126 prescriptions (78.75%).
4. Based on the treatment profile, it is divided into two, namely the highest drug administration route, namely the oral drug administration route with 387 drugs (96.75%) and the highest drug class, namely vitamins and supplements with 126 prescriptions (78.75%).

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