

**DIRECTORATE FOR FINANCIAL AND ENTERPRISE AFFAIRS
COMPETITION COMMITTEE****Excessive Pricing in Pharmaceutical Markets – Note by Indonesia****28 November 2018.**

This document reproduces a written contribution from Indonesia submitted for Item 9 of the 130th OECD Competition Committee meeting on 27-28 November 2018.

More documents related to this discussion can be found at

www.oecd.org/daf/competition/excessive-pricing-in-pharmaceuticals.htm

JT03438175

Indonesia

1. KPPU's Policy Recommendation in Pharmaceutical Sector (For High Price of Medicines/Drugs)

1.1. Market Structure of Pharmaceuticals in Indonesia

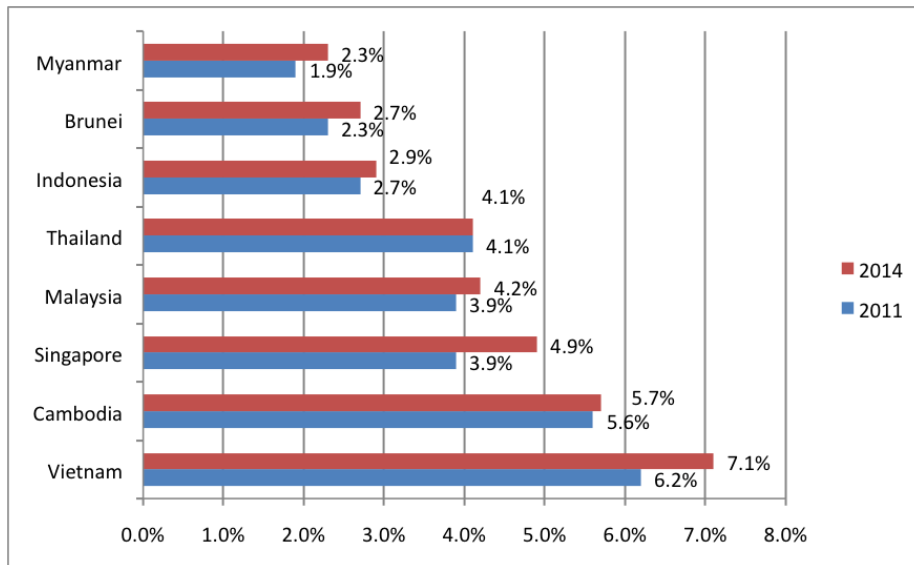
1. Indonesia is a country with the largest population in the Southeast Asia region. Its growth rate reached up to 252 million in 2014 and 254.9 million in 2015.¹ Given the large number of population and a high growth rate, Indonesia is a potential market or the development and growth of a pharmaceutical industry. This explains that health is the very basic need for humans as they strive for their body, soul and social welfare hence they can continue doing their activities productively, and medical needs are not limited to people at a certain age but as long as they live they will always need medicines to overcome various diseases and maintain their health quality.

2. Given the above, the government placed the development of people's health as an integral part of the national development with a purpose of enhancing the awareness, willingness and ability to live healthily for everyone to actualize the highest level of people's health. As stipulated in Law Number 36 of 2009 the government guarantees quality, safety, efficiency and affordability, and guarantee the availability, equality and affordability of health supplies including medicines. This is because the needs for medicines are not limited to people at a certain age but as long as they live they will always need medicines to overcome various diseases and maintain their health quality.

3. However, the level of health expenditure in Indonesia is relatively low compared to other ASEAN countries, i.e. 2.9 % in 2014 that only increased 0.2 % in three years compared to Malaysia and Singapore i.e. 4.2% and 4.9% respectively. Meanwhile, Indonesian per capita health expenditure reached USD 99.4 in 2014, while Malaysia and Thailand made USD 455.8 and USD 227.5 respectively, which is described in the following table and diagram:

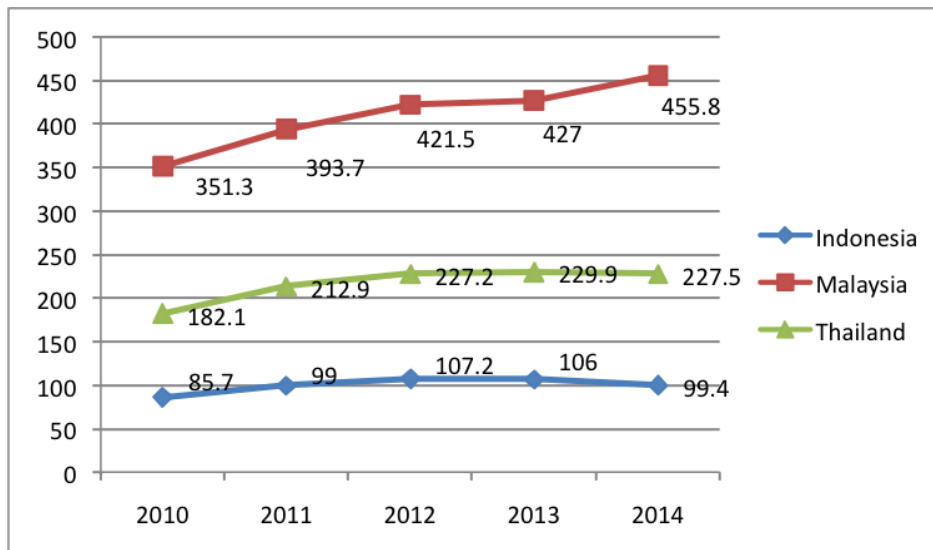
¹ Data from the 2014 and 2015 National Socioeconomic Survey, Statistics Indonesia

Figure 1.1. Ratio between Health Expenditure and GDP in 2014



Source: WHO, processed in 2017

Figure 1.2. Level of per capita health expenditure per year (2010-2014) *USD



Source: World Bank, processed in 2017

4. Although the level of health expenditure in Indonesia is deemed low for the pharmaceutical industry this is one of market potentials, in addition to Indonesia’s large population. There are some factors that will also boost the development of national pharmaceutical industry, namely, the increased awareness of people and ease of access to health with the implementation of Indonesia Health Insurance by Social Insurance Administration Agency (*BPJS Kesehatan*). It is very potential for the development and growth of the pharmaceutical industry and thus the pharmaceutical industry may grow and develop in the years to come as medicine providers particularly in meeting domestic-scale demands.

5. At the moment, based on the data from the Ministry of Health of the Republic of Indonesia a total of 210 pharmaceutical companies spread across the regions of Indonesia such as Banten, Yogyakarta, West Java, East Java, Sumatera and DKI Jakarta. The six top players in this industry among others are Kalbe Farma, Sanbe, Soho, Dexa Medica, Tempo Scan Pacific and Pharos Indonesia, which control 27% market share.

6.

Company	Sales (Million USD)	Market Share
Kalbe Farma	215	7.0
Sanbe	174	5.6
Soho	132	4.3
Dexa Medica	118	3.8
Tempo Scan Pasific	108	3.5
Pharos Indonesia	95	3.1
Dankos	84	2.7
Bayer Indonesia	84	2.7
Interbat	74	2.4
Pfizer	74	2.4

Source: IMS 2009-2013 Market Progress Report

7. Further, based on the data obtained from the Ministry of Health in May 2018, the total number of pharmaceutical industry decreased from 210 in 2016 to 174 in 2018 across the regions of Indonesia. A table on pharmaceutical companies in several provinces across Indonesia can be seen below.

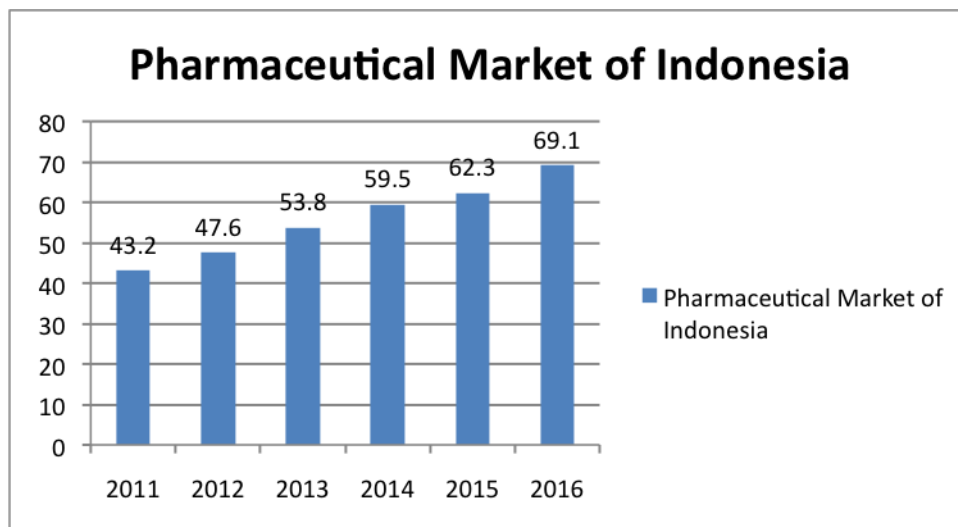
No.	Province	Total Industry
1	Banten	24
2	North Sumatera	3
3	South Sumatera	1
4	West Sumatera	1
5	East Java	34
6	West Java	63
7	Central Java	21
8	DKI Jakarta	26
9	DI Yogyakarta	1
	Total	174

Source: Ministry of Health, 2018

8. Pharmaceutical companies establish their dominance in Java Island totaling up to 169 companies, and only five companies are located in Sumatera Island.

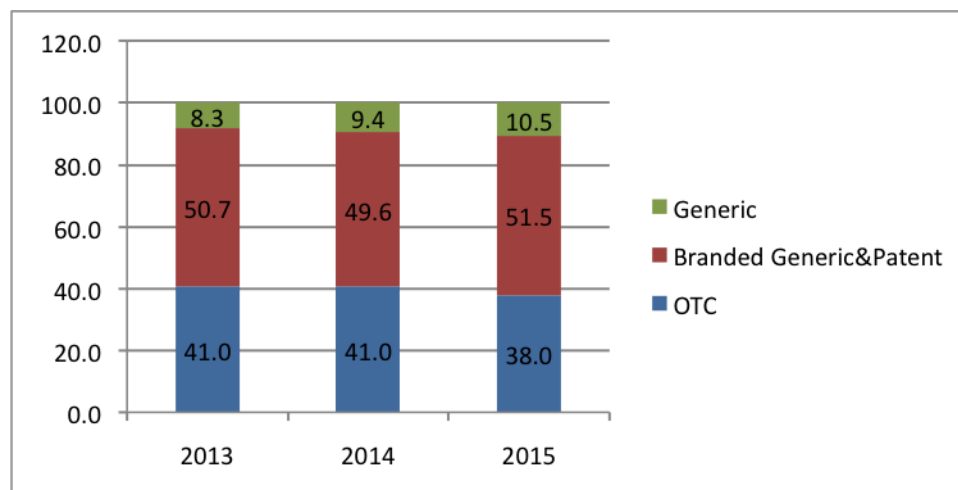
9. National pharmaceutical market grew at an average rate of 10% per annum within the period of 2010-2015, and it gained around IDR 62-65 trillion in 2015, and it increased up to IDR 69 trillion in 2016. In 2015, drugs based on prescriptions (ethical) dominated around 62% of the national pharmaceutical industry and the remaining was the over-the-counter/OTC drugs of approximately 38%. In addition, the drugs based on prescriptions are classified into three, namely patent, branded generic and generic with logo (OGB).

Figure 1.3. Pharmaceutical Market of Indonesia



Source: IMS Health, 2016

Figure 1.4. Pharmaceutical Market Composition in terms of Drug Type



Source: IMS Health, 2016

1.2. Analysis of the High Price of Drugs in Indonesia

10. Several indicators that influence the high price of drugs, among others:
 1. The structure of pharmaceutical market is competitive, which can be seen from the total number of companies; however, it is distorted by the role of doctors that cause a competition mechanism does not work optimally (monopoly by agent);
 2. A doctor has a dominant role in determining the choice of drugs, both to be obtained by patients and ought to be provided at the hospital. It is suspected that there is a transactional relation between doctors and pharmaceutical companies in the making of prescriptions. A regulation of the Minister of Health obliges Doctors to prescribe generic drugs, but it is only limited at the government-owned health facilities.

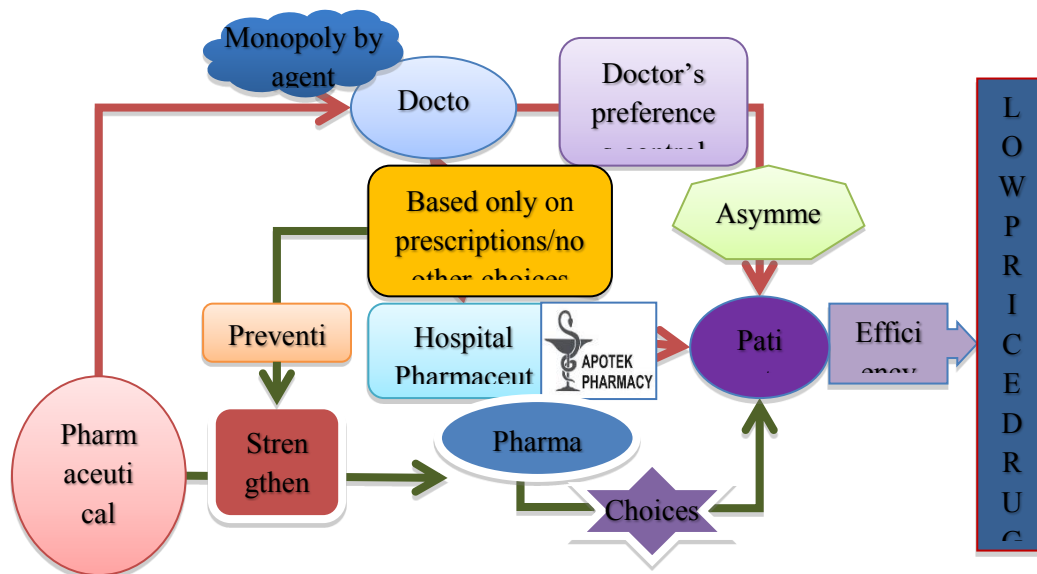
3. There is a category of branded generic or brand-name drugs that are essentially generic drugs. These were initially patent drugs of which their patent period expired but remain holding the brand name that is publicly distributed. Unlike the international market that has two drug categories, i.e. generic and patent, Indonesian market has three categories, i.e. generic, branded generic and patent.
4. The high price of patent drugs;
5. The high price of drug components defines the drug price itself, namely:
 - Import of drug raw materials reaches >90%, mainly from China and India;
 - Marketing fee includes promotional costs that reach up to $\geq 30\%$;
 - Distribution cost reaches up to 6-12% per drug type of the drug price;
 - VAT for each distribution chain is 10%;
 - Package type affects the drug price e.g. plastic and aluminium packages, etc.;
 - Standardisation of drug quality that refers to Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/S).
 - Special obligations such as General Administration Expenses.

1.3. Policy Recommendations Provided by KPPU

1. In relation to the significant Role of doctors (Monopoly by Agent) that can distort the market, KPPU issued recommendations to the Ministry of Health:
 - Improvement of the pharmacist role: “Pharmacists must inform of patent or generic drugs that have the same active substance to every patient”
 - The obligation to write prescription of the generic name and drug availability at Pharmaceutical Installations of Private Hospitals.
 - Enforcement of Doctor’s Code of Ethics.

Improving the pharmacist role can strengthen their role to minimise doctor’s role in prescribing certain brand names and in eliminating a transactional relation between doctors and pharmaceutical companies. Here is a Scheme for the output of strengthening the Pharmacist role:

Figure 1.5.



2. To overcome the high price of drug components that define the drug price, KPPU issued recommendations as follow:
 - avoid dominant import control by certain business actors
 - eliminate cost inefficiencies such as promotion, seminar fee coverage, etc.
 - create regulations on multiple taxes on the drug distribution flow.
 - be of synergy with other government regulations related to the formation of drug price with the purpose of reducing additional costs of drug production.
 3. For the existence of category of branded generic drugs that essentially are generic drugs, KPPU recommends that:
 - the terminology of branded generic drugs is eliminated the government regulate the average wholesale price (AWP) for branded generic generic/brand-name drugs
 - The doctors are obliged to write generic names in their prescriptions and Private Hospital provide generic drugs in their pharmaceutical Installations
 - The government encourage the pharmaceutical installations at private hospital to have the same mechanism for medicine's procurement as the e-catalogue of medicine (government procurement).
 4. In terms of the high price of patent drugs, KPPU suggested to use the policy of TRIPs Flexibility that can be done in three ways, namely: compulsory licences, the Government Utilisation and parallel Imports.
11. Some of the KPPU's policy recommendations above were conveyed to the Chief of the Presidential Staff and the Ministry of Health of the Republic of Indonesia. After the issuance of this policy recommendations, only the strengthening of doctor's role that can be actualised by the Ministry of Health of the Republic of Indonesia by immediately prepare a Regulation of the Minister of Health, while other recommendations must be further reviewed.

1.4. Effectiveness of KPPU's Policy Recommendations

12. KPPU's Policy recommendations related to the strengthening of pharmacist role were well accepted and actualised by the Ministry of Health of the Republic of Indonesia with the stipulation and issuance of **Regulation of the Ministry of Health of the Republic of Indonesia No. 98 of 2015** on Providing Information of the Highest Retail Price for Drugs, set out in Articles 8 and 9.

13. Article 8 reads as follows:

- Pharmacists at the pharmacy or hospital/clinic pharmaceutical installation must inform of the Highest Retail Price for Drugs to patients or patients' Family when giving services related to doctor's prescriptions.
- In addition to providing information on the Highest Retail Price for Drugs as stipulated in paragraph (1) Pharmacists must inform patients or Patients' Family of other drugs, particularly generic drugs that contain active substance with the same power as those prescribed that are available at the pharmacy or hospital/clinic pharmaceutical installation.

14. Article 9 reads as follows:

- Patients or patients' Family have the right to make choices of drugs based on the information conveyed by the Pharmacists as referred to in Article 8.

15. Therefore, the policy recommendation provided by KPPU is effective because it is realized by the Ministry of Health of the Republic of Indonesia through its regulation.

2. KPPU's Law Enforcement in Pharmaceutical Sector (against Excessive Pricing)

16. One of cases related to excessive pricing in pharmaceutical sector handled by KPPU is a case No.17/KPPU-1/2010 of Law Number 5 of 1999 of Anti Monopoly and Unfair Business Competition on the Pharmaceutical Industry of Amlodipine Therapy Class.

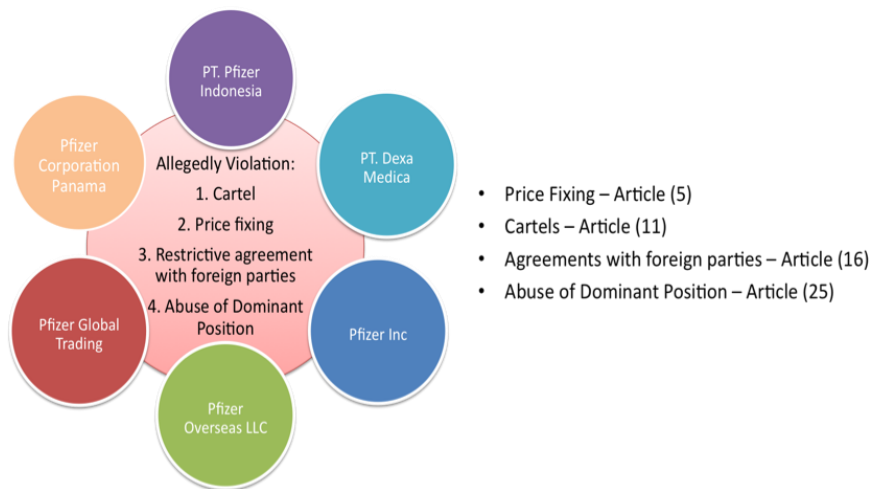
17. This case is not based on a report, but as an initiative of KPPU to conduct research and monitoring on the business actors in the pharmaceutical sector, in which it revealed market concentration and excessive pricing of certain drugs and continued with an in-depth investigation.

18. In this case, the reported business actors are:

- PT. Pfizer Indonesia
- PT. Dexa Medica
- Pfizer Inc., domiciled in New York, United States of America;
- Pfizer Overseas LLC (previously Pfizer Overseas Inc.), domiciled in Dublin, Ireland;
- Pfizer Global Trading (co Pfizer), domiciled at Airport Road Cork, Ireland or New York, United States of America
- Pfizer Corporation Panama, domiciled at Calle Beila Vista Ancon, Republica de Panama

19. With the following alleged violations, among others:
- Pfizer and Dexa are alleged to have determined the price of Anti-Hypertension Drug with the Active Substance *Amlodipine Besylate*;
 - Pfizer and Dexa are alleged to have controlled the production and marketing of Anti-Hypertension Drug with the Active Substance *Amlodipine Besylate*;
 - Dexa, Pfizer Overseas Llc (previously, Pfizer Overseas Inc.) and Pfizer Indonesia are alleged to be in agreement with a foreign business actor which caused monopoly practice and unfair business competition;
 - Pfizer is alleged to have abuse of its dominant position to influence doctors and/or pharmacies to only prescribe drugs with the brand name Norvask.
20. Given the alleged violations above, the Reported parties allegedly violate four (4) articles of Law Number 5 of 1999 on Anti Monopoly Practice and Unfair Business Competition (“Law 5/1999”), namely:
- Article 5 (Price Fixing)
 - Article 11 (Cartels)
 - Article 16 (Restrictive Agreement with a Foreign Party)
 - Article 25 (Abuse of Dominant Position)

Figure 2.1.



2.1. In relation to Patent Rights

21. The active Substance contained in Amlodipine drug is *Amlodipine Besylate* that was discovered on the basis of the discovery of *Besylate* salt from *Besylate* compound having the benefits as the heart and hypertension drug, which was discovered by Edward Davidson and Dr. James Ingram Wells. The patent right of this substance was granted to Pfizer Inc. with Patent Number ID 0 000 321 on 10 November 1995 in Indonesia and valid for a period of 20 years as of its submission on 3 April 1987 and expired on 2 April 2007.

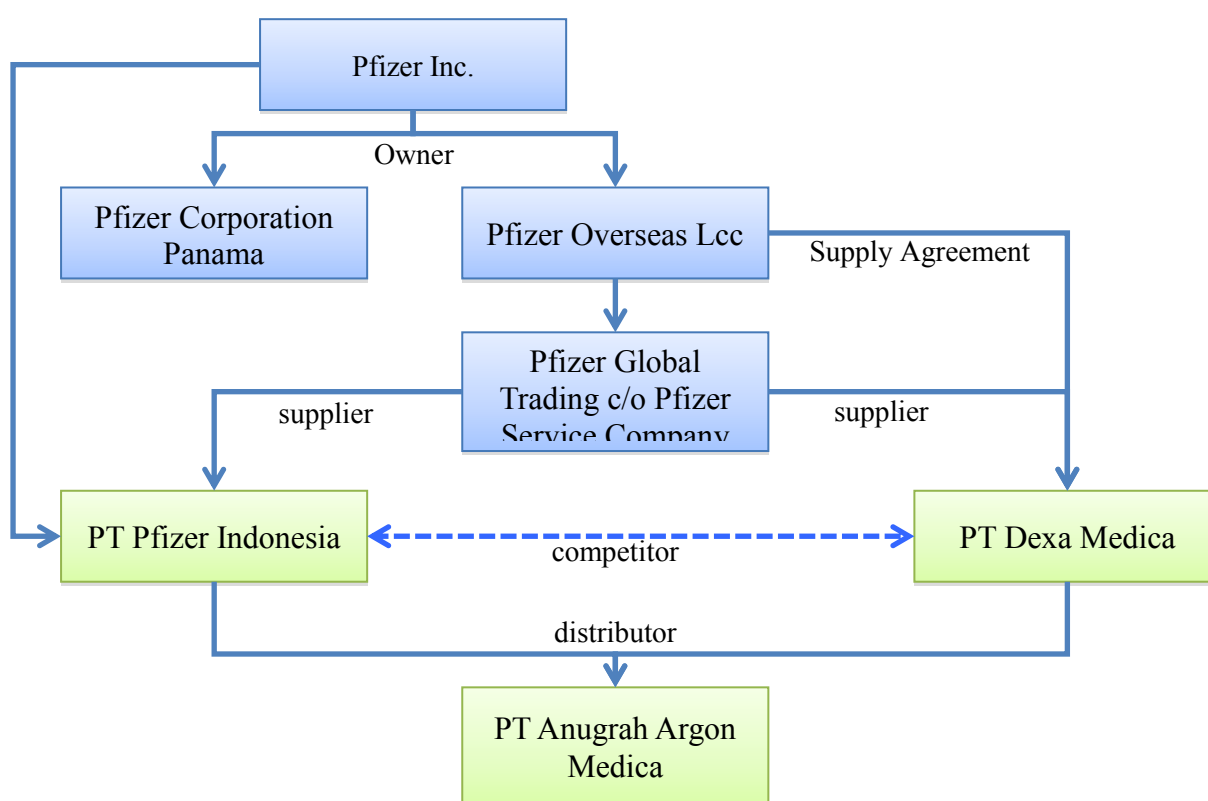
22. PT Dixa Medica distributed drugs that contain the active substance *Amlodipine Besylate*, then became a patent dispute over the *Amlodipine Besylate* Patent owned by Pfizer Inc. Due to its dispute, PT Dixa Medica was warned and demanded by Pfizer Inc to have a cooperation agreement. Thus, the settlement of the dispute resulted in a “supply agreement” cooperation.

2.2. Industrial Structure

2.2.1. Business Actor

23. The structure of Pfizer and PT Dixa Medica Business Groups is describe as below:

Figure 2.2. Structure of Pfizer and PT Dixa Medica Business Groups



24. Based on the structure, the following matters can be explained:

- Pfizer Inc. is the patent right holder of the active substance *Amlodipine Besylate* and the parent company of Pfizer Overseas LLC (previously Pfizer Overseas Inc.) and Pfizer Corporation Panama also as the share holder of 42.86% of PT Pfizer Indonesia.
- Pfizer Global Trading (c/o Pfizer Service Company) acts as the supplier of the active substance *Amlodipine Besylate* raw materials to PT Pfizer Indonesia and PT Dixa Medica.

- In distributing amlodipine drugs, PT Pfizer Indonesia and PT Dexa Medica have the same distributor namely, PT Anugrah Argon Medica, in which 98.13% shares is held by PT. Dexa Medica.
- Based on the Supply Agreement, all forms of communication between PT. Dexa Medica and Pfizer Overseas LLC must be copied to the President Director of PT. Pfizer Indonesia. In relation to the raw material purchase order, PT. Dexa Medica under the provisions of the Supply Agreement must inform Pfizer Overseas LLC with a copy or email copy to PT Pfizer Indonesia.

2.2.2. *Relevant Market*

Product Market

25. Drugs for Hypertension using the active substance *Amlodipine Besylate* (5 mg and 10 mg categories)

- Product of hypertension drugs manufactured by PT Dexa Medica has a brand name Tensivask
- Product of hypertension drugs manufactured by PT Pfizer Indonesia has a brand name Norvask

Geographical Market

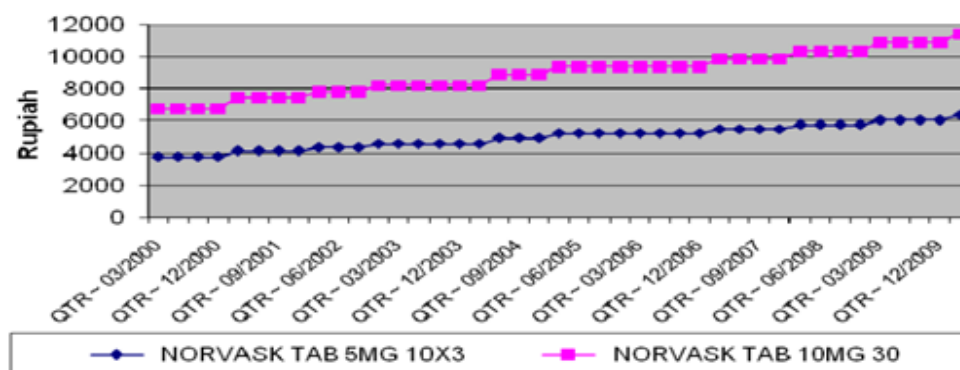
26. Manufactured and marketed across the regions of Indonesia.

2.3. Price Increase and Price Paralelism

27. The price of 5mg Norvask increases periodically, while that of Tensivask is recorded to have increased seven times within the period of early 2000 until 2010. In general, for the 5mg package, the average price changes of Tensivask is around 5.8%, while that of Norvask is 6.1%. Although the increase total and frequency for each product seemed different, there was also a trend of price increase conducted by the two companies for both company's products in which they should have been as competitor in the market. The price increase was always made first by PT Pfizer Indonesia for its product Norvask and followed by PT. Dexa Medica with its product Tensivask.

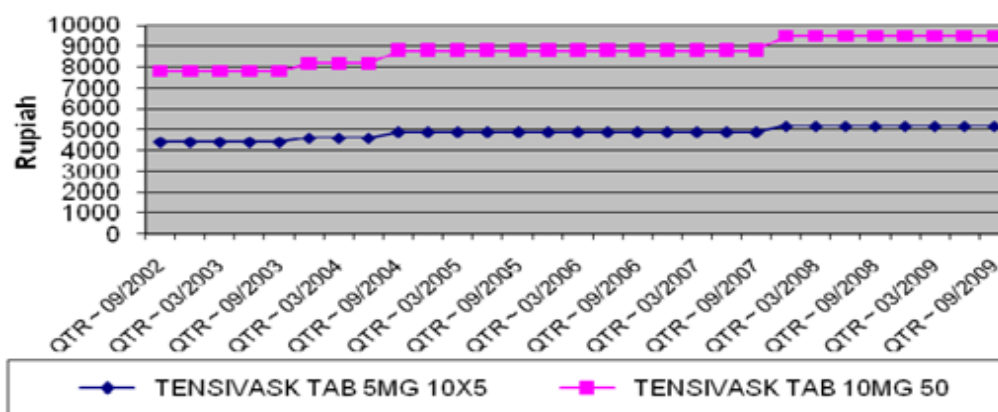
28. The same pattern also occurred for the 10mg package. Norvask was recorded to experience eight times price increase, while Tensivask showed three times price increase within the same period. Thus, the price movement for 5mg and 10mg packages can be concluded that there were price increase pattern and parallel pricing.

Figure 3. Price Pattern of Norvask per Unit



Source: IMS (Pharmacy Net. Price, processed)

Figure 2.4. Price Pattern of Tensivask per Unit



Source: IMS (Pharmacy Net. Price, processed)

29. The two graphic below shows the pattern of price movement was parallel and relatively similar (price parallelism) for 5mg and 10mg categories of Norvask and Tensivask.

Figure 2.5. Price Parallelism Norvask and Tensivask 5MG per Unit

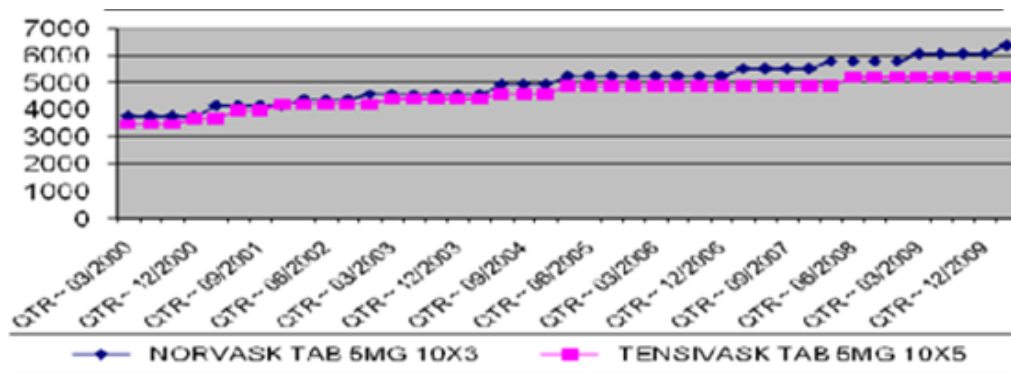
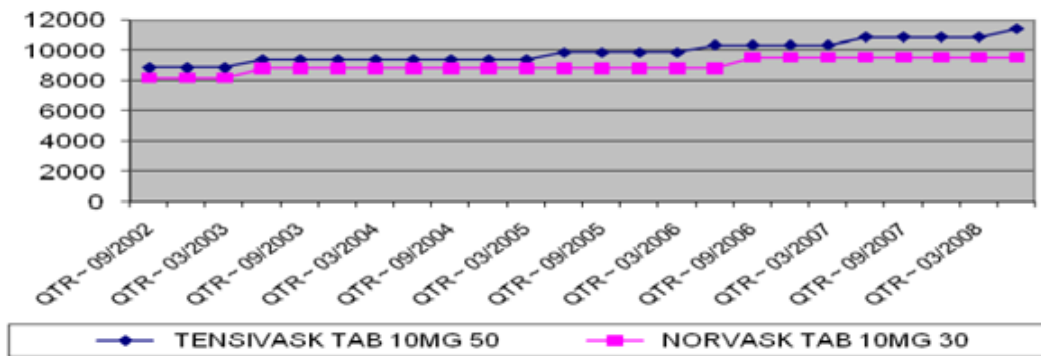


Figure 2.6. Price Parallelism Norvask and Tensivask 10MG per Unit



30. The price increase also occurred within the period of 2007-2008 which in contrary, there was a price reduction of raw materials from Pfizer Overseas from USD40,000/KgA to USD25,000/KgA, or decreasing to 35%.

2.4. Excessive Pricing Analysis

31. In this case, the excessive pricing conducts for Norvask and Tensivask was estimated using an analysis method based on the Yardstick approach (Veljanovski, 2006). The Yardstick method uses data on comparison price in different markets or countries to find the difference from the prices during cartel (uncompetitive price or the period in which unfair competition occurred) with the prices were competitive or assumed to be competitive in different markets.

32. The analysis was based on the data of Median Medicines Price Ratios (MPR) by using data of Amlodipine price in the international market. This MPR data is a survey data² obtained from the Department of Health (currently the Ministry of Health) in cooperation with WHO. The reference data was the data of median price of Amlodipine in the international market taken from the International Drug Price Indicator within the period of 2004-2009. The table below shows the price of the drug contains *Amlodipine Besylate* on the international market for the 5mg package from the buyers' side.

² Referring to the results of "Price People have to pay for Medicine in Indonesia" survey carried out by the Department of Health in cooperation with WHO and HAI in 2004-2005

Table 2.1. The price of drugs containing Amlodipine Besylate on the International Market within the period of 2004-2009

Year	Min.	Max.	Median
2004	0.0247	0.4486	0.15
2005	0.003	0.469	0.15
2006	0.1133	0.8842	0.1333
2007	0.0122	0.1694	0.1333
2008	0.0064	0.1	0.0526
2009	0.0096	0.1	0.061

33. After obtaining the *Amlodipine Besylate* median price, by taking into account the Bank Indonesia (BI) median exchange rate, those median prices converted using annual BI median exchange rate. Here is a table of average BI median exchange rate:

Table 2.2. Data Profile of Drug International Price with the Active Substance Amlodipine Besylate

Year	Min.	Max.	Median	Median Exchange Rate of Bank Indonesia
2004	0.0247	0.4486	0.15	8900
2005	0.003	0.469	0.15	9750
2006	0.1133	0.8842	0.1333	9170
2007	0.0122	0.1694	0.1333	9150
2008	0.0064	0.1	0.0526	9680
2009	0.0096	0.1	0.061	10400

34. Based on the median price of the international price and BI median rate, the proxy of normal price in Rupiah may be calculated. The normal price is the median price multiplied three times or the ratio of three multiplied by the median price in Rupiah. That calculation is used as a reference or threshold, for the excessive pricing³ of anti hypertension drugs with the active substance *amlodipine besylate* in Indonesia. The deviation of the normal price for 5mg of Norvask and Tensivask provided an estimation of excessive pricing between the actual price and normal price.

³ Based on a witness testimony from the government, the Department of Health (currently the Ministry of Health) on the ratio of normal drug price, which is 3 times above its generic drugs.

Figure 2.7. Price comparison and difference

Median Price in Rp	Normal Price	Price Gap of Norvask	Price Gap of Tensivask
1335	4005	2.790	2.320
1462,5	4387,5	2.815	2.350
1222,361	3667,083	3.535	3.070
1219,695	3659,085	3.903	3.078
509,168	1527,504	6.413	5.622
634,4	1903,2	6.435	5.247

Figure 2.8. Calculation of median, normal price and price deviation

Year	Median Price in Rp	Normal Price (3x Median Price)	Price of Norvask	Price of Tensivask	Price Gap of Norvask	Price Gap of Tensivask
2004	1335	4005	6795,25	6325	2790,25	2320
2005	1462,5	4387,5	7202,25	6737,5	2814,75	2350
2006	1222,361	3667,083	7202,25	6737,5	3535,167	3070,417
2007	1219,695	3659,085	7562,5	6737,5	3903,415	3078,415
2008	509,168	1527,504	7940,625	7150	6413,121	5622,496
2009	634,4	1903,2	8338	7150	6434,8	5246,8

35. The table indicates that the price deviation or the proxy of excessive pricing gets bigger within the period of 2008-2009, on contrary in the international market, the *Amlodipine Besylate* price tends to decrease due to the expiry of patent period in the mid 2007 or early 2008 (in some other Countries). The decreasing of price of *Amlodipine Besylate* on the international market was not followed by the price reduction of Norvask and Tensivask in Indonesia which tend to remain stable or even experience increases periodically.

36. Based on the data in the table that has been explained above, the following results are obtained:

- Innovator Brand (Norvask) was 51.13 times more expensive than the international reference price for public hospitals. For private Hospitals Norvask selling price in Indonesia was 53.26 times more expensive than the international reference price;

- the MPR value of Tensivask in private hospitals was 49.43 times more expensive than the international reference price, while the MPR value of Tensivask in public Hospitals was 45.85 times more expensive than the international reference price;
- based on the data obtained from the International Drug Price Indicator within the period of 2007-2009, median price data on products for anti-hypertension drugs with the active substance *Amlodipine Besylate* could be obtained, respectively: USD 0.1333 per tablet (2007), USD 0.0526 per tablet (2008) and USD 0.061 per tablet (2009),

37. Rough estimate of overcharge that ought to be paid by consumers within the period of 2004-2009 could be made by calculating the price difference of Norvask and then it is multiplied by the number of sold units of 5 mg package Norvask and Tensivask within the same period. Here is the table on the calculation of such multiplication that indicates consumers' loss resulting from the overcharge that ought to be paid when purchasing Norvask and Tensivask.

Figure 2.9. Data of Consumer Loss

Year	vol Norvask (btr)	Loss Norvask (Rp)	vol Tensivask (btr)	loss Tensivask (Rp)
2004	15,988,290.00	44,611,326,172.50	10,914,250.00	25,321,060,000.00
2005	16,676,520.00	46,940,234,670.00	13,454,050.00	31,617,017,500.00
2006	17,169,750.00	60,697,933,598.25	10,176,200.00	31,245,177,475.40
2007	16,752,570.00	65,392,233,026.55	10,106,150.00	31,110,923,752.25
2008	15,803,400.00	101,349,116,411.40	9,680,350.00	54,427,729,153.60
2009	22,252,710.00	143,191,738,308.00	10,450,500.00	54,831,683,400.00
Total Estimation of Consumer Loss		462,182,582,186.70		228,553,591,281.25

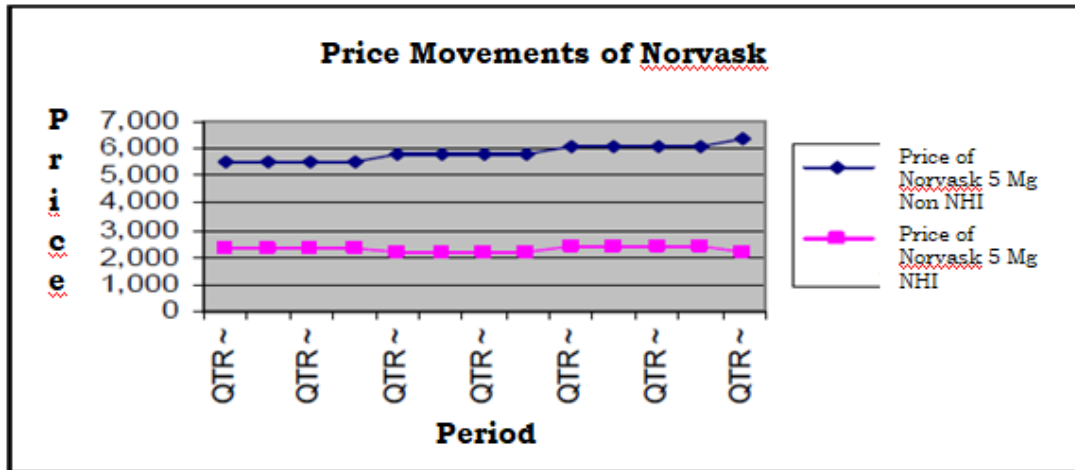
Source: Processed data

38. Based on a rough estimate, the total accumulation of consumers' loss within the period of 2004-2009 is Rp.462,182,582,186.7 (for 5mg Norvask) and Rp.228,553,591,281.25 (for 5mg Tensivask). If we put this into percentage against the total selling value received by the two manufacturers, the ratio of consumers' loss and the total sales is 42% for Norvask and 35% for Tensivask.

39. Furthermore, in analysing the excessive pricing occurred, the fair price of Norvask and Tensivask products was also assessed by using a simple comparison analysis, namely by comparing it to the data on National Health Insurance (NHI)⁴ price. Here is a comparison graphic of the price movement between 5mg Norvask for Non-NHI and 5mg Norvask for NHI.

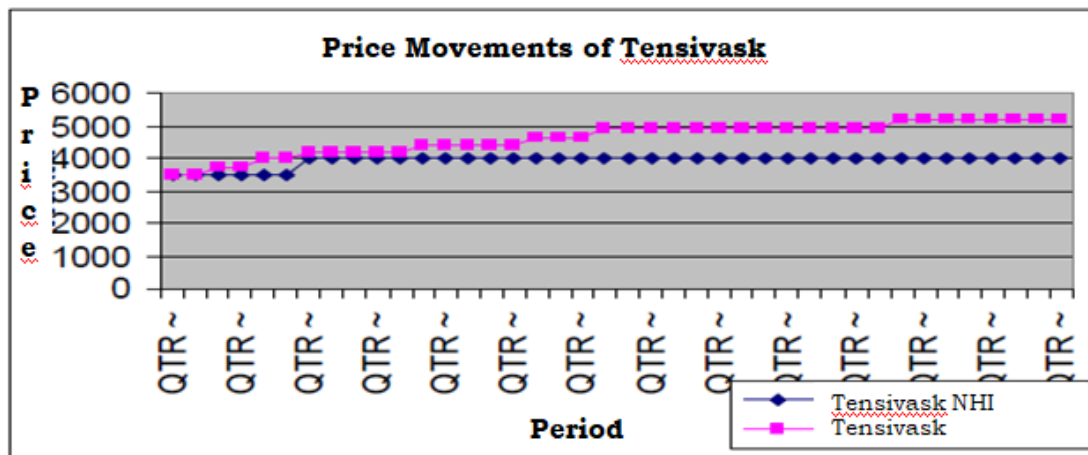
⁴ NHI: Health insurance from the Indonesian government designated to Civil Servants/Government Employees

Figure 2.10. Price Movements of Norvask 5MG Non-NHI and Norvask 5 MG for NHI



40. Based on the comparison graphic, we could see that the price of Norvask sold in public market went far moving away from Norvask for NHI. The same condition also occurred to Tensivask products, as described in the following graphic:

Figure 2.11. Price Movement of 5 mg Tensivask for Non-NHI and 5mg Tensivask for NHI



41. The comparison or ratio of Norvask price for NHI and Norvask price for Non-NHI reached around 35% to 45%. In other words, Norvask for Non-NHI was sold around 55% to 65% above the Norvask price for NHI consumers. The same comparison can be seen for Tensivask products. Since early 2008, Tensivask products for Non-NHI were sold 23% above the Tensivask price for NHI.

42. It could be concluded that based on the international price comparison and the NHI program price, which is explained as follows:

Figure 2.12.

Price of product 5mg/tab	2007	2008	2009	2010
Median Price of <u>Tensivask</u> 5mg	4.900	5.125	5.200	5.200
Median Price of <u>Norvask</u> 5mg	5.500	5.775	6.064	6.367
Price of <u>Norvask</u> 5mg NHI	2.357	2.200	2.420	2.200
Price of <u>Tensivask</u> 5mg NHI	4.000	4.000	4.000	4.000
International Price Comparison	3.659	1.528	1.903	NA
Median Price of Generic 5mg	1.500	1.655	1.664	1.871

Figure 2.13. Price Comparison of Norvask and Tensivask 10 MG with other products

Price of product 10mg/tab	Year			
	2007	2008	2009	2010
Median Price of <u>Tensivask</u> 10mg	8.800	9.325	9.500	9.500
Median Price of <u>Norvask</u> 10mg	9.857	10.350	10.867	11.411
Median Price of Generic 10mg	3.200	2.529	2.874	3.226

43. The above tables demonstrate that:
- The price of Norvask and Tensivask products is relatively expensive.
 - The price of Norvask and Tensivask products in particular the 5mg package may be categorized excessive, if it refers to the MPR average ratio of the two brand names and the normal MPR limit which refers to the Department of Health, WHO and Management Sciences for Health.
44. On this case, the excessive pricing analysis is used as one of initial evidence to prove that there is an impact of business actor behaviors who becomes the reported party of hypertension drug with the active substance *Amlodipine Besylate* which cause monopoly practice and or unfair business competition and used to prove the violation on Indonesian Competition Law.