The 7th Proceeding Strada International Conference on Health
Kediri – East Java, Indonesia, September 24-25, 2025
https://proceeding.thesich.org | Page 67-70

Legal Authority of Pharmacists in Indonesia under Law No. 17 of 2023

Fidi Setyawan[1*], Hasan Ismail[2]
[1,2] Department of Pharmacy, Universitas STRADA Indonesia, Kediri, Indonesia
**Corresponding author: fidisetyawan.apt@gmail.com*

ABSTRACT

Pharmaceutical practice in Indonesia is mandated to be conducted by licensed pharmaceutical personnel to ensure safety, efficacy, and accountability. Pharmacists in Indonesia possess comprehensive authority in pharmaceutical practice as mandated by Law No. 17 of 2023**,** covering prescription, restricted, and non-prescription medicines. This authority is reinforced through provisions that mandate professional certification, regulate medicine dispensing, and impose sanctions on unauthorized practice. This study examines pharmacists' authority using a normative juridical approach through statutory analysis and relevant literature. The findings highlight pharmacists' dual role as healthcare professionals and managers of pharmaceutical service facilities, with legal accountability that reinforces patient-centered care and public health protection. The study concludes that pharmacists' authority is central to ensuring rational medicine use and calls for further research on its practical implementation, barriers to enforcement, and strategies to address illegal medicine distribution.

Keywords: legal protection, pharmacist authority, pharmaceutical practice, pharmaceutical services

BACKGROUND

Medicines are fundamental to healthcare delivery, and pharmacists hold primary responsibility for ensuring their safe, effective, and rational use. In Indonesia, the scope of pharmaceutical practice is regulated under Law No. 17 of 2023 on Health, which defines it to include production, quality control, procurement, storage, distribution, research and development, as well as management and pharmaceutical services. Within this framework, pharmaceutical care has been adopted as patient-oriented pharmaceutical services, emphasizing direct and responsible care for patients. The goal is to identify, prevent, and resolve drug-related problems while ensuring optimal therapeutic outcomes.

The enactment of Law No. 17 of 2023 represents a significant legal transformation in the health sector, replacing fragmented provisions from previous laws with a more integrated framework. This reform strengthens the authority of pharmacists by affirming their exclusive role in pharmaceutical practice and positioning them as key actors in the delivery of safe and accountable healthcare. By consolidating regulations under a single law, the government seeks to enhance legal certainty, protect patients, and align national practice with international standards.

The paradigm shift from product-oriented to patient-oriented services reflects the philosophy of pharmaceutical care. Hepler and Strand (1990) described this as "the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a

patient's quality of life." This approach underscores the necessity of pharmacists in every therapeutic setting to guarantee appropriate drug selection, dosing, duration, and monitoring, while also preventing medication errors. Patient-centered pharmaceutical services therefore highlight pharmacists' critical role in safeguarding treatment outcomes and improving quality of life.

The global health community has emphasized this role. The World Health Organization (WHO, 2011) acknowledges the importance of pharmacist-led medicine-related services, while the International Pharmaceutical Federation (FIP, 2020) promotes standardized frameworks to ensure consistent practice worldwide. In line with these international perspectives, Law No. 17 of 2023 on Health affirms that pharmaceutical practices must be conducted exclusively by pharmaceutical personnel within authorized service facilities. This legal framework not only strengthens professional accountability but also provides pharmacists with legal protection in carrying out their responsibilities for public health.

METHODS

This study employed a normative juridical approach, focusing on the analysis of legal materials by examining relevant theories, legal concepts, principles, and statutory regulations. It is also referred to as a literature-based approach, involving review of books, regulations, and other relevant documents. The research is descriptive-analytical, aiming to systematically describe and analyze data in accordance with the study's objectives. Secondary data sources were used, including statutory regulations, scholarly publications, research reports, journal articles, and other credible sources.

RESULTS

Pharmacists are graduates of pharmacy education who have completed professional training and taken the pharmacist's oath. They form part of the health workforce under the category of pharmaceutical personnel. Pharmacists play a vital role in pharmaceutical service facilities, including community pharmacies, hospital pharmacies, clinic pharmacies, and public health center pharmacies. These facilities operate under the authority and responsibility of pharmacists. Their responsibilities extend beyond medicines to direct patient interactions such as prescription services, non-prescription services, drug information provision, and patient counseling. Pharmacists are also expected to identify, prevent, and resolve medication errors, address pharmacoeconomic concerns, and manage drug-related problems effectively.

Pharmaceutical Service Facilities

Pharmaceutical service facilities include hospital pharmacies, community health center pharmacies, clinic pharmacies, and community pharmacies, as regulated by Article 417 of Government Regulation No. 28 of 2024. Each facility operates under specific standards guiding pharmacists in practice. Pharmacists in hospitals, clinics, and health centers function collaboratively within multidisciplinary healthcare units, while community pharmacies operate more independently under the direct management and responsibility of pharmacists themselves.

Pharmaceutical Services

Pharmaceutical services are direct services to patients concerning pharmaceutical preparations, with the primary objective of identifying, preventing, and resolving drug-related problems to ensure optimal therapeutic outcomes. Pharmaceutical service provision must guarantee safe, effective, affordable, and high-quality pharmaceutical preparations, medical devices, and consumables. Comprehensive services cover inventory management, procurement, storage, control, destruction, documentation, and reporting. Clinical pharmacy services include prescription review, dispensing, drug information provision, counseling, home

pharmacy care, therapeutic drug monitoring, and adverse drug reaction monitoring. Effective implementation of these services depends on pharmacists' legal authority, ensuring safe and rational drug use and protecting patients from risks such as inappropriate medication, inefficacy, or adverse drug interactions.

DISCUSSION

Juridical Analysis of Article 145

Article 145 stipulates that pharmaceutical practices must be performed by qualified pharmaceutical personnel in accordance with regulations. The scope includes production, quality control, procurement, storage, distribution, research, development, and pharmaceutical service management. Other healthcare personnel may conduct pharmaceutical practices in limited situations, but only under strict regulation. Article 211 paragraph (2) requires graduates of health-related academic programs to complete professional education and obtain professional certification before practicing. Thus, pharmacists must complete professional training and be certified to gain full legal authority. This ensures competence and professionalism in pharmaceutical practice, reinforcing pharmacists' exclusive authority.

Juridical Analysis of Article 320

Article 320 regulates the classification of medicines and their distribution by pharmacists. Medicines are divided into prescription-only medicines (including narcotics and psychotropics) and non-prescription medicines (OTC and limited OTC). Prescription medicines must be dispensed by pharmacists in pharmaceutical service facilities. Paragraph (5) allows pharmacists to dispense certain prescription-only medicines without a prescription, under limited indications and/or quantities. This provision reinforces pharmacists' authority in exercising professional judgment.

Government Regulation No. 28 of 2024 further elaborates Article 320 in Article 922, stipulating that narcotics, psychotropics, and prescription medicines may only be dispensed by pharmacists with a prescription. Certain prescription-only medicines may be dispensed without prescriptions under specific conditions, such as for self-medication, repeat prescriptions for chronic diseases, or topical use. The Ministry of Health determines and periodically updates the list of such medicines, ensuring pharmacists' authority is legally supported and clearly regulated.

Juridical Analysis of Article 436

Article 436 of Law No. 17 of 2023 establishes criminal sanctions to safeguard pharmacists' authority. Paragraph (1) stipulates fines up to IDR 200 million for unauthorized individuals practicing pharmaceutical services. Paragraph (2) further prescribes imprisonment of up to five years or fines up to IDR 500 million if unauthorized practice involves prescription-only medicines. This provides robust protection for pharmacists against illegal practices and ensures public safety by preventing unauthorized handling of high-risk medicines.

CONCLUSION

Pharmacists in Indonesia possess comprehensive authority in pharmaceutical practice as mandated by Law No. 17 of 2023, encompassing prescription, restricted, and non-prescription medicines. Their role is reinforced through legal provisions that mandate professional certification, regulate medicine dispensing, and impose sanctions on unauthorized practice, ensuring accountability and patient safety. This framework underscores pharmacists' central contribution to public health, while future research should examine practical implementation, barriers to authority, and strategies to curb illegal medicine distribution.

REFERENCES

Duggan, C. (2020). Advancing the workforce to meet the primary health care agenda: Pharmacy's contribution to universal health coverage. International Journal of Pharmacy Practice, 28(2), 118–120. https://doi.org/10.1111/ijpp.12581.

International Pharmaceutical Federation. (2020). Executive summary: FIP global competency framework version 2—Supporting the development of foundation and early career pharmacists. The Hague. https://www.fip.org/file/5127.

Ministry of Health of the Republic of Indonesia. (2016). Regulation No. 73 of 2016 on standards of pharmacy services in community pharmacies.

Ministry of Health of the Republic of Indonesia. (2017). Regulation No. 9 of 2017 on community pharmacies.

Ministry of Health of the Republic of Indonesia. (2021). Regulation No. 14 of 2021 on standards for business activities and products in risk-based licensing in the health sector.

Ministry of Health of the Republic of Indonesia. (2024). Regulation No. 17 of 2024 on amendments to Regulation No. 14 of 2021 on standards for business activities and products in risk-based licensing in the health sector.

Mossialos, E., Courtin, E., Naci, H., Benrimoj, S., Bouvy, M., Farris, K., & Sketris, I. (2015). From 'retailers' to health care providers: Transforming the role of community pharmacists in chronic disease management. Health Policy, 119(5), 628–639. https://doi.org/10.1016/j.healthpol.2015.02.007.

Pratama, R., Farm, S., Farm, M., Thomas, N. A., Fadli, S., Madania, S., & Tuloli, T. S. (2024). Manajemen farmasi. CV Rey Media Grafika.

Republic of Indonesia. (2023). Law Number 17 of 2023 on Health.

Republic of Indonesia. (2024). Government Regulation No. 28 of 2024 on implementation of Law No. 17 of 2023 on Health.

World Health Organization. (2011). WHO guidelines on good pharmacy practice: Standards for quality of pharmacy services. WHO Technical Report Series, 961(1), 310–323.