ANALISIS EFEKTIVITAS BIAYA PENGGUNAAN OBAT ANTIHIPERTENSI PADA PASIEN RAWAT INAP DI SALAH SATU RSUD KOTA BANDUNG

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ABSTRAK

Hipertensi merupakan penyakit kronis yang meningkatkan risiko komplikasi kardiovaskular dan turut memberikan beban signifikan terhadap biaya pelayanan kesehatan. Penelitian ini bertujuan untuk menganalisis efektivitas biaya dua kombinasi terapi antihipertensi, yaitu Candesartan–Amlodipin–Furosemide dan Candesartan–Amlodipin–Hydrochlorothiazide (HCT), pada pasien rawat inap di salah satu RSUD di Kota Bandung. Penelitian dilakukan secara retrospektif dengan pendekatan *cost-effectiveness analysis* (CEA) dari perspektif penyedia layanan kesehatan. Evaluasi dilakukan berdasarkan parameter penurunan tekanan darah sistolik, perhitungan *Average Cost-Effectiveness Ratio* (ACER), serta pemetaan menggunakan Cost-Effectiveness Grid dan Plane. Hasil penelitian menunjukkan bahwa kombinasi Candesartan–Amlodipin–Furosemide memiliki efektivitas klinis yang lebih tinggi dengan nilai ACER sebesar Rp339.275 per mmHg, dibandingkan kombinasi Candesartan–Amlodipin–HCT yang memiliki nilai ACER sebesar Rp346.776 per mmHg. Selain itu, nilai *Incremental Cost-Effectiveness Ratio* (ICER) untuk kombinasi furosemide adalah Rp216.934 per mmHg penurunan tekanan darah sistolik.

Kata kunci: Hipertensi, *Cost-effectiveness*, Candesartan, Amlodipin, Furosemide, Hydrochlorothiazide, ACER, ICER.

COST-EFFECTIVENESS ANALYSIS OF THE USE OF ANTIHYPERTENSIVE DRUGS IN HOSPITALIZED PATIENTS IN ONE OF THE BANDUNG CITY HOSPITALS

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ABSTRACT

Hypertension is a chronic disease that increases the risk of cardiovascular complications and contributes a significant burden to the cost of health services. This study aims to analyze the cost-effectiveness of two combinations of antihypertensive therapy, namely Candesartan-Amlodipine-Furosemide and Candesartan-Amlodipine-Hydrochlorothiazide (HCT), in hospitalized patients at one of the Bandung City Hospital. The study was conducted retrospectively with a cost-effectiveness analysis (CEA) approach from the perspective of health care providers. The evaluation was based on systolic blood pressure reduction parameters, calculation of Average Cost-Effectiveness Ratio (ACER), and mapping using Cost-Effectiveness Grid and Plane. The results showed that the Candesartan-Amlodipin-Furosemide combination had a higher clinical effectiveness with an ACER value of Rp339,275 per mmHg, compared to the Candesartan-Amlodipin-HCT combination which had an ACER value of Rp346,776 per mmHg. In addition, the Incremental Cost-Effectiveness Ratio (ICER) value for the furosemide combination was Rp216,934 per mmHg reduction in systolic blood pressure.

***Key words**: Hypertension, Cost-effectiveness, Candesartan, Amlodipine, Furosemide, Hydrochlorothiazide, ACER, ICER.*