

INTISARI

SETIAWAN R, 2021, ANALISIS EFEKTIVITAS BIAYA PENGGUNAAN ANTIHIPERTENSI KOMBINASI AMLODIPINE – CANDESARTAN DAN AMLODIPINE – LISINOPRIL PADA PASIEN HIPERTENSI RAWAT JALAN DI RSUD KABUPATEN KARANGANYAR TAHUN 2020.

Hipertensi merupakan masalah kesehatan global yang merupakan penyebab kematian nomor 3 setelah stroke dan tuberkulosis, yakni 6,7% dari populasi kematian pada semua umur. Hipertensi dapat menyebabkan komplikasi dengan mengenai beberapa organ target seperti jantung, otak, ginjal, mata, dan arteri perifer akibat tingginya tekanan darah dan berapa lama tekanan darah tinggi tersebut tidak terkontrol atau tidak diobati. Tujuan dari penelitian ini adalah untuk mengetahui bagaimana efektivitas terapi kombinasi kombinasi amlodipine – candesartan dan amlodipine – lisinopril pada pasien hipertensi rawat jalan di RSUD Kabupaten Karanganyar tahun 2020.

Pengambilan data akan dilakukan pada bulan mei 2021 sampai juli 2021. Data yang di ambil meliputi data rekam medik dan data *billing* pasien hipertensi yang menjalani rawat jalan di RSUD Kabupaten Karanganyar pada bulan januari sampai Desember tahun 2020 pengambilan data dilakukan menggunakan metode *purposive sampling*. Analisis efektivitas biaya dilakukan dengan menghitung biaya medik langsung, efektivitas terapi, nilai ACER dan ICER.

Hasil penelitian menunjukkan bahwa terapi kombinasi amlodipine–lisinopril lebih efektif dengan persentase sebesar 88% dibandingkan dengan kombinasiamlodipine–candesartan sebesar 82%. Rata – rata biaya medik langsung terapi kombinasi amlodipine–candesartan sebesar Rp 209.814 dan terapi amlodipine– lisinopril sebesar Rp 161.847. Kelompok kombinasi amlodipine–lisinopril memperoleh nilai ACER paling rendah, sebesar Rp 183.917. Maka dapat disimpulkan bahwa terapi kombinasi amlodipine–lisinopril paling *cost effective* dengan nilai ICER Rp -7.994 per persen aktivitas.

Kata kunci : CEA, Hipertensi, Candesartan, Amplodipin, Lisinopril

ABSTRACT

SETIAWAN R, 2021, COST EFFECTIVENESS ANALYSIS OF AMLODIPINE - CANDESARTAN AND AMLODIPINE - LISINOPRIL COMBINATION ANTIHYPERTENSION COST EFFECTIVENESS ANALYSIS IN 2020.

Hypertension is a global health problem which is the number 3 cause of death after stroke and tuberculosis, which is 6.7% of the population of deaths at all ages. Hypertension can cause complications by affecting several target organs such as the heart, brain, kidneys, eyes and peripheral arteries due to high blood pressure and how long it has been uncontrolled or untreated. The purpose of this study was to determine the effectiveness of the combination therapy of amlodipine - candesartan and amlodipine - ramipril combination in outpatient hypertension patients at Karanganyar District Hospital in 2020.

Data collection will be carried out in May 2021 to July 2021. The data taken includes medical record data and billing data for hypertensive patients who are undergoing outpatient care at Karanganyar District Hospital from January to December 2020 data collection was carried out using purposive sampling method. Cost-effectiveness analysis was performed by calculating direct medical costs, therapeutic effectiveness, ACER and ICER values.

The results showed that the amlodipine–lisinopril combination therapy was more effective by 88% compared to the 82% amlodipine–candesartan combination. The average direct medical cost for the amlodipine–candesartan combination therapy was Rp. 209,814 and the amlodipine–lisinopril therapy was Rp. 161,847. The amlodipine–lisinopril combination group obtained the lowest ACER value, amounting to Rp 183,917. So it can be concluded that the amlodipine–lisinopril combination therapy is the most cost effective with an ICER value of IDR -7,994 per percent of activity.

Keywords: CEA, Hypertension, Candesartan, Amplodipin, Lisinopril