

INTISARI

Biaya obat antipsikotik atipikal dinilai dapat meningkatkan biaya perawatan skizofrenia dibandingkan antipsikotik tipikal, namun memiliki efek samping sindrom ekstrapiramidal yang lebih minimal daripada golongan tipikal. Penelitian ini bertujuan menganalisis efektivitas biaya penggunaan kombinasi antipsikotik risperidon-klozapin dibandingkan kombinasi risperidon-klorpromazin pada terapi skizofrenia pasien rawat inap di RSJ Prof. Dr. Soerojo Magelang.

Rancangan penelitian menggunakan studi farmakoekonomi secara deskriptif analitik observasional dengan perspektif *provider*/rumah sakit. Data diambil secara restrospektif dari rekam medis periode 2022-2024. Subjek penelitian adalah pasien skizofrenia rawat inap berusia ≥ 18 tahun yang menerima antipsikotik risperidon-klozapin dengan pembandingan risperidon-klorpromazin serta merupakan peserta JKN. Sampel pada penelitian ini sebanyak 41 subjek tiap kelompok. Efektivitas terapi dinilai berdasarkan *Length of Stay* (LOS) dan skor PANSS-EC. Biaya medis langsung dihitung dengan menjumlahkan komponen biaya obat dan biaya lain-lain. Kemudian nilai ICER diperoleh dari selisih rata-rata biaya total kombinasi antipsikotik dibagi dengan *outcome* efektivitas.

Total biaya perawatan pasien skizofrenia dengan regimen risperidon-klozapin (Rp5.947.995 \pm 2.398.728) lebih kecil daripada kombinasi risperidon-klorpromazin (Rp6.584.399 \pm 4.426.25). Tidak terdapat perbedaan signifikan pada total biaya dengan $p=0,407$. Terdapat perbedaan signifikan pada efektivitas terapi risperidon-klozapin berdasarkan penurunan skor PANSS-EC (39,55%) dan risperidon-klorpromazin (33,57 %) dengan nilai $p=0,023$. Selain itu terdapat perbedaan signifikan pada efektivitas risperidon-klozapin berdasarkan rata-rata lama perawatan 9,8 \pm 3,8 hari dan pada risperidon-klorpomazin 12,3 \pm 3,3 hari dengan $p=0,001$. Penggunaan risperidon-klozapin lebih *cost-saving* dibandingkan risperidon-klorpormazin dengan nilai ICER Rp-86.000 (berdasarkan PANSS-EC) dan Rp-65.608 (berdasarkan LOS) sehingga penggunaan risperidon-klozapin dapat dipertimbangkan menjadi pilihan terapi.

Kata kunci : Skizofrenia, *cost effectiveness analysis*, antipsikotik, efektivitas terapi

ABSTRACT

The cost of atypical antipsychotic drugs is considered to increase the treatment expenses of schizophrenia compared to typical antipsychotics; however, they have fewer side effects, such as extrapyramidal syndrome, than those of the typical class. This study aims to analyze the cost-effectiveness of using the antipsychotic combination of risperidone-clozapine compared to the combination of risperidone-chlorpromazine in the treatment of schizophrenia among inpatient cases at RSJ Prof. Dr. Soerojo Magelang.

The research design was a descriptive-analytical observational pharmaco-economic study with a provider/hospital perspective. Data were collected retrospectively from medical records during the 2022–2024 period. The research subjects were inpatient schizophrenia patients aged ≥ 18 years who received risperidone-clozapine compared with risperidone-chlorpromazine and were participants of the JKN Program with a sample of 41 subjects in each group. The effectiveness of the therapy was assessed based on the LOS and the PANSS-EC score. Direct medical costs were calculated by summing the cost components of medication and other related expenses. The ICER value was then obtained by dividing the difference in the average total cost of the antipsychotic combinations by the effectiveness outcomes.

The total treatment cost for schizophrenia patients with risperidone-clozapine regimen (IDR5,947,995 \pm 2,398,728) is lower than risperidone-chlorpromazine combination (IDR6,584,399 \pm 4,426,251). There is no significant difference in the total cost ($p=0.407$). There is a significant difference in the therapeutic effectiveness of risperidone-clozapine based on the reduction in PANSS-EC score (39.55%) compared to risperidone-chlorpromazine (33.57%) with a p -value of 0.023. In addition, there is a significant difference in the effectiveness of risperidone-clozapine based on the average length of stay of 9,8 \pm 3,8 days, compared to 12.3 \pm 3.3 days for risperidone-chlorpromazine, with p -value of 0.001. The use of risperidone-clozapine is more cost-saving compared to risperidone-chlorpromazine, with an ICER value of IDR-86,000 (based on PANSS-EC) and IDR-65,608 (based on LOS), thus the use of risperidone-clozapine can be considered as a therapeutic option.

Keywords : Schizophrenia, cost effectiveness analysis, antipsychotics, therapeutic effectiveness