INTISARI

Depresi merupakan salah satu gangguan mental yang paling umum dan berdampak signifikan terhadap kualitas hidup serta beban sistem kesehatan, terutama di wilayah dengan keterbatasan akses layanan. Sertralin dan fluoksetin, merupakan antidepresan golongan SSRI, kerap digunakan dalam praktik klinis. Penelitian ini bertujuan untuk membandingkan efektivitas klinis dan biaya medik langsung kedua obat melalui analisis efektivitas biaya dari perspektif pembayar dan penyedia layanan kesehatan.

Studi farmakoekonomi ini menggunakan desain rancangan observasional kohort prospektif pada pasien gangguan depresi mayor (GDM) di RSKD Provinsi Maluku. Pengambilan data dilakukan selama 4 bulan dimulai dari Januari hinga April 2026. Efektivitas terapi diukur dengan skor *Montgomery-Asberg Depression Rating Scale* (MADRS) selama 9 minggu, dengan 2 luaran klinis: respons (persentase penurunan ≥50%) dan remisi (Skor MADRS akhir).

Dari penelitian ini didapatkan hasil, rata-rata biaya medik langsung sertralin dan fluoksetin baik dari perspektif pembayar (BPJS) maupun perspektif pemberi layanan (RS) menunjukkan perbedaan signifikan ($p < 0,001$). Perspektif pembayar (BPJS), rata-rata biaya medik langsung regimen sertralin (Rp807.473) lebih tinggi dibanding fluoksetin (Rp754.264). Perspektif pemberi layanan (RS), rata-rata biaya medik langsung regimen sertralin lebih tinggi (Rp590.052) dibanding regimen fluoksetin (Rp426.594). Efektivitas kedua regimen pada kedua luaran klinis sebanding (respons, $p=1,000$ dan remisi, $p=0,241$), maka dilakukan analisis CMA yang menunjukkan fluoksetin lebih hemat biaya pada perspektif BPJS maupun RS.

Fluoksetin terbukti lebih hemat biaya dibanding sertralin pada pasien gangguan depresi mayor di RSKD Maluku, baik dari perspektif BPJS maupun RS. Temuan ini dapat menjadi dasar pengambilan keputusan berbasis bukti dalam pemilihan terapi lini pertama, serta mendukung penyusunan formularium dan alokasi anggaran di wilayah dengan keterbatasan daya seperti Provinsi Maluku.

Kata Kunci: *cost minimization analysis*, sertralin, fluoksetin, antidepresan,

MADRS.

ABSTRACT

Depression is one of the most common mental disorders and has a significant impact on quality of life as well as the burden on health systems, particularly in regions with limited access to services. Sertraline and fluoxetine, both selective serotonin reuptake inhibitors (SSRIs), are frequently used in clinical practice. This study aims to compare the clinical effectiveness and direct medical costs of the two drugs through a cost analysis from the perspectives of both the payer and the healthcare provider.

This pharmacoeconomic study employed a prospective observational cohort design involving patients with major depressive disorder (MDD) at the Regional Psychiatric Hospital of Maluku Province. Data collection was conducted over four months, from January to April 2026. Treatment effectiveness was measured using the Montgomery–Åsberg Depression Rating Scale (MADRS) over nine weeks, with two clinical outcomes: response (≥50% reduction) and remission (final MADRS score).

The results showed that the average direct medical costs of sertraline and fluoxetine differed significantly from both the payer (BPJS) and provider (hospital) perspectives ($p < 0.001$). From the payer's perspective, the average direct medical cost of the sertraline regimen (Rp807,473) was higher than fluoxetine (Rp754,264). From the provider's perspective, the average direct medical cost of sertraline was also higher (Rp590,052) compared to fluoxetine (Rp426,594). Clinical effectiveness of both regimens was comparable (response, $p = 1.000$; remission, $p = 0.241$). Therefore, a cost minimization analysis (CMA) was conducted, which demonstrated that fluoxetine was more cost-saving from both perspectives.

Fluoxetine proved to be more cost-saving than sertraline in patients with major depressive disorder at the Regional Psychiatric Hospital of Maluku Province, from both payer and provider perspectives. These findings may serve as evidence-based guidance for first-line therapy selection and support formulary development and budget allocation in resource-limited regions such as Maluku Province.

Keywords: *cost minimization analysis*, sertraline, fluoksetine, antidepressant,

MADRS.