

## ABSTRAK

Stroke iskemik merupakan salah satu penyebab utama mortalitas dan disabilitas jangka panjang secara global maupun nasional. Dalam penatalaksanaannya, terapi antiplatelet seperti aspirin dan clopidogrel berperan penting dalam pencegahan sekunder untuk menurunkan risiko terjadinya stroke berulang. Meskipun keduanya terbukti efektif secara klinis, terdapat perbedaan dalam aspek biaya yang berpotensi memengaruhi efisiensi pelayanan kesehatan. Oleh karena itu, penelitian ini bertujuan untuk mengevaluasi biaya terapi serta menganalisis efektivitas biaya (Cost-Effectiveness Analysis/CEA) penggunaan aspirin dan clopidogrel pada pasien stroke iskemik di Rumah Sakit Umum Royal Prima periode 2022-2025

Peneliti ini menggunakan desain observasional analitik dengan pendekatan retrospektif berdasarkan data rekam medis pasien. Analisis dilakukan dari perspektif rumah sakit dengan menghitung biaya langsung medis yang mencakup biaya obat, biaya rawat inap, pemeriksaan penunjang, serta tindakan medis selama masa perawatan. Outcome klinis yang digunakan dalam analisis adalah rawat inap. Efektivitas biaya dihitung menggunakan Cost-Effectiveness Ratio (CER) untuk mengetahui besarnya biaya yang dikeluarkan terhadap hasil klinis yang dicapai. Selain itu, dilakukan uji statistik untuk menilai hubungan dan pengaruh lama rawat inap terhadap total biaya terapi.

Peneliti ini diharapkan dapat memberikan gambaran komprehensif mengenai total biaya terapi pasien stroke iskemik serta perbandingan efektivitas biaya antara penggunaan aspirin dan clopidogrel. Hasil penelitian diharapkan menjadi dasar pertimbangan dalam pengambilan keputusan terapi yang rasional, efektif, dan efisien secara ekonomi, serta mendukung optimalisasi alokasi sumber daya di Rumah Sakit Umum Royal Prima.

Kata Kunci : stroke iskemik, aspirin, clopidogrel, analisis biaya, analisis efektivitas biaya, rasio analisis biaya.

## ABSTRACT

Ischemic stroke is one of the leading causes of mortality and long-term disability worldwide as well as nationally. In its management, antiplatelet therapy such as aspirin and clopidogrel plays an important role in secondary prevention to reduce the risk of recurrent stroke. Although both agents have been clinically proven to be effective, differences in cost aspects may influence the efficiency of healthcare services. Therefore, this study aims to evaluate the cost of therapy and to analyze the cost-effectiveness (Cost-Effectiveness Analysis/CEA) of aspirin and clopidogrel use in patients with ischemic stroke at Royal Prima General Hospital during the period of 2022-2025.

This study employed an analytical observational design with a retrospective approach based on patients' medical record data. The analysis was conducted from the hospital perspective by calculating direct medical costs, including medication costs, hospitalization costs, diagnostic examination costs, and medical procedure costs during the treatment period. The clinical outcome used in the analysis was the length of hospital stay. Cost-effectiveness was assessed using the Cost-Effectiveness Ratio (CER) to determine the cost incurred relative to the clinical outcomes achieved. In addition, statistical tests were performed to evaluate the relationship and the effect of the length of hospital stay on the total cost of therapy.

This study is expected to provide a comprehensive overview of the total therapy costs for patients with ischemic stroke as well as a comparison of cost-effectiveness between the use of aspirin and clopidogrel. The findings of this study are expected to serve as a basis for consideration in making rational, effective, and economically efficient therapeutic decisions, as well as to support the optimization of resource allocation at Royal Prima General Hospital.

**Keywords:** ischemic stroke, aspirin, clopidogrel, cost analysis, cost-effectiveness analysis, cost-effectiveness ratio.