

ABSTRAK

Tuberkulosis (TB) merupakan penyakit infeksi yang masih menjadi masalah kesehatan global, dengan terapi obat antituberkulosis (OAT) yang berisiko menimbulkan efek samping hepatotoksik sehingga menyebabkan gangguan fungsi hati. Penggunaan hepatoprotektor sebagai terapi tambahan diperlukan untuk membantu memperbaiki fungsi hati pasien. Penelitian ini bertujuan untuk menganalisis efektivitas biaya penggunaan hepatoprotektor pada pasien tuberkulosis dengan gangguan fungsi hati di Rumah Sakit Paru Dr. H. A. Rotinsulu Bandung periode Januari–Maret 2024. Penelitian ini menggunakan metode deskriptif retrospektif dengan pendekatan farmakoekonomi melalui analisis *Average Cost-Effectiveness Ratio* (ACER) dan *Incremental Cost-Effectiveness Ratio* (ICER). Sampel penelitian berjumlah 66 pasien yang memenuhi kriteria inklusi. Hasil penelitian menunjukkan bahwa hepatoprotektor yang paling banyak digunakan adalah Curcuma FCT® sebanyak 52 pasien (78,8%), diikuti asam ursodeoksikolat 11 pasien (16,7%), dan Provital Plus® 3 pasien (4,5%). Efektivitas klinis tertinggi diperoleh Provital Plus® sebesar 100%, diikuti Curcuma FCT® 71,15%, asam ursodeoksikolat 45,45%. Hasil analisis ACER menunjukkan Curcuma FCT® memiliki nilai terendah sebesar Rp23.912,86. Analisis ICER antara Curcuma FCT® dan Provital Plus® menunjukkan nilai sebesar Rp383.032,929. Berdasarkan hasil penelitian, Curcuma FCT® dapat dipertimbangkan sebagai terapi hepatoprotektor yang paling cost-effective pada pasien tuberkulosis dengan gangguan fungsi hati.

Kata kunci: Tuberkulosis, Hepatoprotektor, *Cost-Effectiveness Analysis*, ACER, ICER.

ABSTRACT

Tuberculosis (TB) is an infectious disease that remains a major global public health problem. Anti-tuberculosis drug (ATD) therapy carries a risk of hepatotoxic adverse effects, which may lead to liver dysfunction. Therefore, hepatoprotective agents are commonly administered as adjunctive therapy to help improve liver function. This study aimed to analyze the cost-effectiveness of hepatoprotective agents in tuberculosis patients with liver dysfunction at Dr. H. A. Rotinsulu Lung Hospital, Bandung, during the period of January–March 2024. This study employed a retrospective descriptive design using a pharmacoeconomic approach through the analysis of the *Average Cost-Effectiveness Ratio* (ACER) and the *Incremental Cost-Effectiveness Ratio* (ICER). A total of 66 patients who met the inclusion criteria were included in the study. The results showed that Curcuma FCT® was the most frequently prescribed hepatoprotective agent, used in 52 patients (78.8%), followed by ursodeoxycholic acid in 11 patients (16.7%) and Provital Plus® in 3 patients (4.5%). Provital Plus® demonstrated the highest clinical effectiveness (100%), followed by Curcuma FCT® (71.15%) and ursodeoxycholic acid (45.45%). The ACER analysis indicated that Curcuma FCT® had the lowest ACER value of IDR 23,912.86. The ICER analysis comparing Curcuma FCT® and Provital Plus® yielded a value of IDR 383,032.929. Based on these findings, Curcuma FCT® can be considered the most cost-effective hepatoprotective therapy for tuberculosis patients with liver dysfunction.

Keywords: Tuberculosis, Hepatoprotective Agents, Cost-Effectiveness Analysis, ACER, ICER.