

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Glaucoma: diagnosis and management (update) (short: Glaucoma)

2 List of modelling questions

Review question(s) by scope area	<p>Pharmacological treatment</p> <p>Q6: Is treatment of Ocular Hypertension overall clinically and cost effective? If so, which pharmacological treatment is the most clinically and cost effective and the least harmful, out of the following: Prostaglandin Analogues, Carbonic Anhydrase Inhibitors, Beta-Blockers, Sympathomimetics, Miotics, preservative-free solutions, fixed-combination solutions, Systemic Carbonic Anhydrase Inhibitors.</p> <p>Q7: Which are the most clinically and cost effective and least harmful pharmacological treatments for lowering Intraocular Pressure and preserving visual field in people with Chronic Open Angle Glaucoma, out of the following (same list as previous question)</p>
Population	<p>Group 1: People newly diagnosed with Ocular Hypertension</p> <p>Group 2: People newly diagnosed with Chronic Open Angle Glaucoma</p>
Interventions and comparators considered for inclusion	<p>Intervention A: No Treatment</p> <p>Intervention B: Beta-Blockers</p> <p>Intervention C: Prostaglandin Analogues</p>
Perspective	National Health Service and Personal Social Services
Outcomes	Costs and Quality Adjusted Life Years
Type of analysis	Cost–Utility Analysis
Issues to note	The cost–utility analysis assessed the cost effectiveness of the pharmacological treatments that are strictly licenced for first line treatment therefore only Beta Blockers and Prostaglandin Analogues were included in the analysis.