Prostaglandin analogues for ophthalmic use: analysis of clinical and cost-effectiveness

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Record Status
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Citation

Authors' objectives
"The objective of this analysis is to perform a systematic review and economic evaluation of PGAs for the treatment of increased IOP, using evidence from published and unpublished randomized controlled trials (RCTs)." (executive summary)

Authors' conclusions
Implications for Decision Making

Not all PGAs are the same. There is evidence that latanoprost and travoprost reduce IOP more effectively than timolol. The same evidence does not exist for bimatoprost.

Timolol that is used as a first-line option could represent an optimal use of scarce resources. For appropriate patients, it would be preferable, from a cost-effectiveness standpoint, to start treatment with timolol and reserve the PGAs as an alternative treatment or as add-on therapy for patients not achieving a clinical response with timolol.

PGAs may be cost-saving, depending on the alternative. Compared to dorzolamide, latanoprost is more effective and less costly. Compared to brimonidine, latanoprost is associated with additional costs, at a lower cost per mm Hg reduced.

The long-term benefit from PGAs is unclear. There is no evidence that greater reductions in IOP translate into reductions in visits to a physician or surgical procedures, or an increase in health-related quality of life.

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