OBJECTIVES:

- Visual impairments of the eye have a huge impact on patients' quality of life. They restrict the work ability and daily life of patients and it undeniably could bring blindness.
- The number of people with visual impairment is increasing. Around 73% of these might be available with partially treated [1].
- In the last 15 years, several methods for visual improvements have been developed by HTA authorities in this field. This study provides a comparison of benefit assessments for the reimbursement evaluation of the Prismaccess® database. Within this field, an easy-to-color-scale and shows the availability of therapies for patients.

METHODS:

The international HTA database Prismaccess® includes benefit assessments, including the UK NICE Expert Panel, Swedish AMNO, AWMSG, G-BA Germany, TGL Sweden, JN Netherlands, ACPG independent and regional decisions from Italy and Spain. All decisions are optimised for a systematic reimbursement analysis. Excluded from the current analysis are decisions of other regions or non-reimbursement.

- The international HTA database Prismaccess® includes over 20,000 decisions by marked access authorities worldwide.
- This study includes the decisions of the following authorities (countries):
  - UK - Transparency Committee National (TCL) / CEGEP
  - France - Transparency Committee Haute Autorité de Santé - TCAM / CEGEP
  - Iceland - National Panel for Health and Welfare, Iceland
  - Scotland - Scottish Medicines Consortium - SMC
  - Switzerland - Swiss Medical Grouping Strategy System - AMNO
  - Germany - Federal Joint Committee - G-BA
  - Sweden - The Swedish and Danish Pharmaceutical Benefit Agency (Swedish Likamed-Verken)
  - Netherlands - The National Health Care Institute (Zorginstituut Nederland)
  - Norway - Norwegian Centre for Pharmacoeconomics – NCEP
  - Italy - Decisions on regional level of the Regions Roma-Fagiano
  - Sweden - National Board of Health and Welfare (TLV)
  - Australia - National Board of Health and Welfare (PBAC)

All decisions are labelled according to the national rating. Table 1 explains the national reimbursement grading systems and additionally an overall comparable rating system.

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