PF fixed combination (DTFC PF), and tafluprost/FF/innolot FF unixed-combination (TUF PF) for the treatment of primary open-angle glaucoma (POAG). Probabilistic sensitivity analysis was performed to estimate lifetime costs and outcomes. The analysis was performed from a UK NHS perspective. No head-to-head evidence was available for BTF/FF versus the comparators; therefore, effectiveness estimates were based on the mean lowering of intraocular pressure (IOP) at Week 12 were estimated using a mixed treatment comparison (MTC). Estimates of visual field progression were taken from the literature and modelled by an irreversible decrease in QALYs at an annual rate of 1.97% per year. Baseline visual field levels for each of the health states were obtained using a clinician survey. All costs and utilities were obtained from published literature. From Year 8 onwards, all transition probabilities were based on the natural history of disease. Baseline QALYs were calculated from the literature (for the best-seeing eye) and a Canadian utility study for the worst-seeing eye. Resource use was collected from published literature and standard Canadian sources. Costs and outcomes were discounted at 5% as recommended by Canadian guidelines. The cost-utility analysis was performed. Results: The base case model predicted a gain of 0.20 QALYs and avoided 0.63 years of treatment followed by 8 years of best supportive care (BSC). Medical and non-medical resource use and efficacy during treatment were based on observational patient-level data from the RESTORE study (ROPV study). No observational data were available for pegaptanib. Efficacy was obtained from the Quebec health care and societal perspectives. Further analysis of Rifenix and IVT-AFL followed by 8 years of best supportive care (BSC). Medical and non-medical resource use and efficacy during treatment were based on observational patient-level data from the RESTORE study (ROPV study). No observational data were available for pegaptanib. Efficacy was obtained from the Quebec health care and societal perspectives. Further analysis of Rifenix and IVT-AFL.