

Country and Authors of guidelines	Perspective adopted and preferred analytical techniques
Australia Pharmaceutical Benefits Advisory Committee (PBAC, 2008)	Perspective: public payer Analytical methods: CMA, CEA, CUA are accepted but the technique adopted must be justified
Belgium Health Care Knowledge Centre (KCE, 2012)	Perspective: health care payer (social insurance and patients) Analytical methods: If improving life expectancy is the main objective of the treatment and the most important outcome for the patient: CEA; if the treatment has an impact on health-related quality of life that is significant to the patient or if there are multiple patient-relevant clinical outcome parameters expressed in different units that cannot be translated into one common unit in a valid way: CUA (CBA not accepted)
Canada Canadian Agency for Drugs and Technologies in Health (CADTH, 2011)	Perspective: several perspectives accepted but should be presented separately Analytical methods: Where clinical outcomes are final (an event that is relevant and noticeable to patients): CEA/CUA Where clinical outcomes are intermediate (subjective clinical measures where extrapolation of health benefits to life-years or QALY is more difficult, non clinical endpoints, or surrogate endpoints): CEA/CUA If data are not available to support the relationship between surrogate and final clinical outcomes a CCA is required
Italy	No guidelines
Korea Health Insurance Review and Assessment service (HIRA)	Perspective: public payer or societal Analytical methods: CEA/CUA
Norway The Norwegian Medicines Control Authority (NoMA, 2005)	Perspective: Limited Societal perspective Analytical methods: CMA, CEA, CUA, CBA are accepted but the choice of technique must be justified.
Sweden Pharmaceutical Benefits Board (TLV, 2003)	Perspective: Societal Analytical methods: CEA/CUA is recommended, CBA where QALY are difficult to use. If the effects of the new products are comparable to those of the best comparable treatment, then a cost comparison is sufficient.
Netherlands Foundation for Health Care and University (2006)	Perspective: societal Analytical methods: CEA, CUA, no CMA
UK: Scotland Scottish Medicine Consortium (SMC, 2007)	Perspective: National health system and patients Analytical methods: CMA, CEA, CCA, CUA, CBA accepted, choice needs to be justified.
UK: England & Wales National Institute for Health and Clinical Excellence (NICE, 2008)	Perspective: National Health System and Personal Social Services (PSS) Analytical methods: CEA or CUA for the reference case are the preferred forms of economic evaluation.
France Haute Autorité en Santé (HAS, 2011)	Pharmaco-economic assessment is <u>not yet used in R&P process</u> but will be from October 2013. Perspective: all financing agents Analytical methods: CEA/CUA
Germany Institute for quality and efficiency in health care (IQWiG, 2009)	Pharmaco-assessment is <u>not used in the R&P process</u> . Perspective: statutory health insurance and patients Analytical methods: Efficiency frontier method based on a CEA, but CUA also possible.

Sources: Country profiles, National Guidelines