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Reply to Scalone and Cortesi: “Cost-Utility Analysis of Biologic Therapies to Treat Chronic Plaque Psoriasis in Italy: The Importance of Using Updated and Adequate Social Tariffs to Calculate QALYs”

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Scalone and Cortesi [1] point out that our paper does not mention the social tariffs used to convert EQ-5D-3L into quality-adjusted life-years (QALYs). The answer is straightforward: we applied the UK social tariffs—those most employed in Italy at the time of our research. Indeed, just a few months before our paper was published, Scalone et al. [2] published new tariffs, specific for Italy, but our elaborations had already been finalized when their paper was published.

The subject of transferability is of great interest, and consequently it would seem worthwhile to provide a few more comments.

In the first place, having a specific algorithm for Italy is undoubtedly very important; it is also certainly desirable that this be referred to in the future for that which regards work carried out for the Italian population. But, in the

specific case of our paper, the aim was not so much to calculate the value of the cost per QALY of treatments for the purpose of reimbursement decisions, as whether or not to confirm the results of the pivotal trials in real practice.

Our results may obviously be relevant to public authorities in terms of organization of assistance in addition to (and perhaps more than) terms of pricing/reimbursement. It is from this retrospective viewpoint that we believe that use of the new social tariffs would establish a bias in the comparison; in fact, most of the previous studies used the UK social tariffs.

Coming back to the prospective impact of the new evidence provided by Scalone et al. [2], obviously in the presence of analysis aimed at making prospective decisions regarding public reimbursement for a certain treatment, the use of country-specific data regarding the population being

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surveyed is certainly desirable. But it is likewise obvious that the most pragmatically relevant aspect pertains to how much the new social tariffs can modify the results of cost-utility models and how much this can subsequently modify public decisions.

In view of the first aspect, in their letter Scalone and colleagues refer to the fact that the utility indexes obtained with the Italian social tariffs estimated in the paper published in 2013 are systematically higher than those obtained with the UK and Spanish algorithms; moreover, they add that this can potentially generate lower QALY differences (gains) between two treatment options, therefore modifying evaluations. This is obviously possible, but additional in-depth studies are necessary in order to evaluate the intensity of the effect and, pragmatically, to appreciate whether this could be “absorbed” by sensitivity analysis.

Referring to the second aspect, one must add that the cost per QALY—and therefore efficiency—is only one of the elements taken into consideration (at least) by Italian regulatory authorities, who have never actually taken a clear stand regarding the threshold of social acceptability. Clearly, the maximum decision-making impact would be obtained through “mechanical” employment of the

approach, but it suffers for a decisions process based purely upon efficiency. But a strictly unidimensional approach like this entails that when taking two populations into consideration, with equal conditions except for that relative to the utility index, we would obtain completely different access to treatment, and this is not exempt from implications in equitable terms.

Therefore, without prejudice to the principle according to which use of specific data regarding the population in question is the appropriate approach, the actual impact upon decisions, within a multidimensional setting, is a priori debatable.

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