



Table 1: OECD country classification on the use of cost per QALY in decision-making

Country	QALY use classification	Official guidance	Literature/ non-official document
Australia	Formal QALY use	(PBAC, 2016)	(Wang, Gum and Merlin, 2018)
Austria	Informal QALY use	(AIHTA, 2012, 2020)	(BMSGPK 2024; Wild, 2000)
Belgium	Formal QALY use	(KCE, 2008, 2021)	(Pil et al., 2016)
Canada	Formal QALY use	(CDA-AMC, 2018)	(Balijepalli et al., 2022; Menon and Stafinski, 2009; AIHTA, 2024)
Chile	Informal QALY use	(MINSAL, 2013)	(Giedion et al., 2023; Rosselli et al., 2017)
Colombia	Informal QALY use	(IETS, 2014)	(Castro, Moreno-Mattar and Rivillas, 2018)
Costa Rica	No QALY use		(Giedion et al., 2023)
Czech Republic	Formal QALY use	(CFES, 2020)	(Gulácsi et al., 2014; AIHTA, 2024)
Denmark	Formal QALY use	(DMC, 2021)	(Shire et al., 2023)
Estonia	Formal QALY use	(EHIF, 2025)	(AIHTA, 2024)
Finland	Formal QALY use	(HILA, 2019)	
France	Informal QALY use	(HAS, 2020)	
Germany	Informal QALY use	(IQWiG, 2023)	
Greece	Formal QALY use		(Chantzaras et al., 2024; Mavrodi and Aletras, 2020; OHE, 2023a)
Hungary	Formal QALY use	(OGYEI, 2024)	
Iceland	No QALY use	(Icelandic Ministry of Health, 2019)	(EU Commission, 2017)

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Ireland	Formal QALY use	(HIQA, 2019)	
Israel	No QALY use		(Mha et al., 2008; Shmueli, 2009)
Italy	Informal QALY use	(AIFA, 2020)	(Russo et al., 2023)
Japan	Formal QALY use	(C2H, 2024)	(AIHTA, 2024; Hasegawa et al., 2020)
South Korea	Formal QALY use	(HIRA, 2021)	(AIHTA, 2024; Bae et al., 2016; Zhang and Garau, 2020)
Latvia	Formal QALY use	(OECD, 2020)	(AIHTA, 2024; Augustyńska et al., 2022)
Lithuania	Formal QALY use	(LRV, 2023b; a)	
Luxembourg	No QALY use		(BeNeLuxA, 2021; Wagener, 2000)
Mexico	Formal QALY use	(CSG, 2017)	(Alarid-Escudero et al., 2014; Gilardino et al., 2020; Gómez-Dantés and Frenk, 2009; Stuwe et al., 2015)
Netherlands	Formal QALY use	(ZIN, 2024)	(OHE, 2023c)
New Zealand	Formal QALY use	(PHARMAC, 2015)	
Norway	Formal QALY use	(NoMA, 2018)	(AIHTA, 2024; Zhang and Garau, 2020)
Poland	Formal QALY use	(AOTMiT, 2016)	(Gulácsi et al., 2014; AIHTA, 2024)
Portugal	Formal QALY use	(INFARMED, 2019)	
Slovak Republic	Formal QALY use	(MZ SR, 2011)	(AIHTA, 2024; OHE, 2023d)
Slovenia	Formal QALY use	(HIIS, 2015; UL RS, 2013)	(Detiček et al., 2018)
Spain	Formal QALY use	(Ministerio de Sanidad, 2024)	(AIHTA, 2024; Ministerio de Sanidad, 2015; OHE,

			2023b; Trapero-Bertran et al., 2025)
Sweden	Formal QALY use	(Socialstyrelsen, 2021; TLV, 2003)	(Dahlstrand, Sandberg and Mitrut, 2016)
Switzerland	Formal QALY use	(FOPH, 2022, 2024)	(Pavic, Pfeil and Szucs, 2014; Pfeil et al., 2015)
Türkiye	Informal QALY use	(SGK, 2024)	(Avşar and Yıldırım, 2023; OHE, 2024; Tugay et al., 2023)
United Kingdom	Formal QALY use	(NICE, 2022; SMC, 2024)	(AIHTA, 2024)
United States	No QALY use	(ICER, 2020)	(AIHTA, 2024; Enright et al., 2025 Kaplan et., al 2024)

Table 2. QALY use classification

QALY use classification	Methodological criteria for classification
Formal QALY use	QALY and cost-utility data are explicitly considered in medicine P&R decision-making process, as documented in official method guidance and published literature
Informal QALY use	QALY and cost-utility data are mentioned in official guidance and published literature, and may be considered among other decision criteria for medicine P&R. However, their use is not compulsory and/or HTA recommendations are not legally-binding.
No QALY use	QALY and cost-utility data are not mentioned in any official guidance or published literature; or they are explicitly excluded.

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