How Informative Are French Health Economic Evaluations for Pricing Decisions in oncology products?

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CONTEXT

In France, health economic evaluation is required for healthcare products claiming substantial added clinical value and expected to significantly affect healthcare expenditure. The resulting cost-effectiveness evidence is intended to inform price negotiations between manufacturers and the Economic Committee for Healthcare Products (CEPS).

OBJECTIVES

To assess whether French health economic evaluations generate interpretable evidence and explored the relationship between cost-effectiveness results, added clinical benefit (ASMR), and pricing outcomes.

METHODS

All economic opinions on oncology products issued by the French Economic and Public Health Assessment Committee[1] (CEESP) since 2020 were reviewed.

Evaluations were considered interpretable when no major methodological concern or overall uncertainty was identified by the CEESP. For interpretable evaluations, incremental cost-effectiveness ratios (ICERs) and daily treatment costs (DTCs) were analyzed according to ASMR level and therapeutic area. DTCs were calculated using publicly available list prices where available, and in accordance with the CEPS methodological approach[2].
One-time treatments, such as CAR-T cell therapies, were excluded from the price analysis.

CONCLUSION

Most oncology evaluations provided interpretable cost-effectiveness estimates, representing a potentially useful evidence **base for pricing discussions**. These exploratory findings **suggest consistency between** recognised clinical benefit and economic results, with greater added clinical benefit associated with lower mean ICERs. Higher mean daily treatment costs, derived from negotiated public list prices, were also observed in categories with greater clinical benefit, suggesting **alignment between clinical value and public pricing outcomes. Within ASMR III, higher ICERs tended to coincide with higher daily treatment costs**.

These findings provide **preliminary empirical reference** points that may help contextualise future evaluations and inform pricing discussions. However, the small, selected pricing sample, heterogeneity across evaluations and lack of confidential net price data warrant caution.

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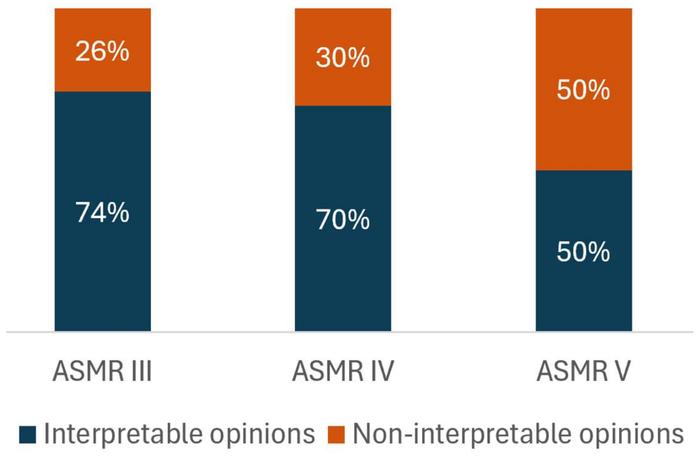
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RESULTS

- **During the review, 64 evaluations in oncology were screened, and 45 (70%) economic opinions were included in the analysis**, while 19 (30%) were considered non-interpretable due to major methodological concerns (n=16) or major overall uncertainty (n=3). Among interpretable economic opinions, DTCs could be calculated for 27 of them.
- **ASMR III accounts for the largest proportion of opinions** (n=35, 55%), followed by ASMR IV (n=20, 31%) and ASMR V (n=8, 13%). ASA III was granted for one opinion.

FIGURE 1. Distribution of interpretable and non-interpretable opinions by ASMR level

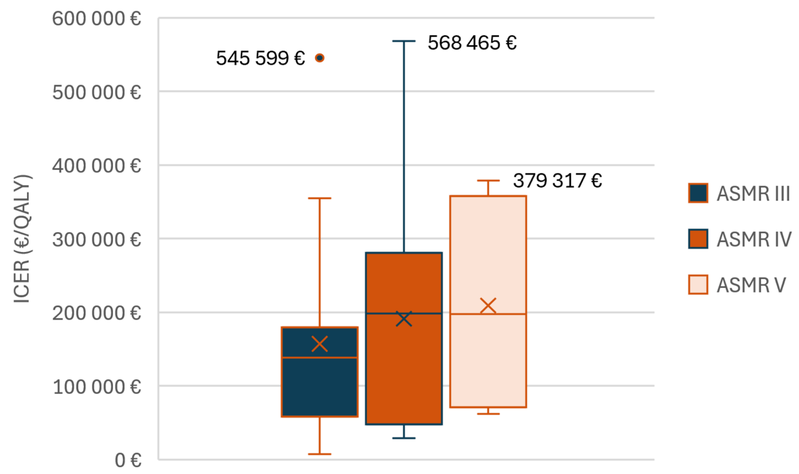


Non-interpretable opinions are more frequently associated with ASMR V (50%), whereas **interpretable opinions are more concentrated in ASMR III** (74%).

RDCR analysis

Mean ICERs increased as added clinical benefit decreased, from approximately €157,000 for ASMR III to €210,000 for ASMR V.

FIGURE 2. ICER distribution by ASMR level



- **Median ICERs vary substantially across cancer types**, from €100,396/QALY for gastrointestinal cancers to €379,317/QALY for myeloma. **Variability is particularly high for myeloma and leukemia**, while **gastrointestinal cancers show more homogeneous results**. These findings should be interpreted cautiously due to unequal sample sizes (3-14 observations per indication).
- **Comparator availability in the therapeutic strategy was associated with lower median ICERs for ASMR III** (€136,736 vs. €169,780/QALY), but **higher median ICERs for ASMR IV** (€222,582 vs. €68,883/QALY).

Price analysis

- **Median daily treatment costs decreased from ASMR III to ASMR V.**

ASMR level	Median DTC
ASMR III	240 €
ASMR IV	235 €
ASMR V	112 €

- Among drugs granted an ASMR III rating for which a DTC could be calculated, a trend appears to emerge, suggesting that **higher ICERs are associated with higher DTCs** (Figure 4). This trend was generally observed across the different cancer subcategories for which at least two economic opinions were available, with the exception of gastrointestinal cancers.

FIGURE 3. ICERs according to daily treatment costs (DTCs) by ASMR level

