

LEVEL OF ICER OF HEALTH ECONOMIC ASSESSMENT IN FRANCE IN 2024

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CONTEXT

IN FRANCE, THE MAIN OBJECTIVE OF THE HEALTH ECONOMIC ASSESSMENT IS TO INFORM THE PRICE NEGOTIATION, THROUGH THE INCREMENTAL COST-EFFECTIVENESS RATIO (ICER).

The methodological validity of the ICER is appraised by the Economic & Public Health Assessment Commission (CEESP). The framework agreement signed between the pharmaceutical industry and the French Pricing Committee (CEPS) stipulates that economic evaluation can only be considered **in negotiations if there is no major methodological reservation or global major uncertainty.**

OBJECTIVE & METHODS

Using the **Vyoo Agency database**, which collects all the opinions published by the CEESP since 2014, validated health economics assessments published by CEESP between January 1st and December 31st, 2024, were reviewed to analyze the levels of ICERs.

MATERIAL

In 2024, 19 economic opinions were published on the HAS database. In these opinions, 8 (42%) economic evaluations are not invalidated by the CEESP. Considering the subpopulation analyses, 9 ICERs are validated by the HAS.

The analysis focuses on the 9 ICERs reported in these opinions.

RESULTS

Three out of 9 ICERs concern oncology (i.e solid tumours) treatments, 4 infectiology, 1 cardiology and 1 hematology.

The levels of ICER vary widely:
 2 ICERs is below €50,000/QALY,
 3 between €50,000 and €150,000/QALY
 and 2 between €150,000 and €250,000/QALY.

— **Two treatments were dominant, and none was dominated.**

FIGURE 1. PROPORTION OF VALIDATED ICER BY THERAPEUTIC AREA

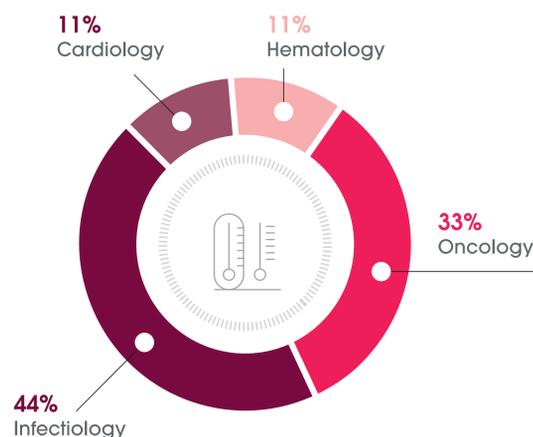


FIGURE 2. DISTRIBUTION OF ICERS BY LEVEL

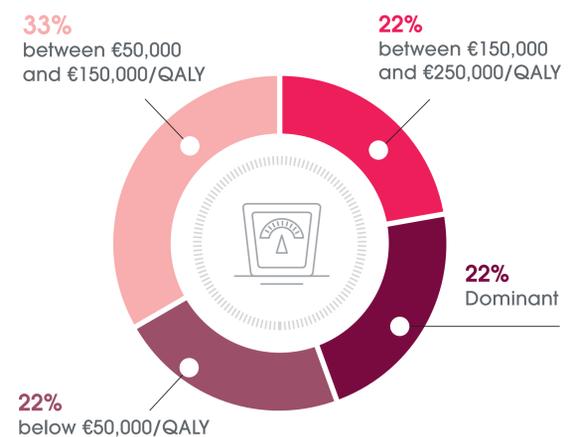


FIGURE 3. ICER VALUE AND AVERAGE IN €/QALY

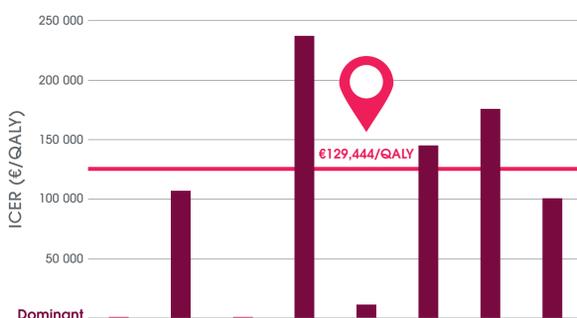
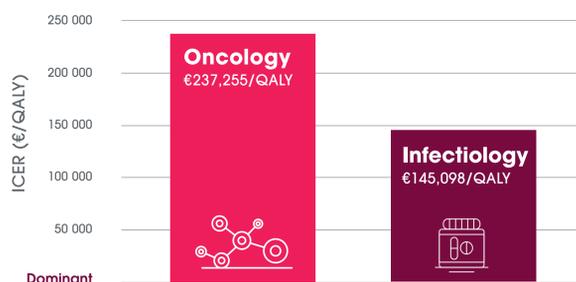


FIGURE 4. VARIABILITY OF ICER IN €/QALY BY THERAPEUTIC AREA



In 2024, the average ICER across all therapeutic areas is €129,444/QALY, a decrease of

➔ **66%** compared to 2023 (€382,627/QALY).

For cancer treatments, ICERs varied between dominance and €237,255/QALY (highest validated ICER in 2024).

And for infectiology treatments, ICERs ranged from a dominance to €145,098/QALY.

Dominant treatments were Vaxneuvance for pneumococcus meningitis and nivolumab in eArly NSCLC.

CONCLUSION

The French levels of ICER are high compared to those accepted abroad, notably the UK. This is partly explained by CEESP's methodological requirements on one side and the fact that the cost-effectiveness analysis is conducted on the

treatment price before negotiations with the French Pricing Committee. The CEESP's recommendations for exploring and controlling uncertainty leads to the selection of conservative assumptions to prevent any risk of underestimating ICER.

Another observation is that ICER varied widely, but though less than last year. The approach of dealing with uncertainty by favouring the choices that are least favourable to the product studied could explain some of this variability.

References

Vyoo Agency efficiency database. Online subscription only : <https://efficience.vyoo-agency.com/>
 Choices in methods for economic evaluation – HAS. 2020. https://www.has-sante.fr/upload/docs/application/pdf/2020-11/methodological_guidance_2020_-choices_in_methods_for_economic_evaluation.pdf.
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