

Background and objectives

- Unlike several European health technology assessment bodies with explicit cost-effectiveness thresholds, France’s Haute Autorité de Santé (HAS) does not define a formal willingness-to-pay (WTP) threshold for reimbursement decisions.¹
- While the Economic and Public Health Evaluation Committee (CEESP) critiques health economic analyses, it remains unclear whether it applies a consistent implicit Incremental Cost-Effectiveness Ratio (ICER) ceiling, or whether that threshold varies between orphan and non-orphan treatments.
- Orphan designation in the European Union (EU), as per the European Medicines Agency (EMA), applies to medicines intended for rare conditions with a prevalence no greater than 5 in 10,000 people. It is a regulatory status that can influence evidence expectations and access pathways.²

“At the present time in France, public decision-makers do not regulate prices and rates of healthcare products with reference to a particular cost-effectiveness threshold.”³

- We aimed to determine whether an implicit WTP threshold can be inferred for orphan and non-orphan treatments from CEESP opinions issued between 2024 to 2025.

Methods

- All single-technology CEESP opinions on the HAS website from 1 January 2024 to 30 September 2025 were screened.
- Records were eligible if they included at least one ICER expressed in euros per Quality-Adjusted Life Year (QALY).
- Orphan status was assigned if explicitly stated in the

economic analyses. For each dossier, the base-case ICER, Amélioration du Service Médical Rendu (ASMR), and Service Médical Rendu (SMR) ratings were collected.

- ICER distributions were summarised with medians and inter-quartile ranges (IQR) and stratified by orphan and non-orphan treatments.

Results

- We screened 29 CEESP opinions. Of these, 23 met our eligibility criteria and were included. Two products within this group reported multiple ICERs for different populations: one product provided three ICERs, and another provided two. We treated each of these ICERs as a separate entry in our analysis, resulting in a total of 26 ICERs included in our research.
- Among the 26 ICERs included, we identified 12 ICERs for orphan treatments and 14 ICERs for non-orphan treatments.
- The median ICER for orphan treatments was €495,000 per QALY (IQR: €162,000 – €2,174,000; range: €116,000 – €4,700,000), compared to €104,000 per QALY for non-orphan treatments (IQR: €59,000 – €166,000; range: €12,344 – €276,000) (Figure 1).
- Although not a primary focus of this research, our analysis revealed the median ICER was €256,581 per QALY for oncology treatments and €152,033 per QALY for non-oncology treatments over the corresponding time period.
- A larger share of orphan submissions exceeded typical ICER thresholds: 92% were >€150,000 per QALY and 58% were >€300,000 per QALY. In contrast, for non-orphan submissions, 29% were >€150,000 per QALY and 0% were >€300,000 per QALY.
- Figure 2 presents the association between ASMR levels and ICERs for non-orphan treatments within the analysed

time period. Non-orphan treatments with low added benefit ratings have progressively higher ICERs compared with non-orphan treatments with higher added benefit ratings, suggesting higher confidential discounts are likely to be required for treatments with lower added benefit ratings.

Figure 1 : ICERs (€/QALY) distribution by orphan status

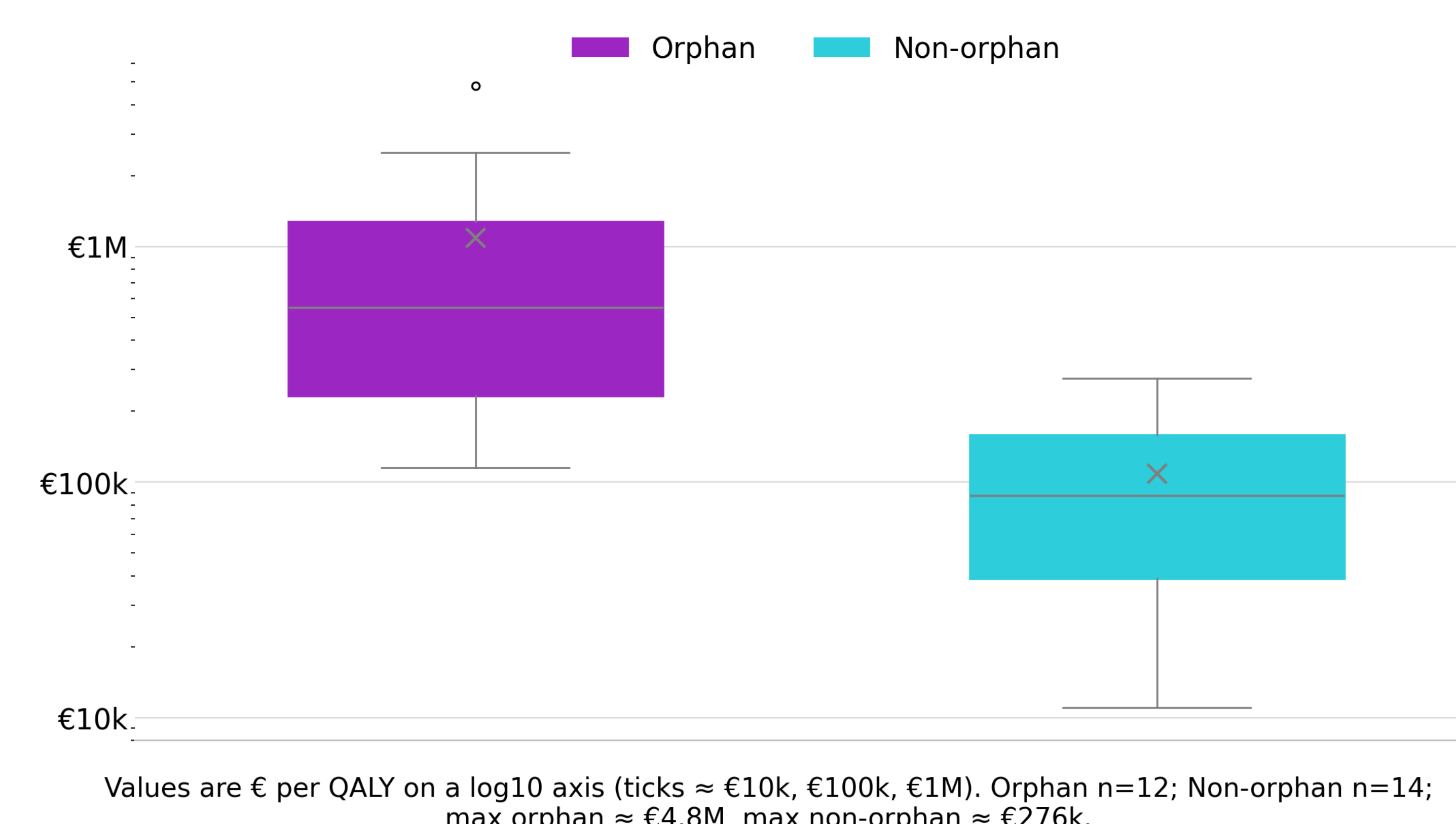
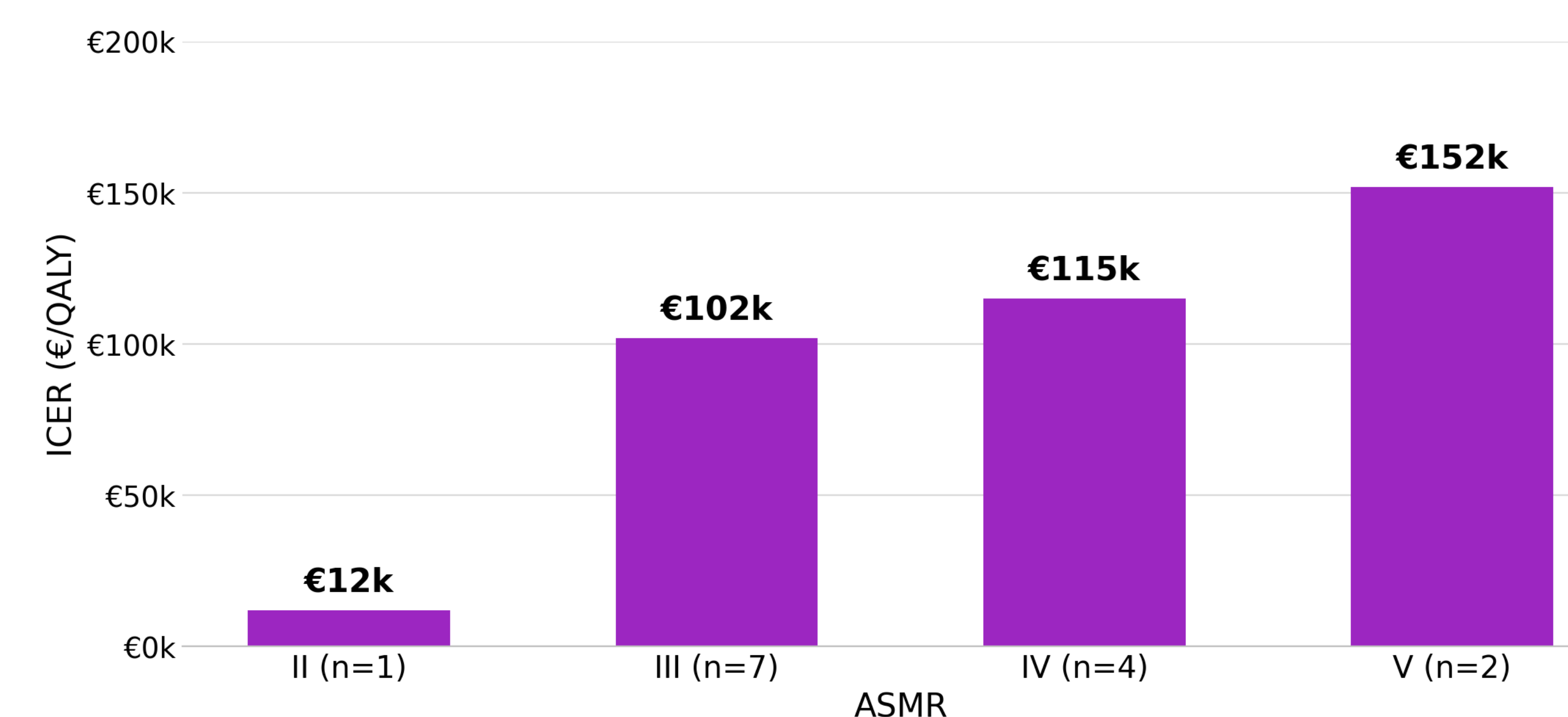


Figure 2 : Median ICERs (€/QALY) by ASMR for non-orphan treatments



Conclusion

- The median WTP threshold for orphan treatments are, on average, approximately five times higher per QALY than non-orphan treatments; with non-orphan treatment ICERs rarely exceeding €150,000 per QALY and orphan treatment ICERs often reaching greater than €300,000 per QALY.
- Among non-orphan treatments, ICERs were higher when the ASMR rating was IV–V compared with II–III.

Acknowledgements

Acumetis supported this analysis.
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References

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2. Annual report of the European Medicines Agency 2009, Annual report of the European Medicines Agency 2009, May 2010.
3. Haute Autorité de Santé. Doctrine of the Commission for Economic and Public Health Evaluation. July 2021.