

PNS73 – WHAT IS THE VALUE FOR A QALY IN FRANCE?

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BACKGROUND

MARKET ACCESS CONTEXT

Since October 2013, health-economic assessment has been integrated into the regulatory process for market access of drugs and medical devices in France.¹

- A cost-effectiveness/utility analysis is submitted to the French health authority (HAS) for products with anticipated moderate to major clinical added value and annual revenue greater than €20 million
- The Economic and Public Health Assessment Committee (CEESP), is then in charge of the appraisal. Until now, CEESP opinions focus on methodological reliability of the cost-effectiveness analysis rather than on qualifying the ICER given the fact no official threshold, or reference value exists in France
- The appraisal aims to provide relevant information to the French Pricing Committee (Comité Economique des Produits de Santé - CEPS) in order to enlight price negotiations.

THE THRESHOLD ISSUE

The relevance of a cost-effectiveness threshold has been the subject of a longstanding debate in France as in other countries.

The HAS has published a literature survey in 2014² which aimed at identifying methods used to set an acceptable threshold.

→ No “single best method” was identified and authors argued that more research on C/E threshold is needed.

French health authorities have also recently clearly expressed their need to have such a reference^{3,4}.

THE VSL OPPORTUNITY

Official estimates of the Value of Statistical Life (VSL) have been available in France since 1992⁵

In 2013,⁶ a €3 million VSL was proposed by the French General Commission for Strategy and Prediction.

- French VSL was derived directly from a meta-analysis (MA) performed by the OECD in 2010 ^{7,8} on the basis of an international review of preference-based studies.
- It was recommended that VSL should be considered the same for all individuals to reflect the “collective willingness to guarantee that, in healthcare, the commitment is the same whatever the area and individuals who are involved”

There is an opportunity to derive Value of a Life Year (VoLY) or Value of a Statistical QALY (VSQ) from VSL.

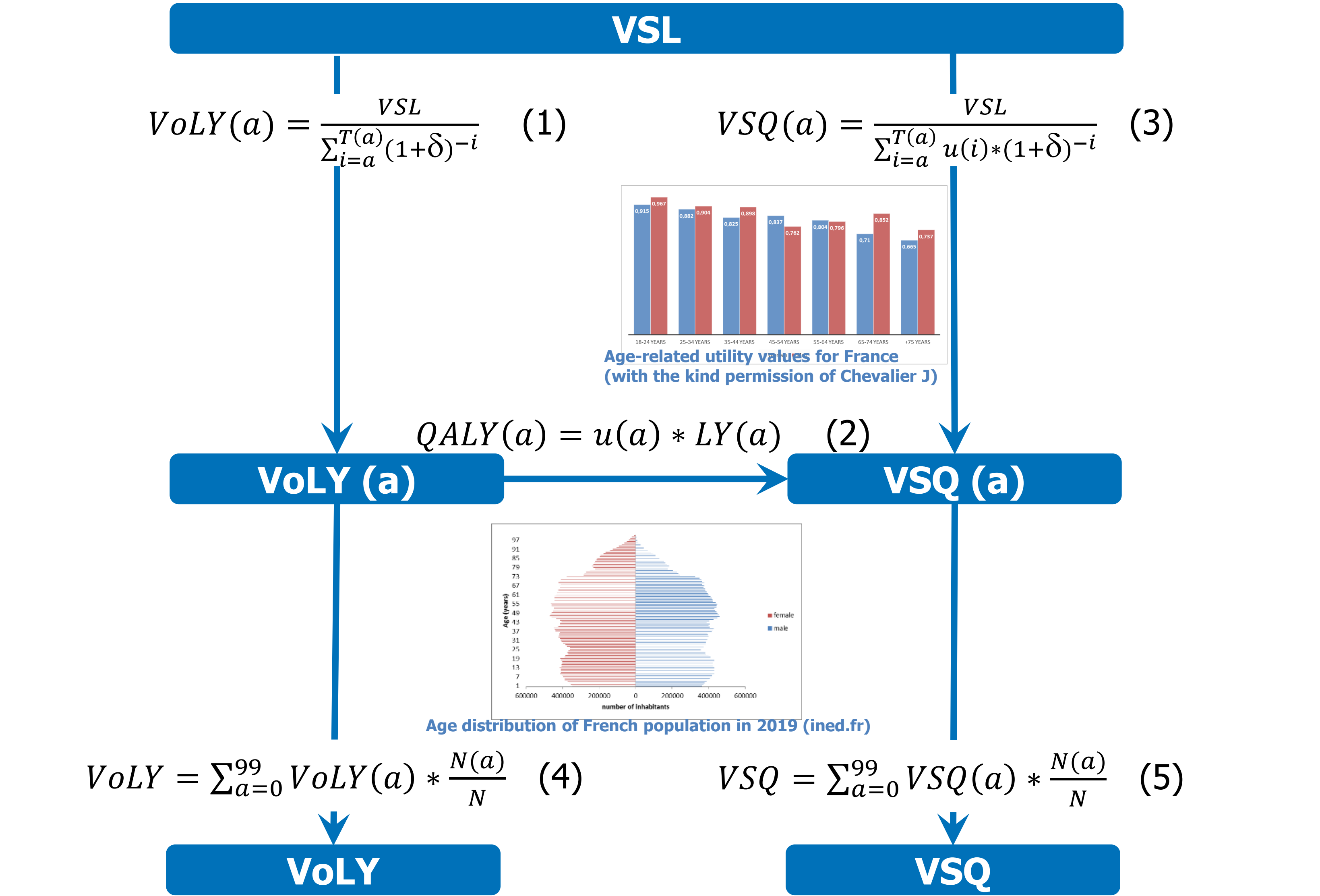
OBJECTIVES

We propose a locally adapted method to estimate a preference-based value for a QALY based on a rational approach to public policy choices in France.

METHODS

GENERAL DESIGN

The methodology developed to estimate both constant VoLY and VSQ from the VSL was the following one:



Where a is a given age, $T(a)$ the life expectancy at age a , δ the discount rate, N the French population between 0 and 99 years of age, $N(a)$ the a -year old French population

CONCLUSION

We provided a VSQ (€157,378 for a QALY) that could be used as a minimum appropriate and acceptable reference value for cost-effectiveness in healthcare in France.

DISCLOSURES

B. Tehard is employed by Roche France. B. Detournay, I. Borget, S Roze and G de Pourvoirville received no honoraria from Roche for this work.

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METHODS con’t

ANALYSIS

Basecase analysis and sensitivity/scenario analyses were reported in Table 1.

- Discount rates : we used a 4% discount rate applied on the 1st 30 years of life expectancy and a 2% discount rate above, with respect to HAS guidelines for economic evaluation⁹
- Utilities : We used average utility scores¹⁰ according to gender and 5-year age categories. We applied a maximum utility score of 1 to the population under 18 years of age

Table 1 : Analysis plan

Variables	Base case		Scenario 2		Scenario 3		Scenario 4	
VSL	€3 million							
Discount Rate	4% and 2% over 30 years							
Utilities	According to Chevalier et al ⁹							
Age	Female	Male	Female	Male	Female	Male	Female	Male
[0-17y]	1	1	1	1	0.915	0.967	0.821	0.847
[18-24y]	0.915	0.967	0.821 [†]	0.847 [†]				
[25-34y]	0.882	0.904			0.882	0.904		
[35-44y]	0.825	0.898			0.825	0.898		
[45-54y]	0.837	0.762			0.837	0.762		
[55-64y]	0.804	0.796			0.804	0.796		
[65-74y]	0.710	0.852			0.710	0.852		
+75y	0.665	0.737			0.665	0.737		
Sensitivity analyses								
VSL	\$6.750 million ¹¹							
Discount rate	4.5% and 2.5% according to Quinet et al 2013 recommendations of considering a standard 2.5% rate + a 2% hazard bonus							

[†] *W*weighted average utility scores

RESULTS

A €128,126 weighted average VoLY and a €157,378 weighted average VSQ were estimated

Considering sensitivity analyses and alternative scenarios :

- VoLY ranged from €120,185 to €265,000
- VSQ ranged from €138,933 to €328,072

Estimates were sensitive mainly to VSL and to discount rate in less important manner.

Table 2: Results

	Base case	Scenario 2	Scenario 3	Scenario 4
VoLY	€128,126			
VSQ	€157,378	€151,642	€158,173	€153,753
Sensitivity analyses				
VSL \$6.75 million				
VoLY	€343,919			
VSQ	€326,423	€314,526	€328,072	€318,905
Discount rate 4.5%				
VoLY	€166,205			
VSQ	€201,398	€195,960	€202,672	€199,417
Discount rate 2.5%				
VoLY	€120,185			
VSQ	€147,093	€142,218	€147,840	€144,215
Utilities -10%				
VSQ	€174,865	€168,491	€175,748	€170,837
Utilities +10%*				
VSQ	€144,512	€138,933	€144,512	€139,776

DISCUSSION

- Our calculation provide higher values than published thresholds used in other countries. However these thresholds generally reflects affordability rather than willingness-to-pay innovation.
- In French context, affordability is brought to negotiation through budget impact analysis.
- Furthermore, we selected €3 million VSL estimate that may be considered as a conservative value considering the positive trend of French GDP over the last decade¹¹
- Whereas the use of a single reference value was sometimes rejected in France, we would argue that equity in access to healthcare should be guaranteed for all individuals regardless of the healthcare domain.