

# **Do HTA criteria used in the appraisal of drugs for reimbursement fit societal preference? A discrete choice experiment on a representative sample of the French population**

Clément Valérie, Guillon Marlène  
MRE, Université de Montpellier

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## **Abstract**

### *Objective:*

The primary aim of the paper is to elicit public preference for funding innovative medicines in the French healthcare system.

### *Material and method:*

A discrete choice experiment survey was conducted with an online France general population sample. Respondents were asked to choose whether the Ministry of Health should fund drug A or drug B as a priority. To calibrate choices respondents are confronted with data extracted from HTA committees' opinions on a sample of innovative drugs that enter the French market from 2014 to 2020. So, the profiles of hypothetical new medicines respondents are confronted with actually exist in the French setting. Attributes include (i) QALYs gains, (ii) The decomposition of health gains between QoL and life expectancy, (iii) the severity of the disease (iv) value for money (v) the existence of an alternative treatment.

### *Results:*

The first analysis of the choice data on a representative sample of the French population (N = 1637) show the following results:

- (i) The social willingness to pay for additional Qalys gain is 38 448€
- (ii) Disease severity, the existence of alternative and the composition of Qalys gains all play a significant role in the choices.
- (iii) based on the willingness to pay, the relative weights of these three criteria in the citizens' preferences are quantified: French citizens show a preference for QoL compared to LE. This criterion has the greatest relative weight in the preference of the population, compared to the preference for funding a drug that has no alternative or that treats a severe disease.

These results need to be refined, considering the heterogeneity of preferences and the consistency of choices in the DCE.