

# Actual cost of Cancer Medicines

OECI Economics WG Session 2025  
dr. Nora Franzen

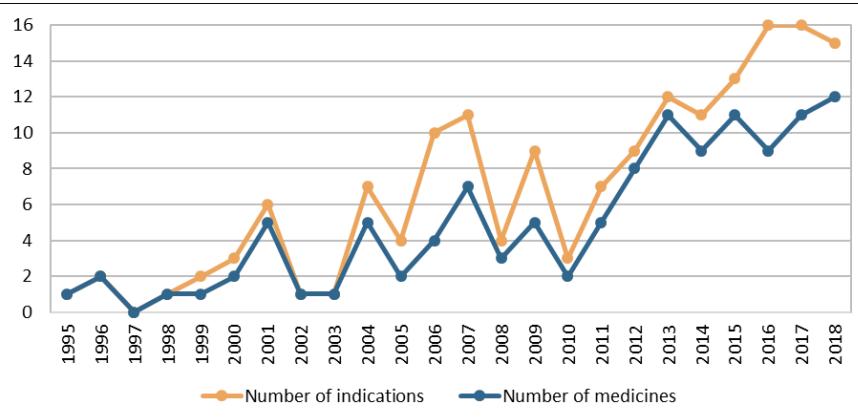
Current work: Assistant Professor, Erasmus School of Health Policy & Management (ESHPM)  
Organisation of Cancer Services (Networking, Concentration, Dispersion, Integration)

Presented work: Research group of Prof. van Harten & Prof. Retel



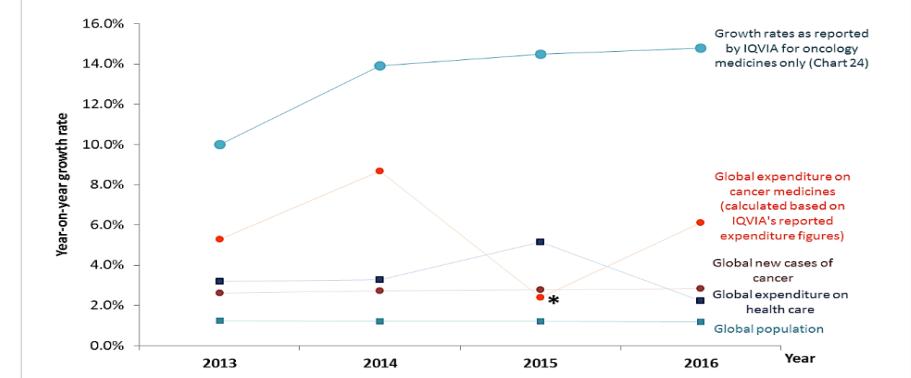
# The context

## Impressive pipeline in oncology



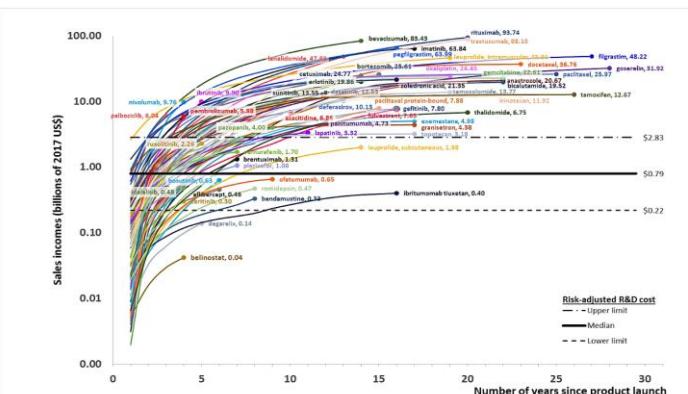
118 EMA-approved cancer medicines, 1995–2018

## Increasing cost



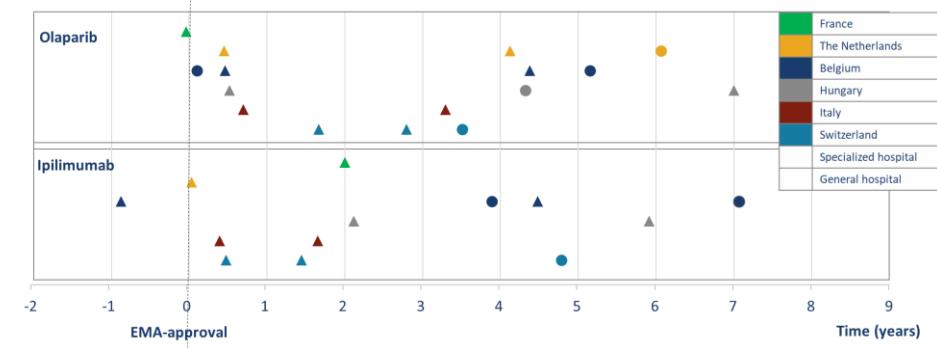
Growth rate oncology medicine costs ~15%

## Highly profitable, risky, inefficient R&D



Median to recover risk-adjusted R&D cost is 3-5 years

## Unequitable access for patients



Up to 8 years difference in access for patients

# Research on actual cost of medicines could not be more timely



On May 12, 2025, US-president Trump issued an EO titled *“Delivering Most-Favored-Nation Prescription Drug Pricing to American Patients.”*

It directs HHS, CMS, Commerce, FDA, and the U.S. Trade Representative to link U.S. drug prices to the lowest price paid in OECD countries with at least 60% of U.S. GDP per capita



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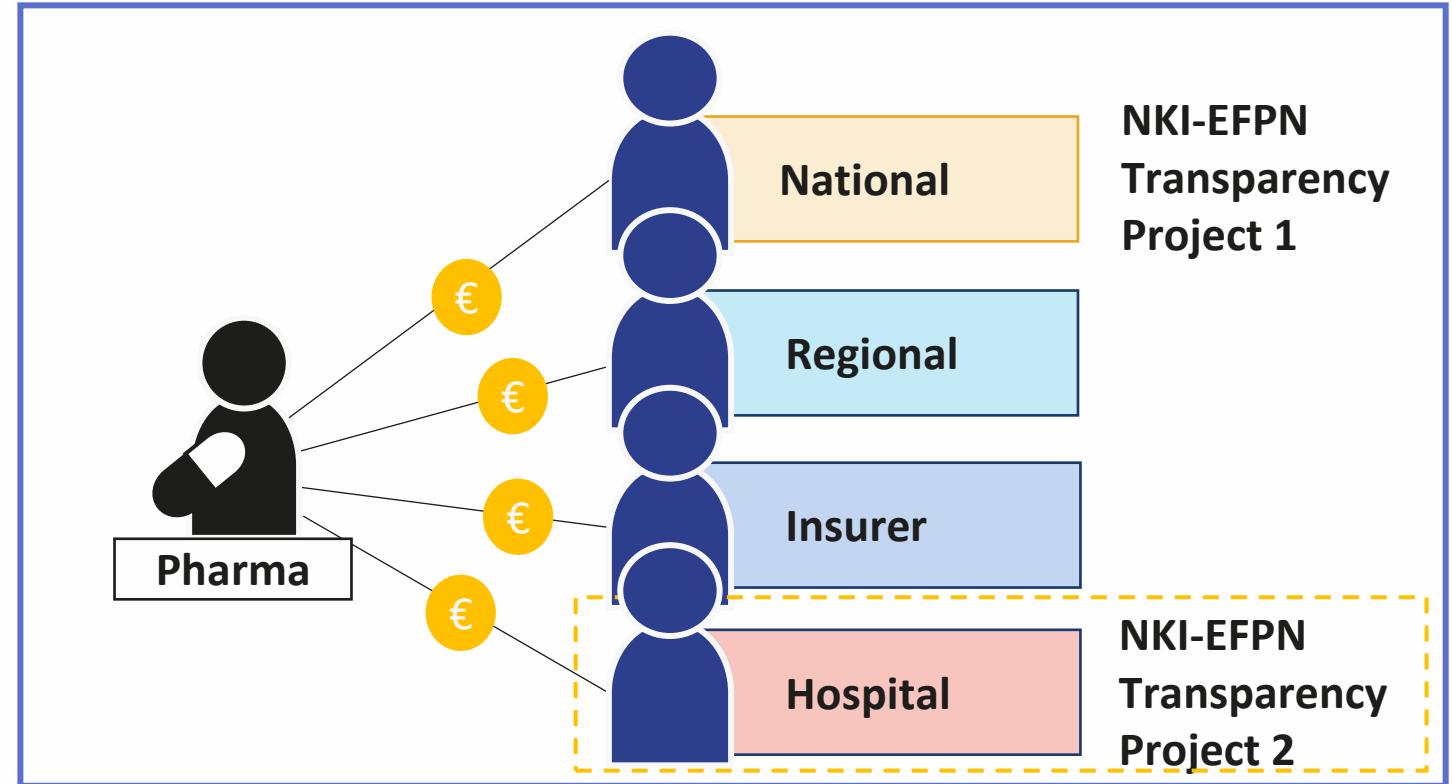
# Actual prices of medicines are unknown



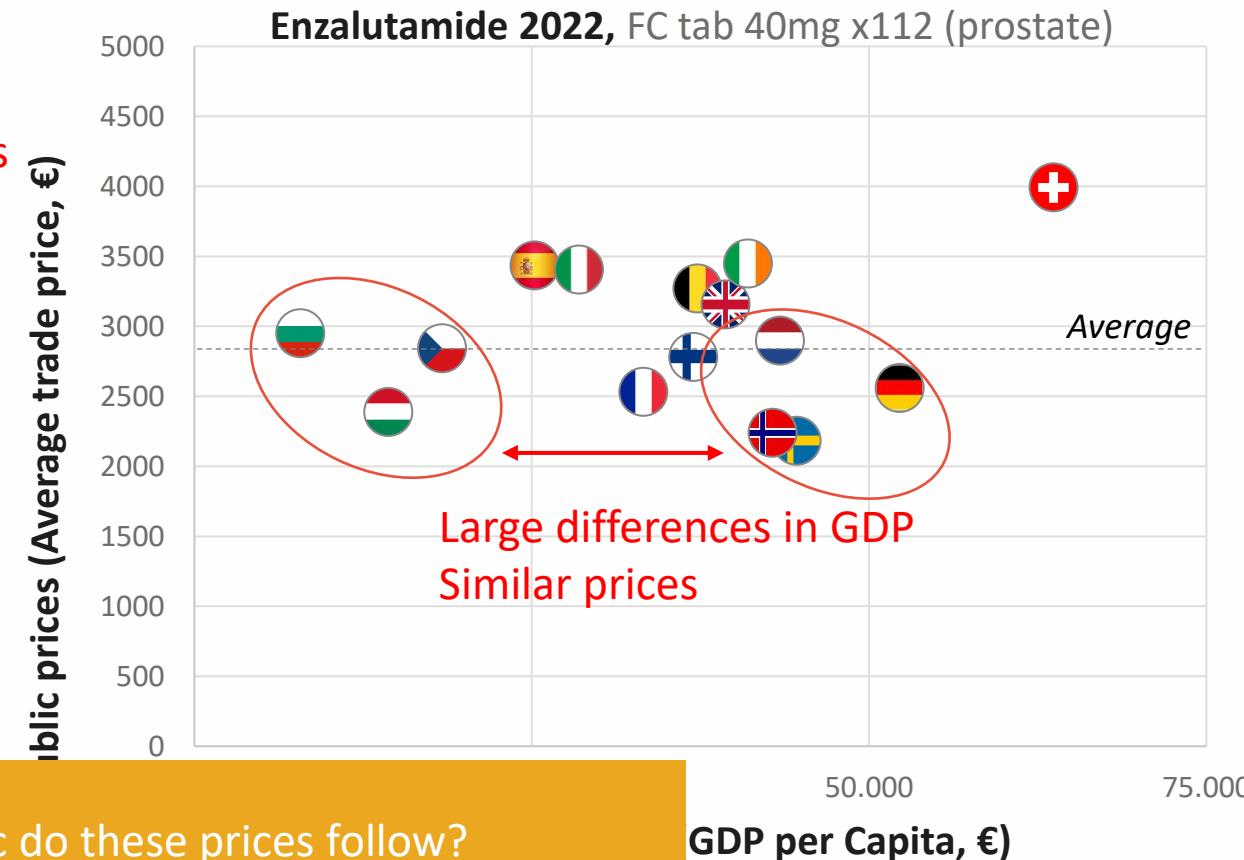
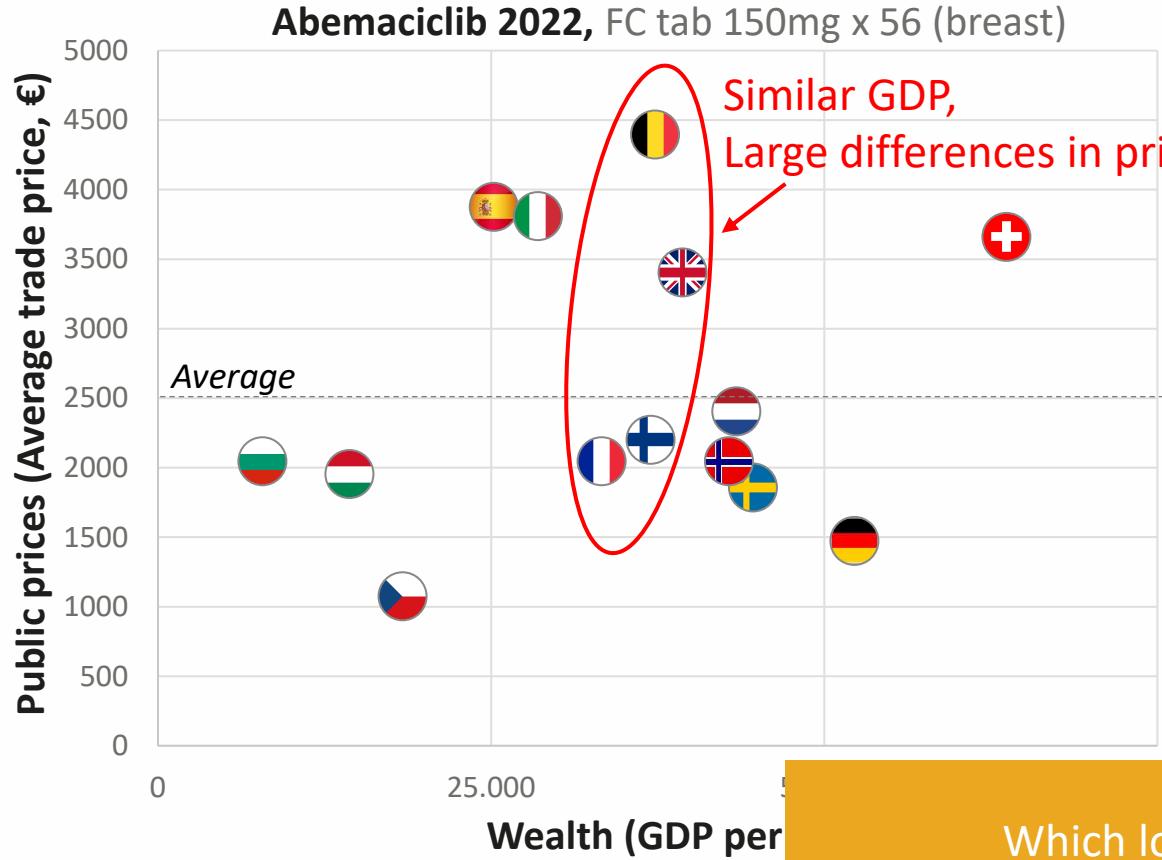
**Volume 2, Issue 1**  
January 2022  
RESEARCH ARTICLE | JANUARY 27 2022  
**Affordable Prices Without Threatening the Oncological R&D Pipeline—An Economic Experiment on Transparency in Price Negotiations**  
Nora Franzen; Andreas Ziegler; Giorgia Romagnoli; Valesca P. Retèl; Theo J.S. Offerman; Wim H. van Harten

**Volume 12, Issue 2**  
1 February 2022  
SCIENCE IN SOCIETY | FEBRUARY 09 2022  
**Improving the Affordability of Anticancer Medicines Demands Evidence-Based Policy Solutions**  
Nora Franzen; Giorgia Romagnoli; Andreas Ziegler; Valesca P. Retèl; Theo J.S. Offerman; Wim H. van Harten

**THE LANCET Oncology**  
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Actual costs of cancer drugs in 15 European countries  
Wim H van Harten • Anke Wind • Paolo de Paoli • Mahasti Saghatelian • Simon Oberst



# Price information for accountability



Which logic do these prices follow?  
Who sets them?  
Are they fair?



# METHODS

Julie Vancoppenolle, Nora Franzen,

Cristina Andrianò, Morten Baltzer Houlind, Zora Ćetković, Aniek Dane, Albane Degrassat Theas<sup>9,10</sup>, Anne-Marie Eldering-Heldens<sup>11</sup>, Martin J. Hug<sup>12</sup>, Holger Knoth<sup>13</sup>, Vito Ladisa<sup>14</sup>, Péter Vajda<sup>15</sup>, Ulrich Warnke<sup>16</sup>,

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# Methods

- **Cross sectional observational study**

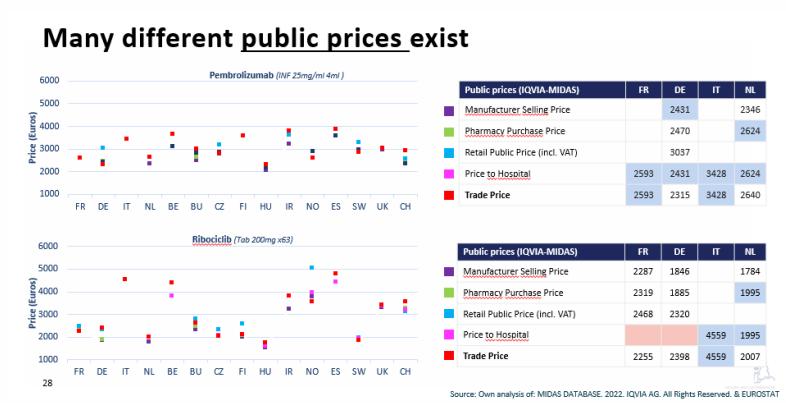
- Interviews with European hospital pharmacists & financial administrators

- **Data collection**

- December 2023 – August 2024
  - 2022 actual prices at hospital level
  - 15 cancer medicines

- **Analysis**

- Descriptive statistics only showing averages due to commercial sensitivity
  - Actual price<sub>Hospital</sub> ->*harmonized*-> Product price<sub>Hospital</sub> ->*aggregated* ->Product price<sub>National</sub>
  - Public prices (list/references): Average Trade price of the IQVIA-MIDAS dataset
  - Discount<sub>National</sub>
  - Price perception of participants



# Collecting very sensitive data



Stimulate participation



Legal counseling



Aggregation pathway



Adaptive Methodology

- **Product price per country** (>3 price points): *Average price of pembrolizumab (L01FF02) in the Netherlands*
- **Product price per country group**: *Average price of pembrolizumab (L01FF02) in South Europe*
- **Price/Discount of product group per country**: *Average discount of selected PD-1/PDL-1 inhibitors (L01FF)*

# Selection of medicines

## Selection criteria:

- Oncology or hematology
- Budget impact, high price
- Accessibility & Significance
- Aggregation
- Competitive context

Medicine	ATC4 group
IBRUTINIB	BTK-inhibitors
ACALABRUTINIB	BTK-inhibitors
DARATUMUMAB	CD38 -inhibitors
ISATUXIMAB	CD38 -inhibitors
NIVOLUMAB	PD-1/ PDL-1 - inhibitors
PEMBROLIZUMAB	PD-1/ PDL-1 - inhibitors

Medicine	ATC4 group
PALBOCICLIB	CDK-inhibitors
RIBOCICLIB	CDK-inhibitors
ABEMACICLIB	CDK-inhibitors
ENZALUTAMIDE	Anti-androgens
POMALIDOMIDE	Other immuno suppressants

Medicine	ATC4 group
GEMCITABINE	Pyrimidine analogues
CAPECITABINE	Pyrimidine analogues
ABIRATERONE	Other hormone antagonists & related agents
LENALIDOMIDE	Other immuno suppressants

## Monopoly

- Patented
- No treatment alternatives

## Oligopoly

- Nearly/newly off-patent
- Some treatment alternatives

## Competition

- Generics
- Multi-source

# RESULTS

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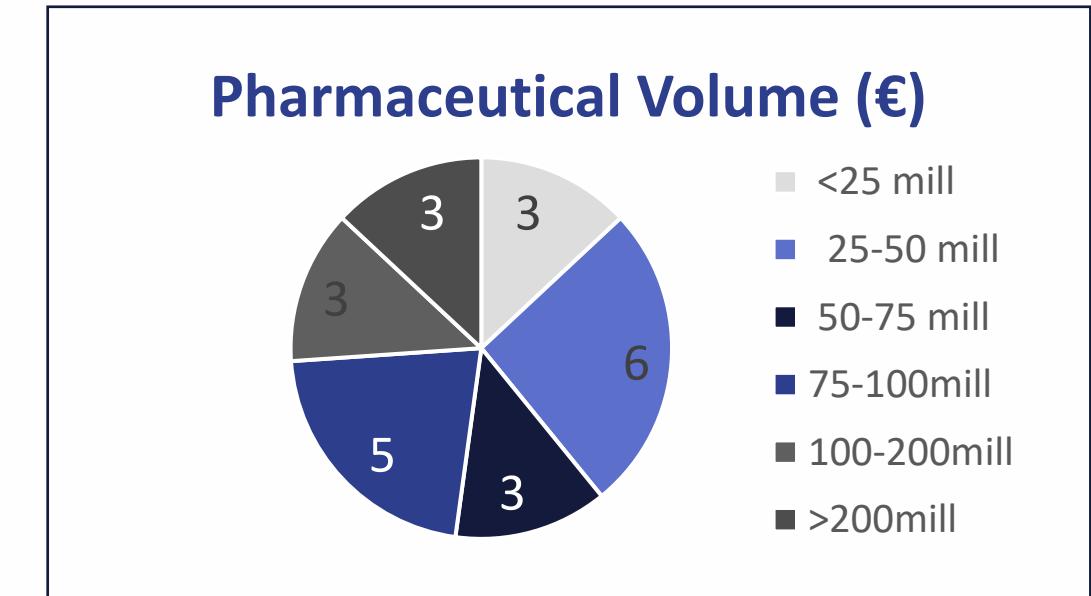
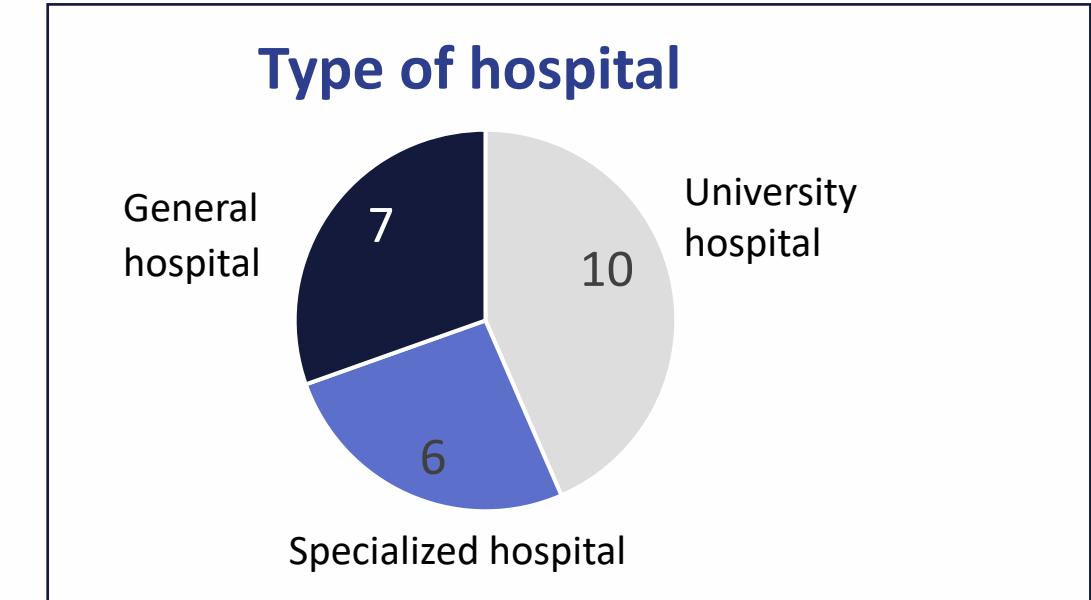


# Results – Table 1

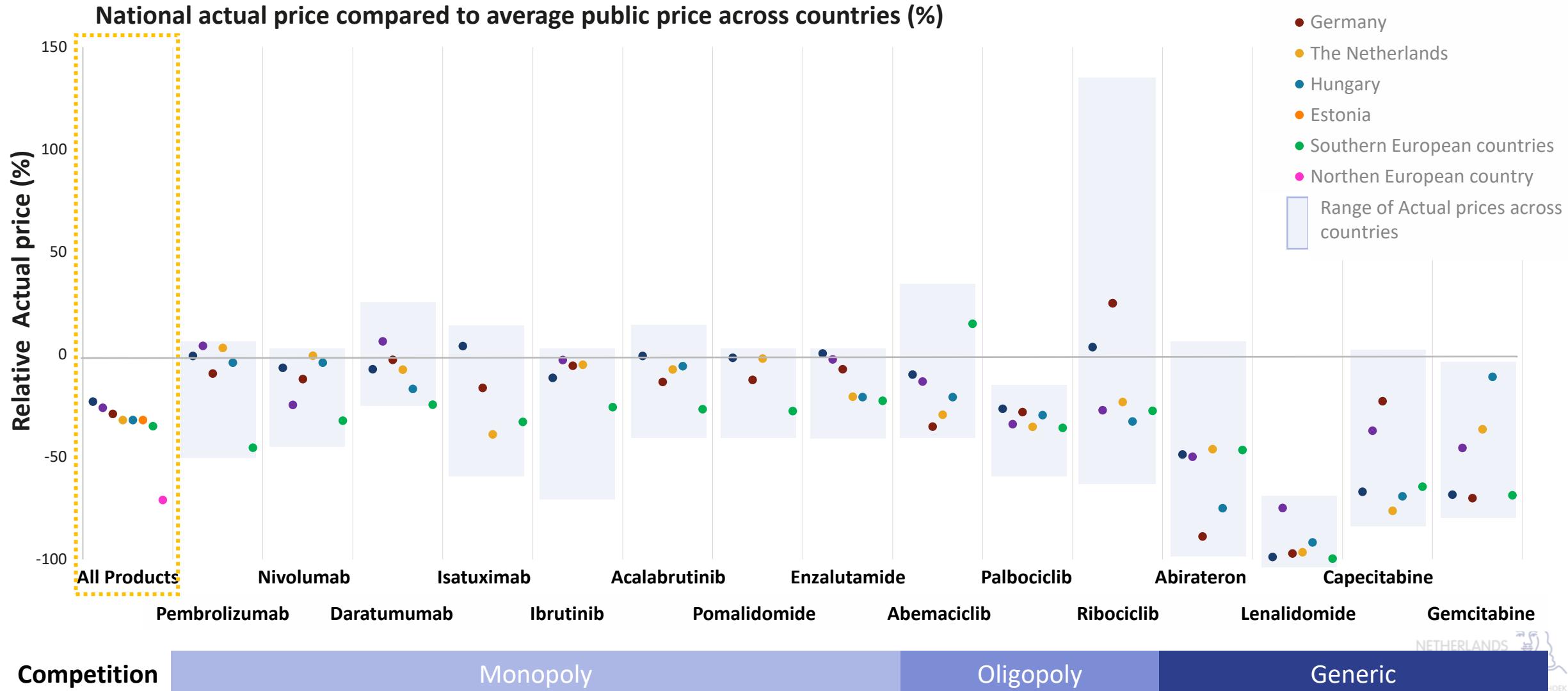
Country	Hospitals (N)
The Netherlands	6
Germany	4
Hungary	3
Serbia	3
<b>Southern Europe (2 countries)</b>	3
France	2*
Estonia	1
<b>Northern Europe (1 country)</b>	1
<b>Total</b>	<b>23**</b>

\* 2 price points but representative for ~50 hospitals

\*\* Out of 82 invited hospitals

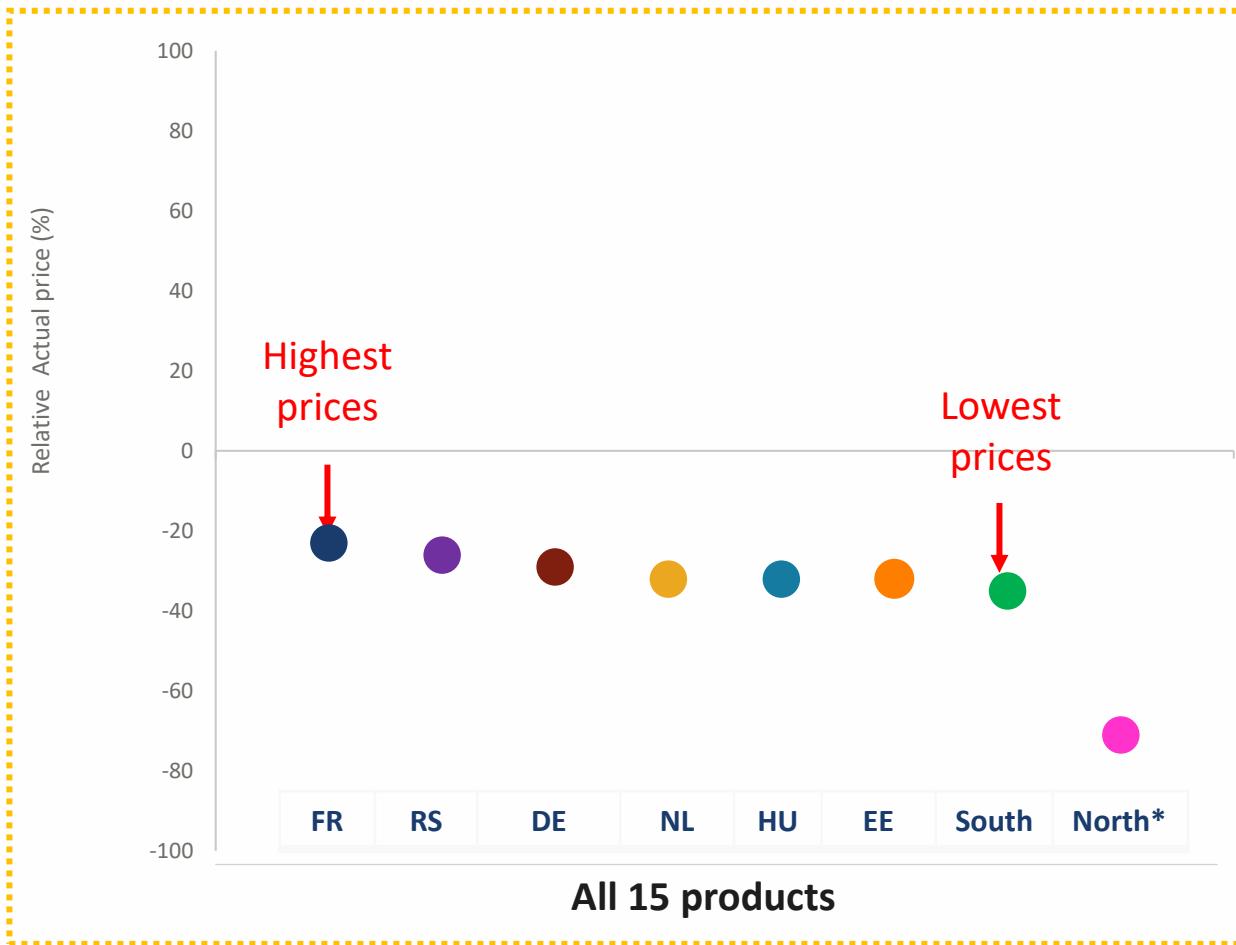


# Price comparison between countries



# Price comparison between countries

- \* National actual price compared to average public price across countries (%)

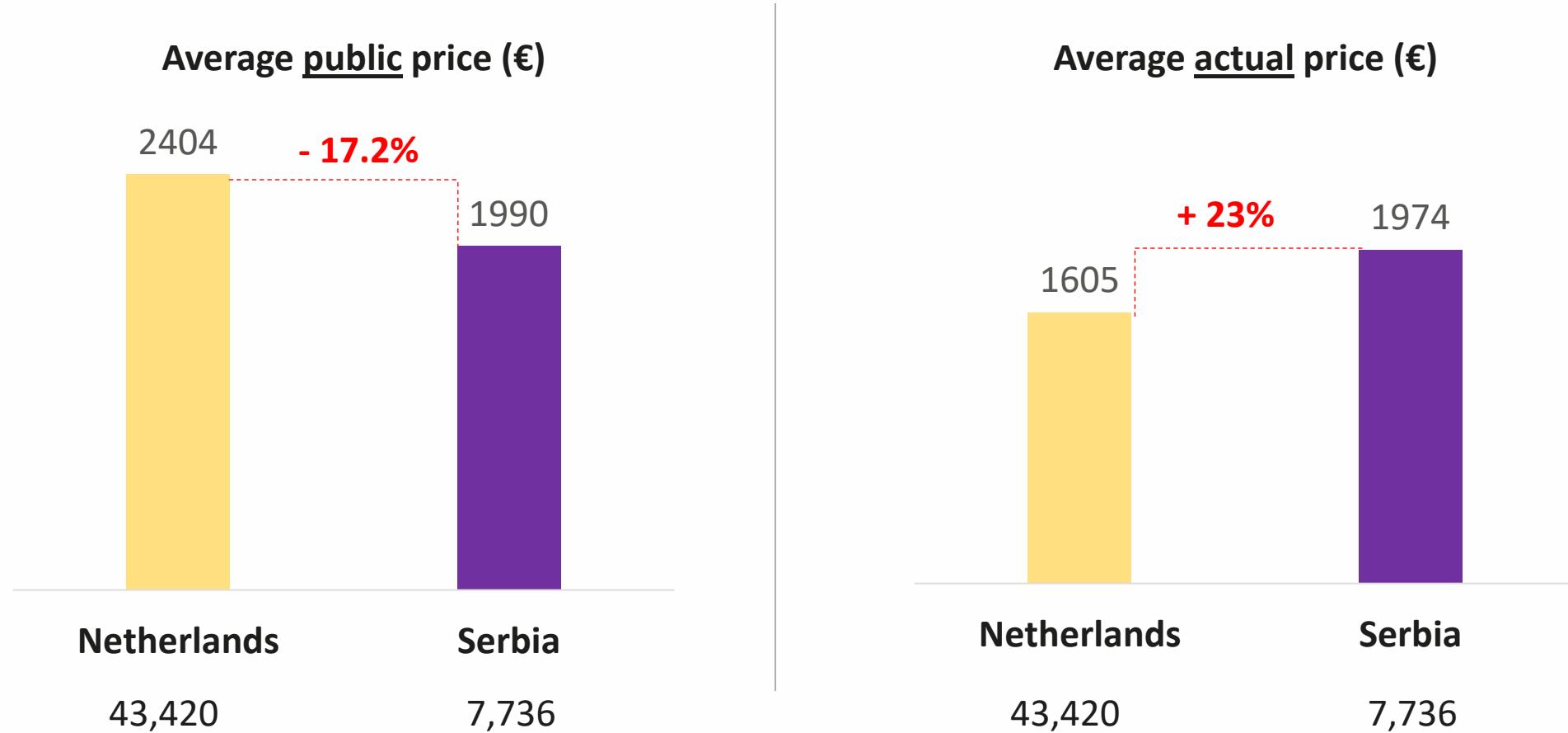


*Careful with comparison between countries:  
differences in healthcare systems + reported  
product prices*

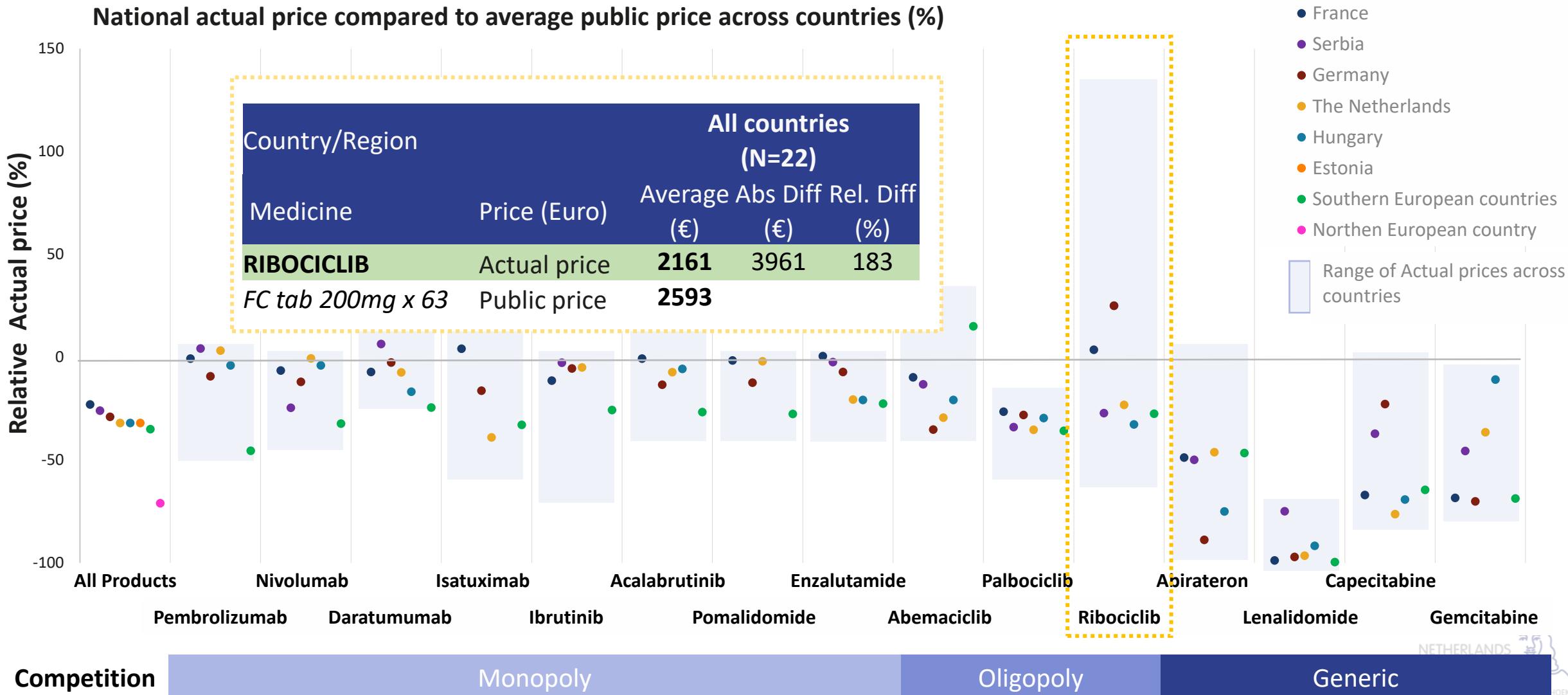
\*includes only prices for generic and oligopolistic products

# Lower wealth was not consistently associated with lower prices

*Abemaciclib, tab 150mgx56*

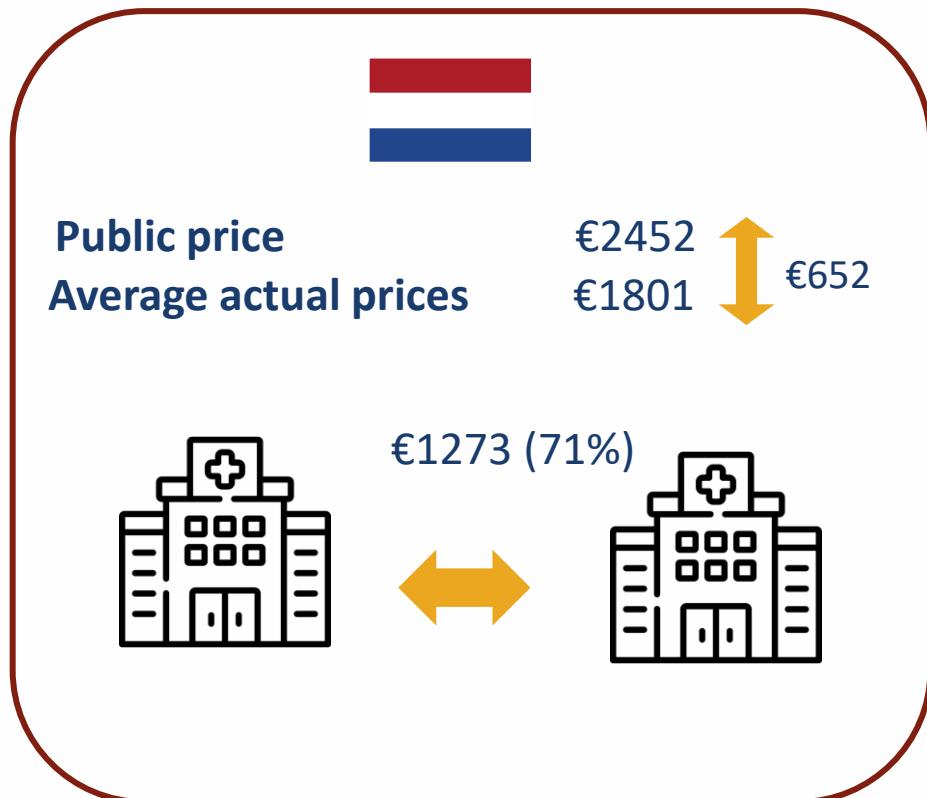


# Largest price variation overall was observed for ribociclib

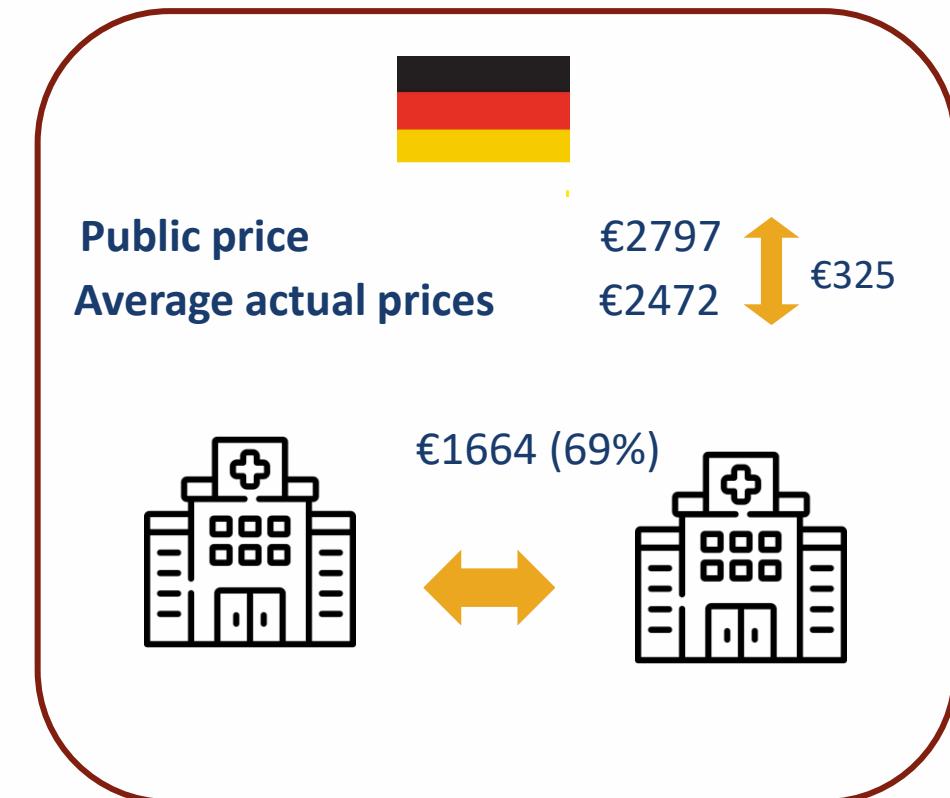


# Large price differences exist within countries

*Isatuximab, INF 20mg/ml 25ml, Multiple melanoma*



- Lenalidomide difference in NL: € 927 (534%)
- Abiraterone difference in NL: € 2841 (196 %)



- Lenalidomide difference in DE: € 300 (213%)
- Abiraterone difference in DE: € 716 (239%)

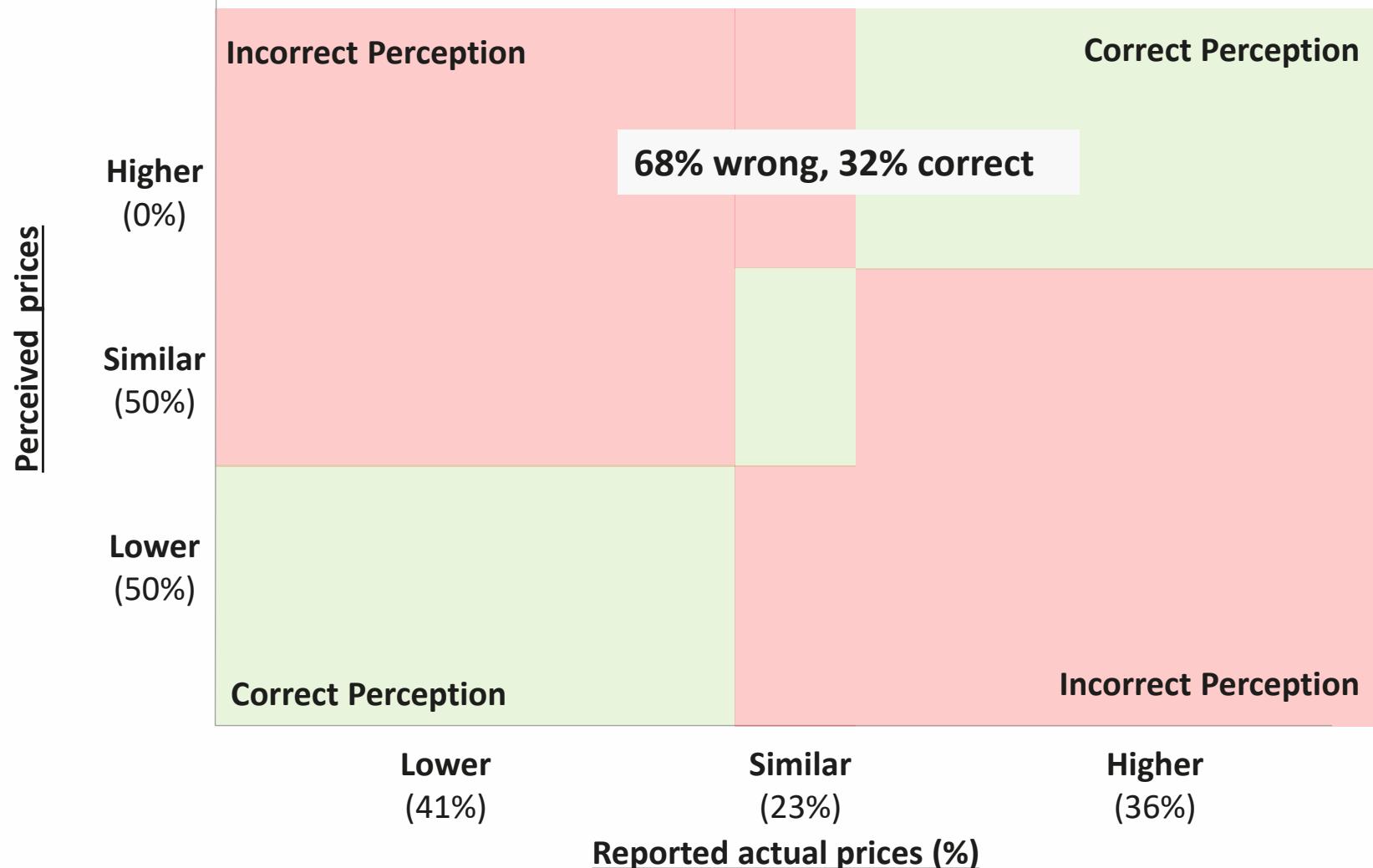
# Pharmacists' perception of their prices

## Cooperation dilemma

- Negotiators want to know the prices of others
- Negotiators are hesitant to share prices (they think they are doing well in negotiations)

*"Do you think that prices of your hospital are lower/similar/higher than prices of other hospitals in your region of Europe?"*

Netherlands Germany France Hungary Serbia South EU Estonia



# DISCUSSION

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# Discussion

- 23 hospitals; 9 EU countries
- Large differences between public prices and actual prices
  - Public prices are inaccurate proxies
  - No consistent patterns
- Large price differences within a country
  - *Comparison meaningful*
- Price differences between countries
  - Poorer countries do not consistently benefit from lower prices
  - *Careful with comparison*
- Price perception: Negotiators think that they get a good deal but that is often not true

## Implications

- Public prices (list prices) should **not be used for reference pricing** between countries
- Hospitals can gain when paying attention to the **competitive situation (patent expiry)**
- Even if you think you are a good negotiator, **cooperation and information sharing pays out**
- Price information can help to pay **fair prices** between products and countries
- Society should **take charge of pricing decisions** and not leave it to companies.  
*What are we willing to pay for?*

# Acknowledgements

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**Valesca Retèl**

**Wim van Harten**

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## EFPN

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Nordic Cancer Union

Kom op tegen Kanker

Pasykaf

Krebsliga Schweiz

Irish Cancer Society

## Others

OECI

IQVIA

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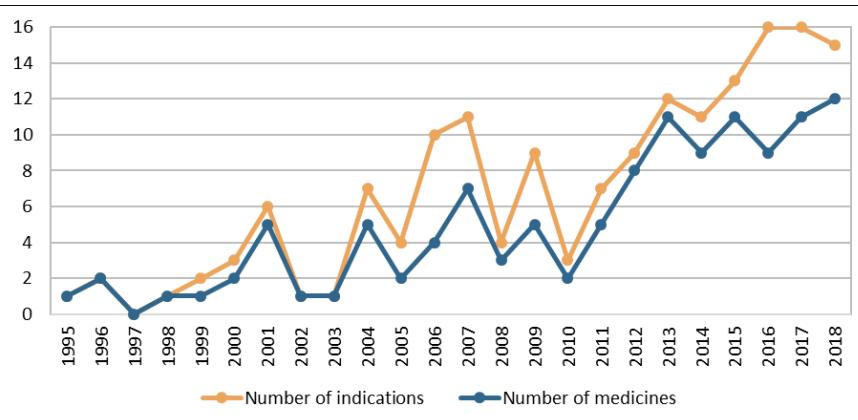
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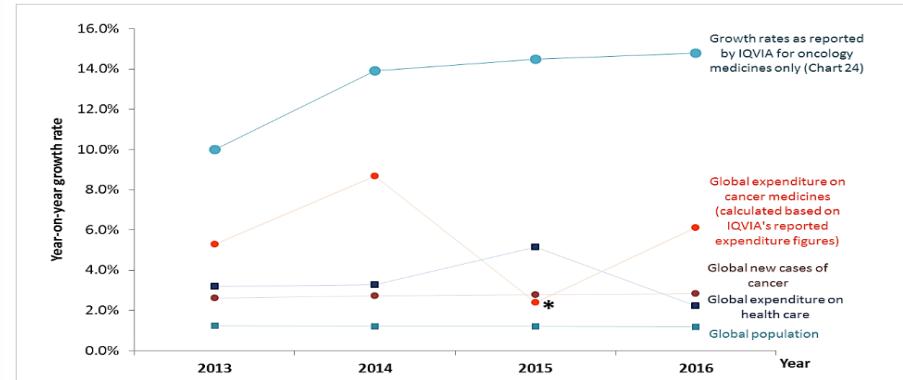
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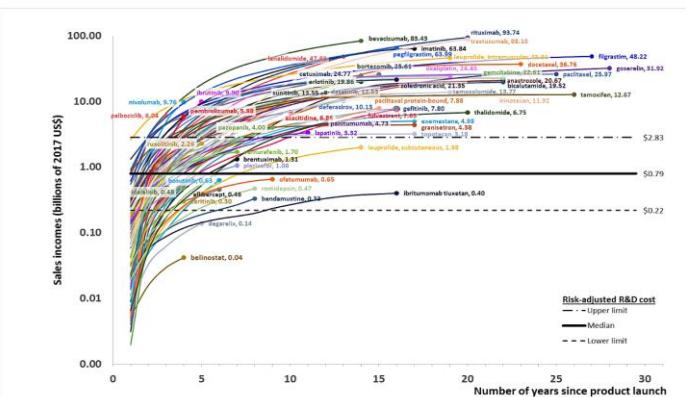
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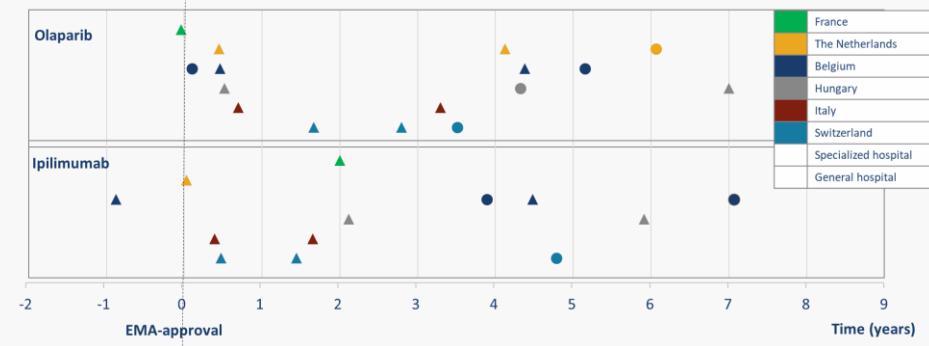
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## Highly profitable, risky, inefficient R&D



Median to recover risk-adjusted R&D cost is 3-5 years

## Unequitable access for patients



Up to 8 years difference in access for patients