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Value-based pricing of oncology drugs

International perspectives & implications for Spain

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Organizado por:  GUARD
CONSORTIUM

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Outline

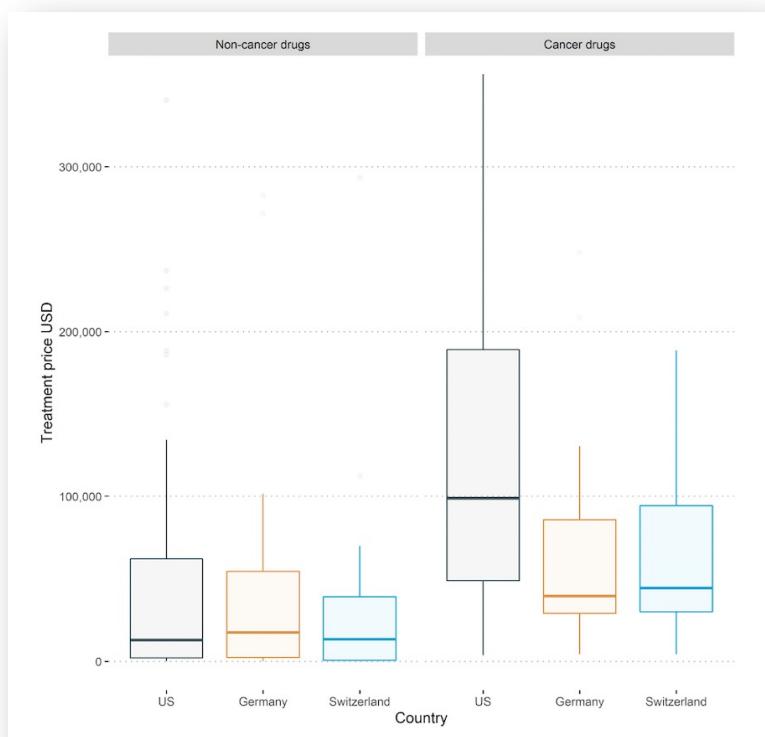
1. The Cancer Premium: What Drives High Prices Worldwide
2. How Pricing Policies Shape Value and Control Costs
3. Spain's Position Today: Strengths, Gaps, and Opportunities

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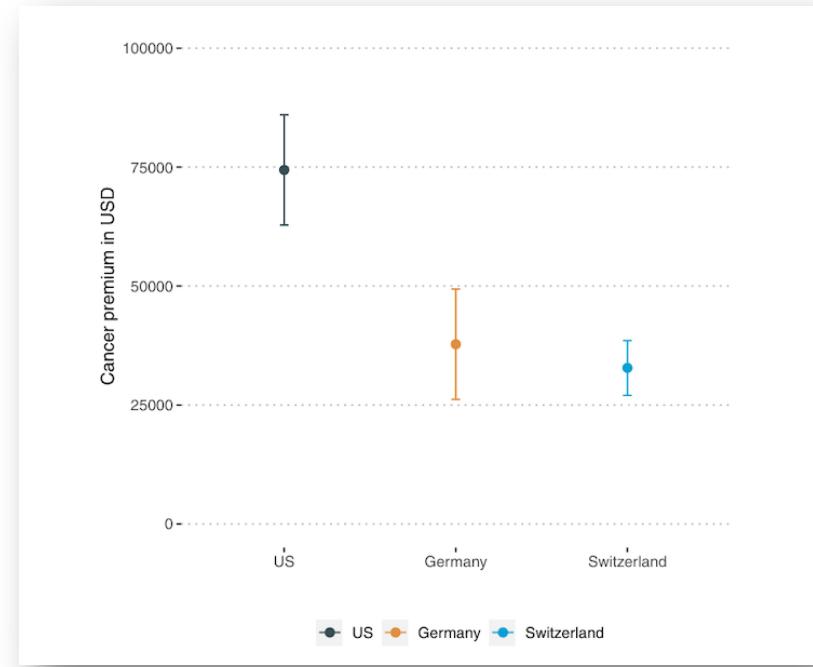
The “Cancer Premium”: Why Cancer Drugs Cost More

Cancer drug price vs. non-cancer drug price labeled 3x higher



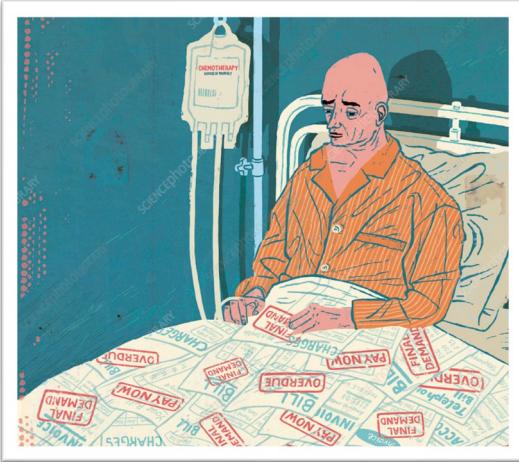
Prices of cancer drugs are substantially higher than non-cancer drugs

Gap persists after adjusting for efficacy and epidemiology



Miquel Serra-Burriel et al. EClinicalMedicine. 2023

The “Cancer Premium”: Why This Matter



Impact on Patients and Health Systems

- Creates **financial toxicity** for patients
- Strains **public & private budgets** → threatens long-term sustainability.

Equity Across Diseases: Unfair resource allocation not based on need or benefit.

Recognizing this premium is essential for:

- **Fairer pricing policies**
- **Equitable Access**
- **Sustainable cancer care**

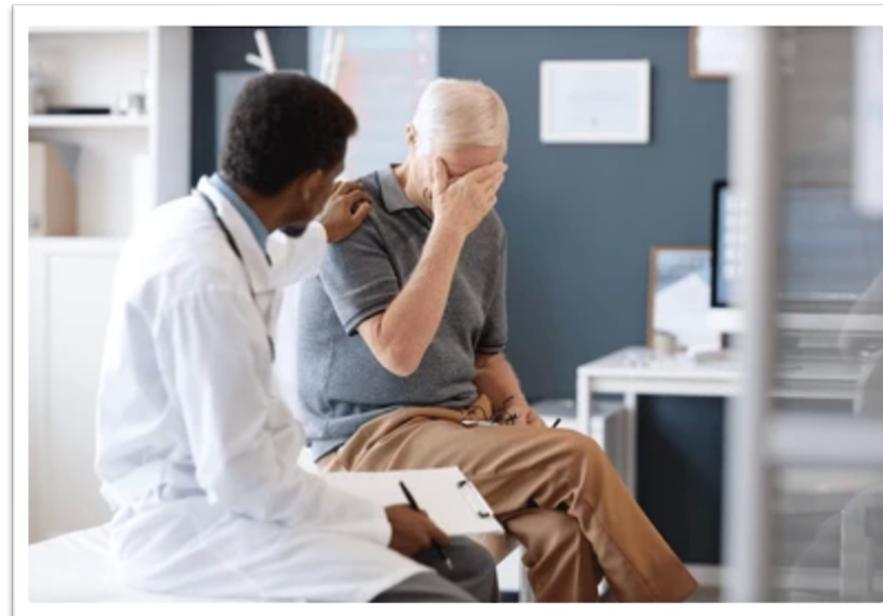


Premium Prices in Oncology: What Drives Them?

1

Fear and willingness to pay at any cost

Cancer evokes urgency and emotional decision-making



Premium Prices in Oncology: What Drives Them?

2

Policy mechanisms that reduce negotiation leverage and enable high pricing

1. Expedited pathways

Jenei K et al. Lancet Oncol 2024

Tibau A et al. Cancer. 2020

2. Acceptance of unvalidated surrogate endpoints

Tibau A et al. JAMA NO 2025

3. Lack of requirements and post-authorization follow-up
(accelerated approvals, immature OS)

Naci H et al. Lancet Oncol 2024

Tibau A et al. JNCI. 2025

4. Automatic coverage in some systems (such as the US)

Jenei K et al. BMJ 2022

Premium Prices in Oncology: What Drives Them?

3

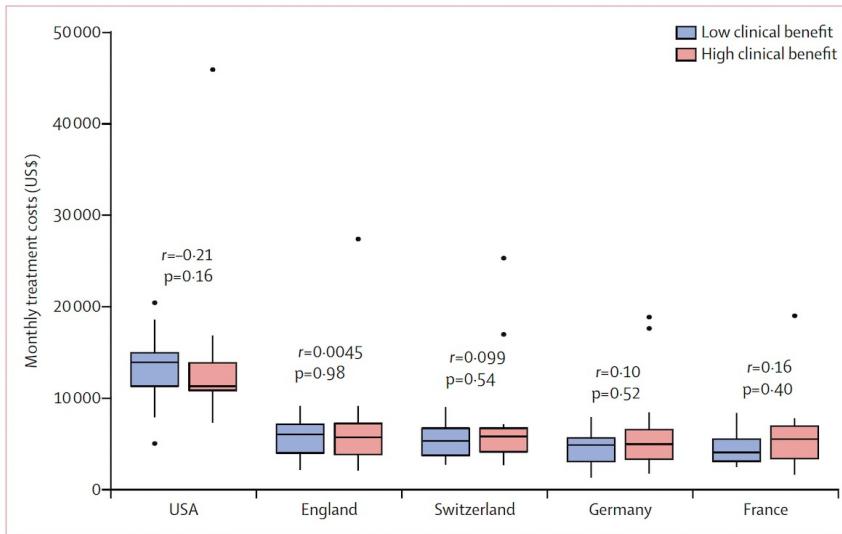
Prices are not aligned with clinical value

Cancer drugs providing low benefit can still reach premium prices

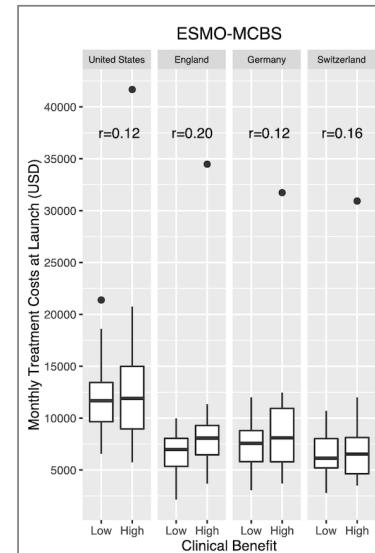
*Vokinger K, Tibau A et al.
Lancet Oncol. 2020*

.... At launch and post-launch

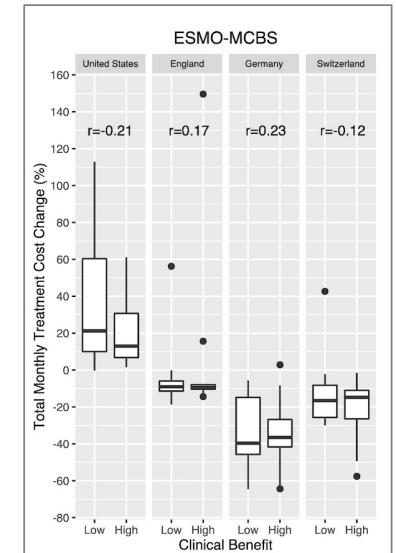
*Vokinger K, Tibau A et al.
JAMA Oncol. 2021*



Vokinger K, Tibau A et al. Lancet Oncol. 2020



Vokinger K, Tibau A et al. JAMA Oncol. 2020



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What Defines the Price of Cancer Drugs?

Determinants of pricing — and how countries try to control the cancer premium

United States

- **Manufacturers set prices freely** — no link to therapeutic value.
- **Highest cancer drug prices** in the world.

Other high-income countries (Canada, Europe, Japan)

- Prices usually depend on:
 - **A. Use national price negotiation** at launch (and sometimes post-launch).
 - **B. External reference pricing**
 - **C. Therapeutic value** (HTA assessments)

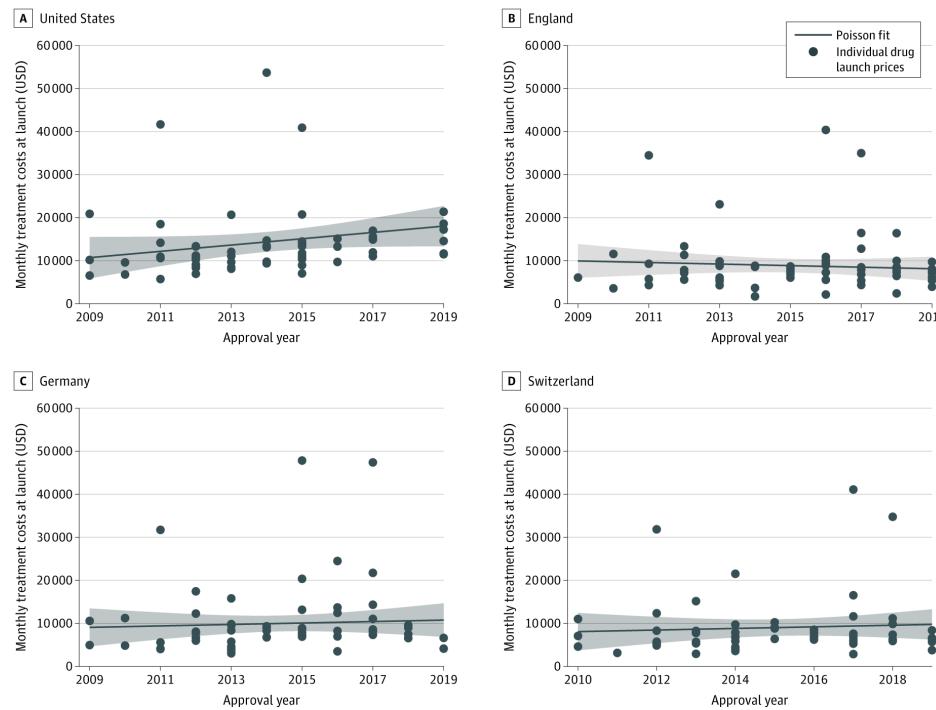
Result: Cancer drug prices in Europe are **30–40% lower** than in the US

Value-Based Price Negotiation

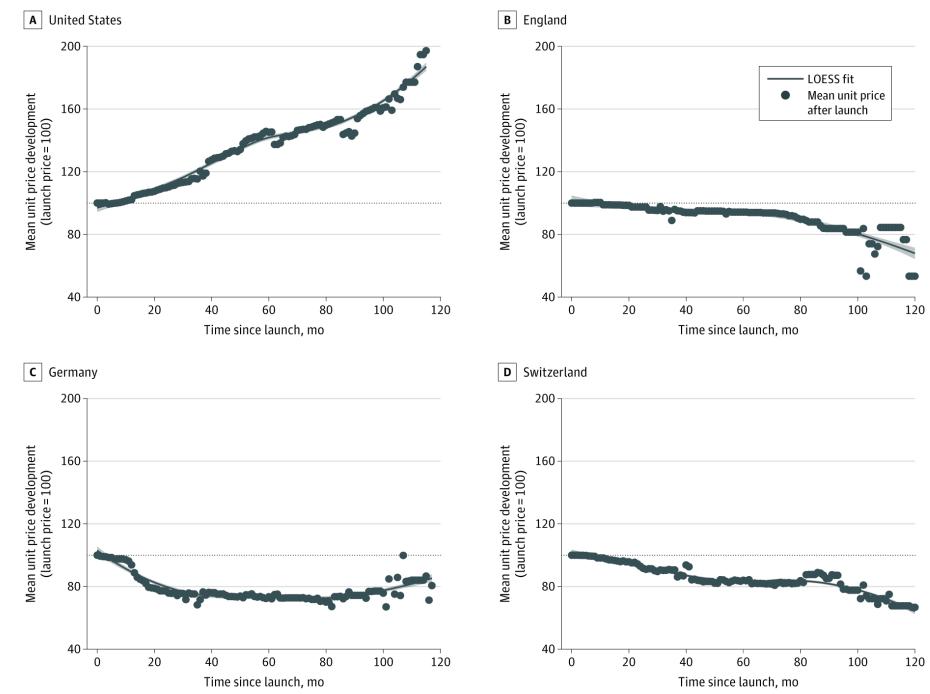
A

Value-Based Price Negotiation Keeps Cancer Drug Costs Lower in Europe

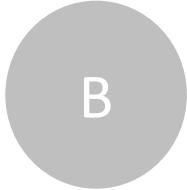
Launch Prices



Post-launch Price Trajectories



Vokinger K, Tibau A et al. JAMA Oncol. 2020



B

External Reference Pricing

How Countries Price Cancer Drugs

How it Works

Countries set prices by **comparing the official price in other similar countries** (a “basket” of reference markets).

Uses lowest price or average price

Why it fails

Confidential rebates make list prices unreal

Countries overestimate true prices

Consequence

Countries copy **inflated list prices**

This creates a **global upward price spiral**

Value-Based Pricing Models in Oncology

How Countries Price Cancer Drugs

Comparative Clinical Effectiveness

Is the new drug better than existing options?

Compares **Benefit vs Standard of Care**

Price based on **therapeutic value**

Countries using this model   

Comparative Cost-Effectiveness

Is the added benefit worth the extra cost?

Compares **Added Benefit vs Added Cost**

Uses metrics like **cost per QALY**

Countries using this model    *

Align prices with value

- Reward treatments with **meaningful benefit**
- Limit spending on drugs with **modest or uncertain value**

* *no explicit cost-effectiveness threshold*

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Spain today – Where do we stand?

Spain grants access to more oncology drugs... but patients wait longer.

Data cut-off: January 5, 2025

Oncology drugs assessed (2020–2023): 56



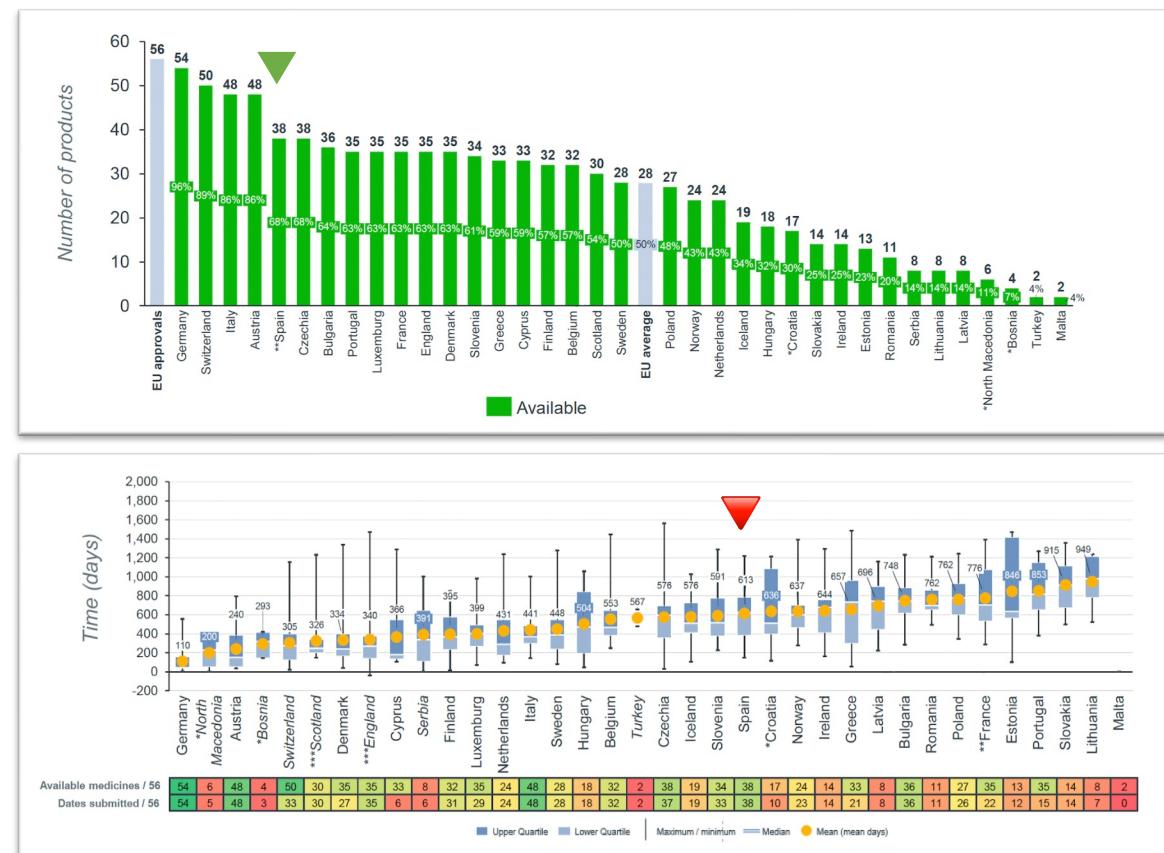
68% availability ●

21 months to reimbursement ●



50% availability

19 months



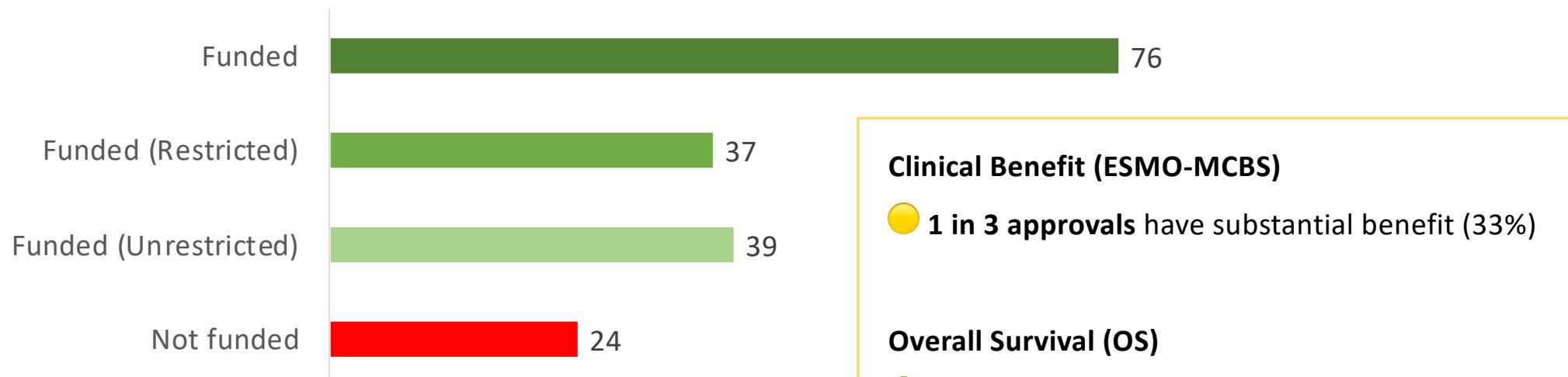
EFPIA Patients W.A.I.T. Indicator 2024 Survey [Internet]. IQVIA, (2024)

Spain today — Access and Restrictions

Most oncology drugs are funded, but nearly half with restrictions

Funding Outcomes Percentages (49 indications)

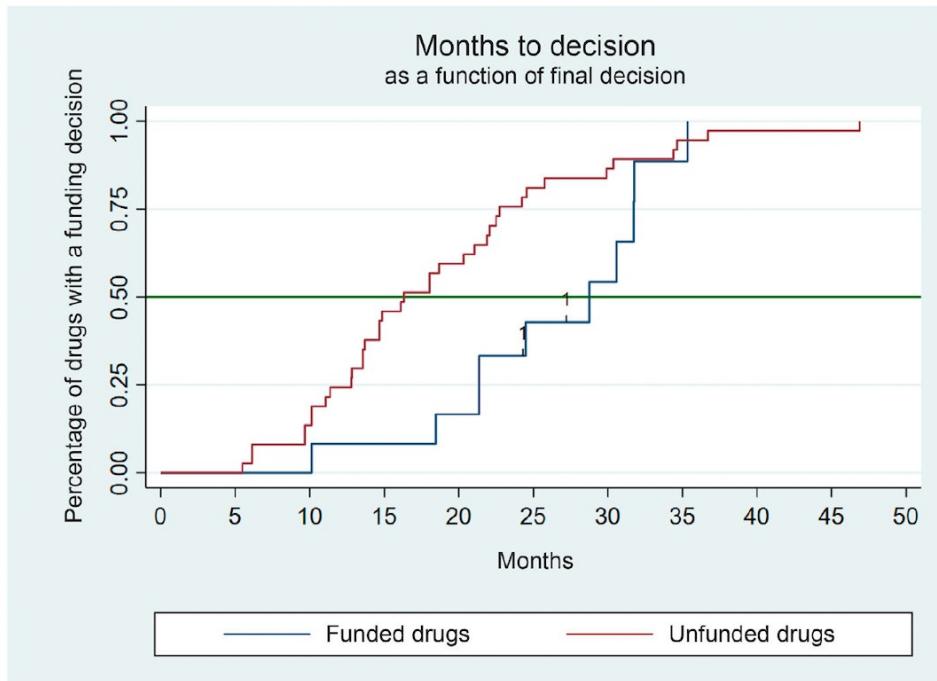
■ Not funded ■ Funded (Unrestricted) ■ Funded (Restricted) ■ Funded



Spain today — Time to Access (the main challenge)

Patients wait >3 years after EMA approval

Faster funding for drugs that end up being reimbursed



EMA approval

⬇️ 20 months to (+) funding decision (TPR)
Unfunded decisions take even longer or never conclude

Funding decision (TPR)

⬇️ 19.5 months to funded availability

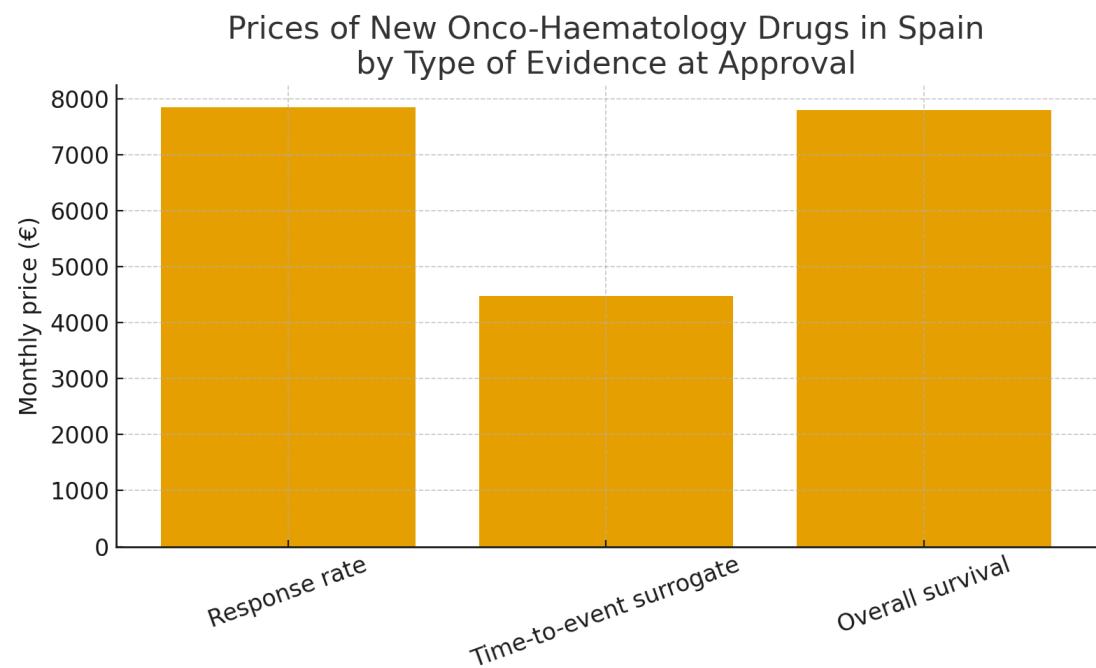
Real Access ⏳ >3 years total

Prices of Cancer Drugs in Spain (2017–2020)

Median monthly price: €6,679
(IQR €4,972–€8,462)

Prices by evidence strength:

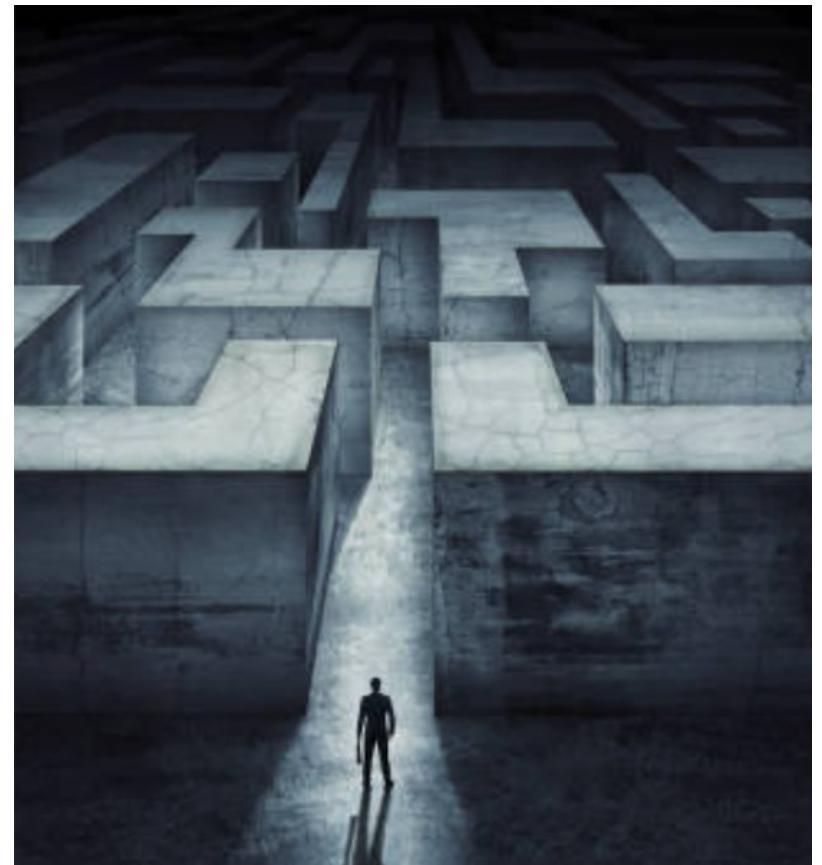
- Response rate: **€7,848**
- Surrogate endpoints: **€4,481**
- Overall survival: **€7,800**



Drugs approved with weaker evidence are not cheaper — prices remain uniformly high.

Key Criticisms of Spain's HTA and Pricing Process

- **Limited transparency**
- **Unclear and inconsistently applied criteria**
- **Political influence**
- **Restricted stakeholder involvement**
- **Fragmented governance**
- **Weak integration of economic evidence**



*David Epstein Gaceta Santiaria 2020
Pinilla-Dominguez P, et al International Journal of Technology Assessment in Health Care, 2023*

Recommendations for Spain

Key reforms to improve value, access, and sustainability

1. Price Transparency

- Publish real prices (including discounts).
- Avoid external reference pricing when true prices are unknown.

2. Stronger and More Transparent HTA

- Apply rigorous, consistent scientific methods.
- Make processes open to enable comparison and adoption.

3. Price with Evidence Development

- Lower initial prices when evidence is uncertain.
- Increase price only if confirmatory trials show real benefit.

4. Consider Global Impact

Conclusions

1. Cancer drug prices are not aligned with value

- Premium prices persist despite **modest or uncertain clinical benefit**.
- Emotional, political, and regulatory factors contribute to this disconnect.

2. Pricing policies shape affordability and equity

- Countries using **value-based negotiation** achieve lower and more stable prices.
- Reliance on **external reference pricing** without transparency fuels global price inflation.

3. Spain shows strengths but major access delays

- Availability is relatively high, but **time to access exceeds 3 years**.
- Funding decisions and availability timelines remain the main bottlenecks.

Moltes gràcies!

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