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Value-based pricing of oncology drugs

International perspectives & implications for Spain

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Organizado por:



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Outline

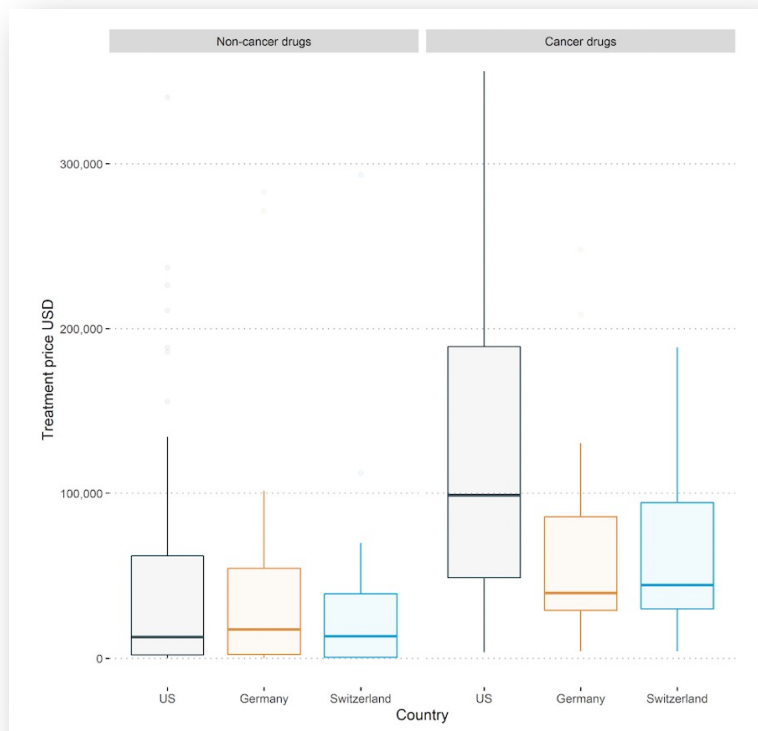
1. The Cancer Premium: What Drives High Prices Worldwide
2. How Pricing Policies Shape Value and Control Costs
3. Spain's Position Today: Strengths, Gaps, and Opportunities

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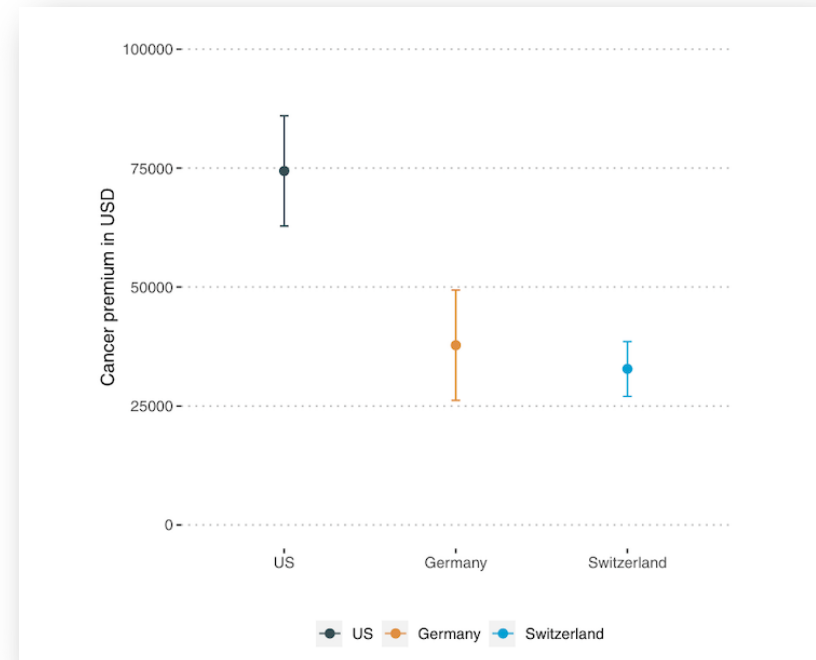
The “Cancer Premium”: Why Cancer Drugs Cost More

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



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

Gap persists after adjusting for efficacy and epidemiology



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**

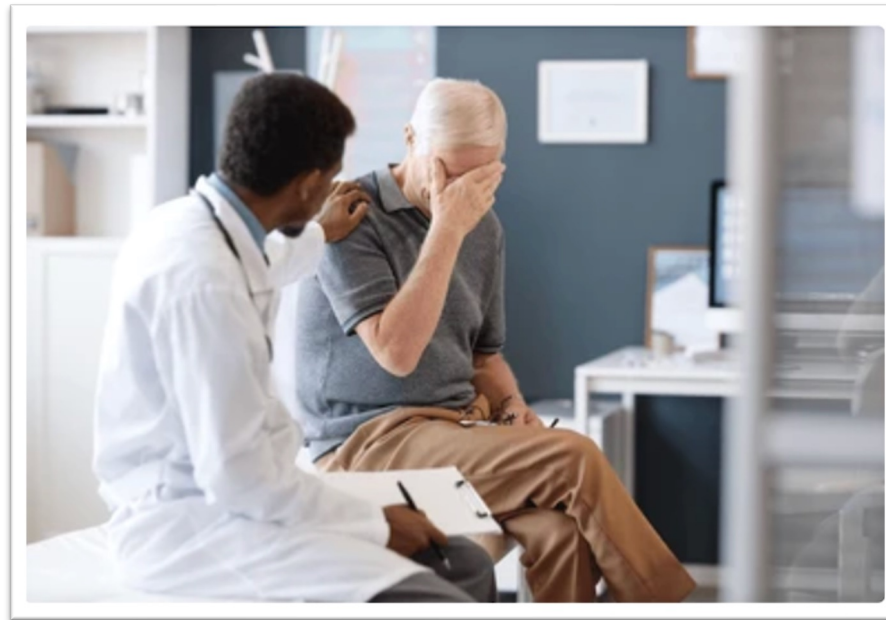


Premium Prices in Oncology: What Drives Them?

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	<i>Jenei K et al. Lancet Oncol 2024</i> <i>Tibau A et al. Cancer. 2020</i>
2. Acceptance of unvalidated surrogate endpoints	<i>Tibau A et al. JAMA NO 2025</i>
3. Lack of requirements and post-authorization follow-up (accelerated approvals, immature OS)	<i>Naci H et al. Lancet Oncol 2024</i> <i>Tibau A et al. JNCI. 2025</i>
4. Automatic coverage in some systems (such as the US)	<i>Jenei K et al. BMJ 2022</i>

Premium Prices in Oncology: What Drives Them?

3

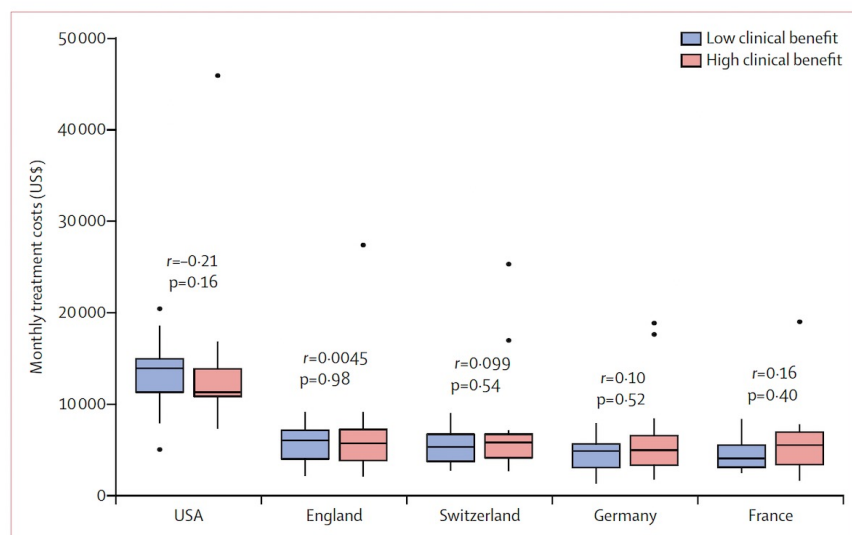
Prices are not aligned with clinical value

Cancer drugs providing low benefit can still reach premium prices

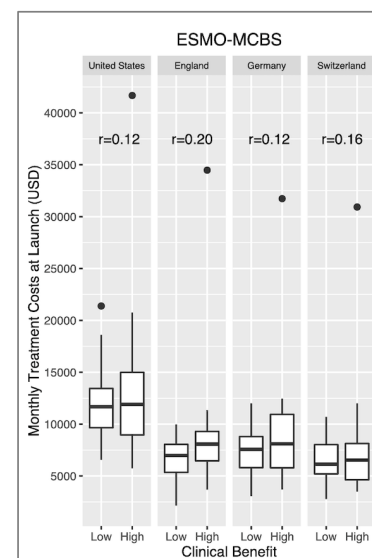
.... At launch and post-launch

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

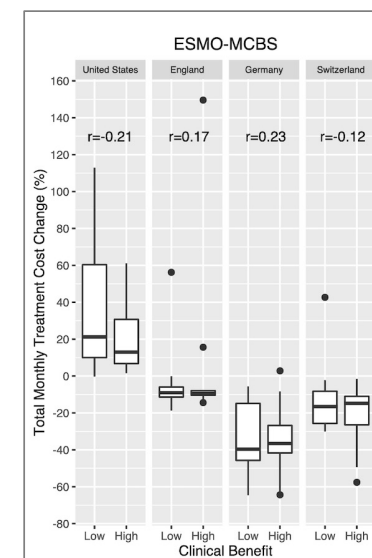
Vokinger K, Tibau A et al.
JAMA Oncol. 2021



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

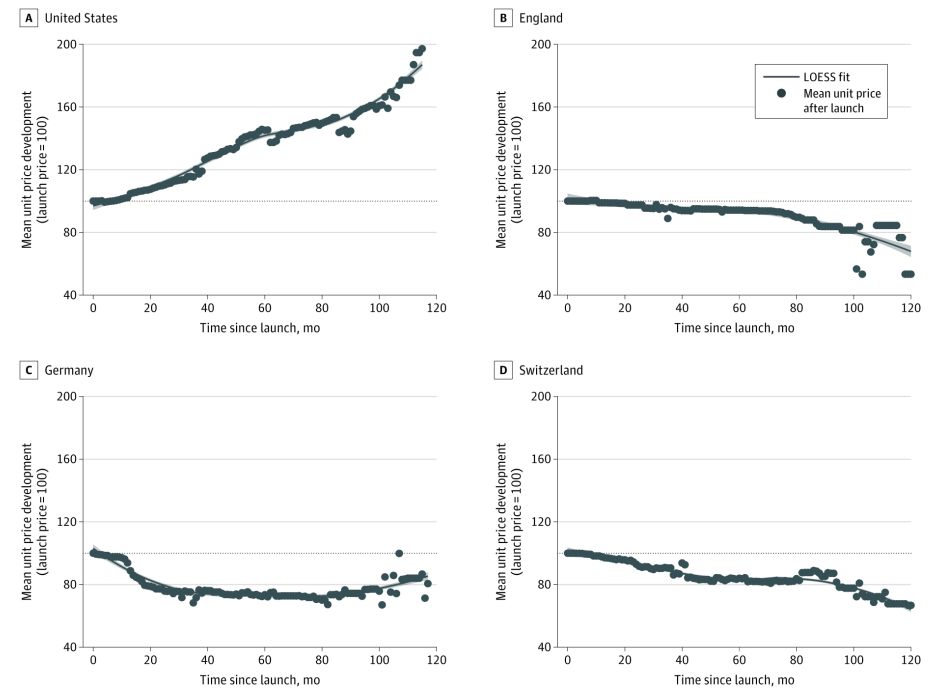
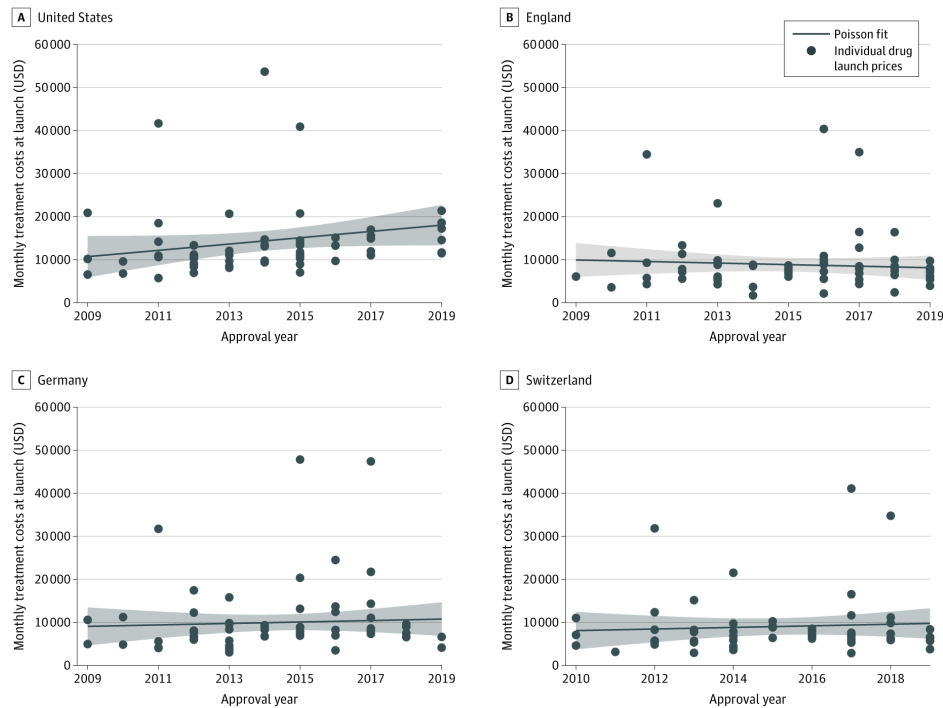


Value-Based Price Negotiation

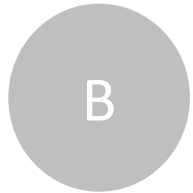
Value-Based Price Negotiation Keeps Cancer Drug Costs Lower in Europe

Launch Prices

Post-launch Price Trajectories



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



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

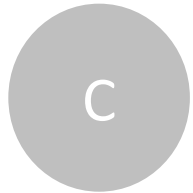
Confidential rebates make list prices unreal

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

🇪🇸 Spain

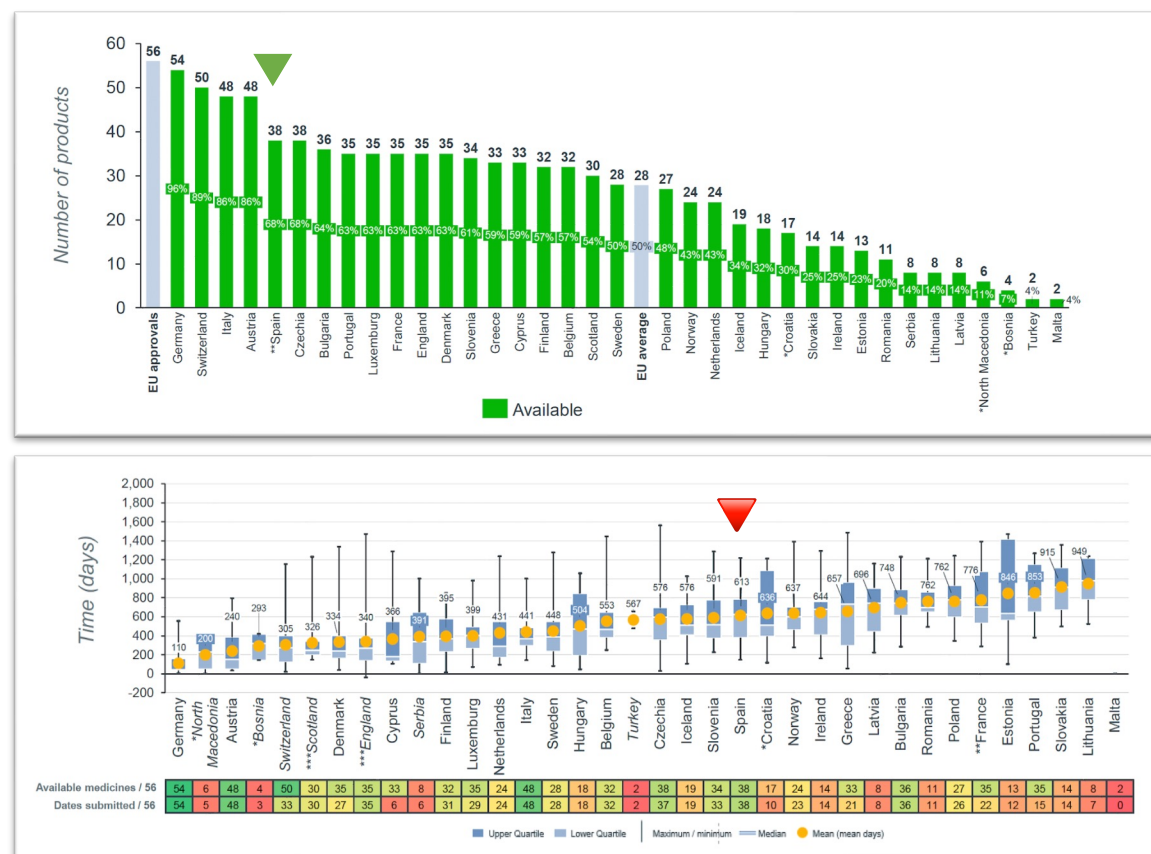
68% availability 🟢

21 months to reimbursement 🔴

🇪🇺 EU Average

50% availability

19 months

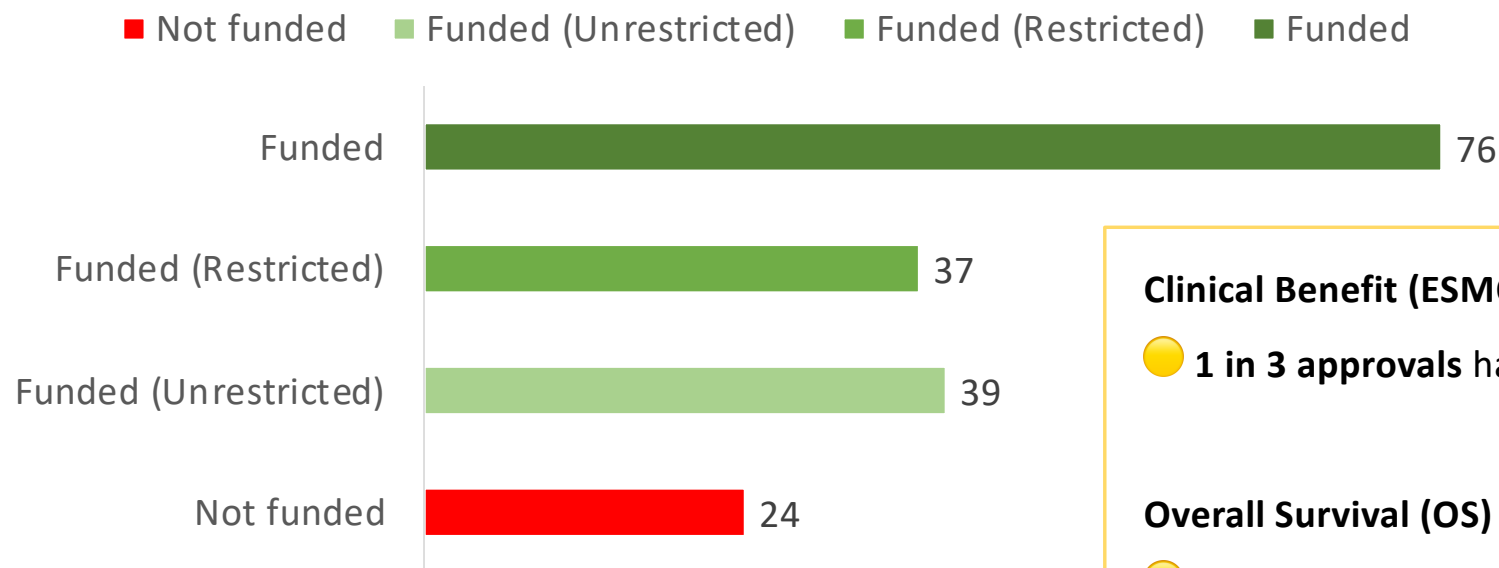


EFPIA Patients W.A.I.T. Indicator 2024 Survey [Internet]. IQVIA, (2024)

Spain today — Access and Restrictions

Most oncology drugs are funded, but nearly half with restrictions

Funding Outcomes Percentages (49 indications)



Clinical Benefit (ESMO-MCBS)

● **1 in 3 approvals** have substantial benefit (33%)

Overall Survival (OS)

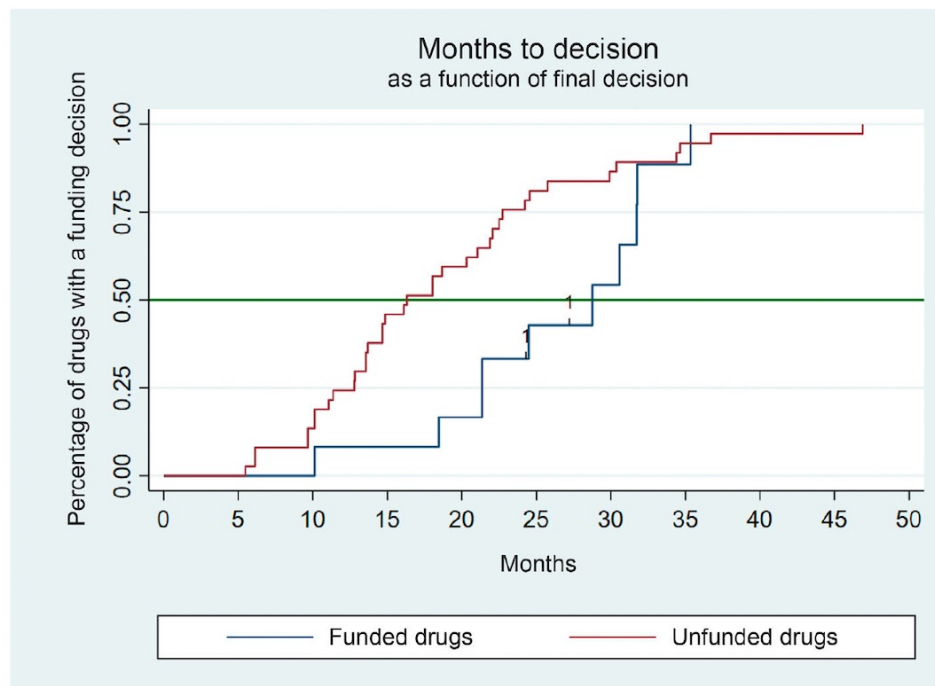
● **Only 1 in 5** improve survival at approval (22%)

Median 4-month OS benefit

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**

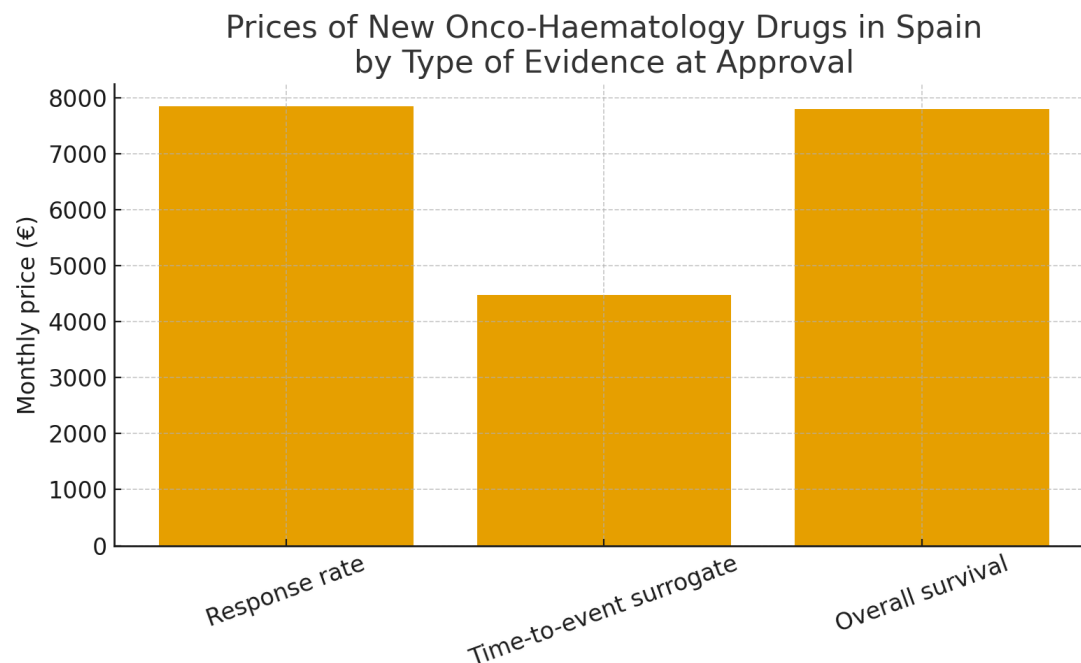
David Epstein Gaceta Santiaria 2020
Hilario Martínez-Barros Farm Hosp. 2024

Prices of Cancer Drugs in Spain (2017–2020)

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

Prices by evidence strength:

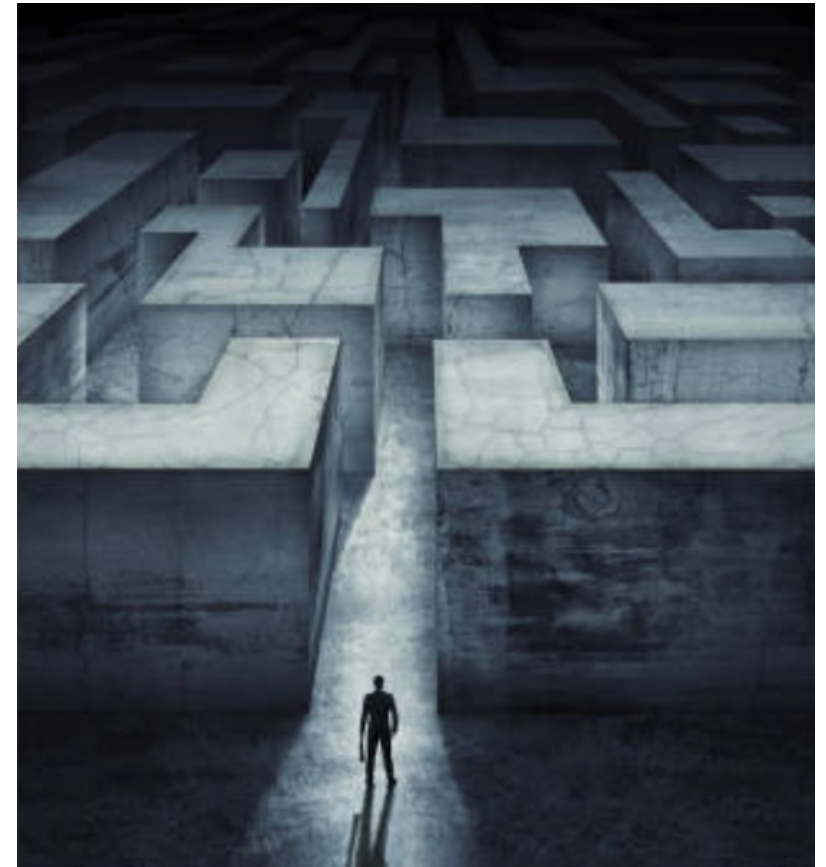
- Response rate: **€7,848**
- Surrogate endpoints: **€4,481**
- Overall survival: **€7,800**



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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