



LEIDS UNIVERSITAIR MEDISCH CENTRUM

*Do we need a cost-effectiveness threshold value to decide about coverage of expensive cancer drugs?*

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*Expensive anti-cancer drugs, the Dutch experience,  
1990 Taxol*



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## *2004-2005: introduction Herceptin as adjuvant treatment for breast cancer*

- Not all patients received adjuvant Herceptin, although it was registered for this indication
- New reimbursement rules: 80 % extra payment
- Two years after the registration, all patients received Herceptin

- Set up in 1997
- 1999: Committee for assessment of new anti-cancer drugs
- Independent advice for the Dutch medical oncologists
- [www.nvmo.org](http://www.nvmo.org)



- Quality of the registration study
- Comparison with standard regimen?
- Increase in overall survival > 2 months
- Increase in progression free survival > 2 months?
- HR < 0.70
- Side effects: lethal < 5 %, severe < 25 %, chronic < 10 %
- Quality of life: no serious deterioration
- Level of evidence: phase III study
- Costs are mentioned, but do not play a role in the final decision

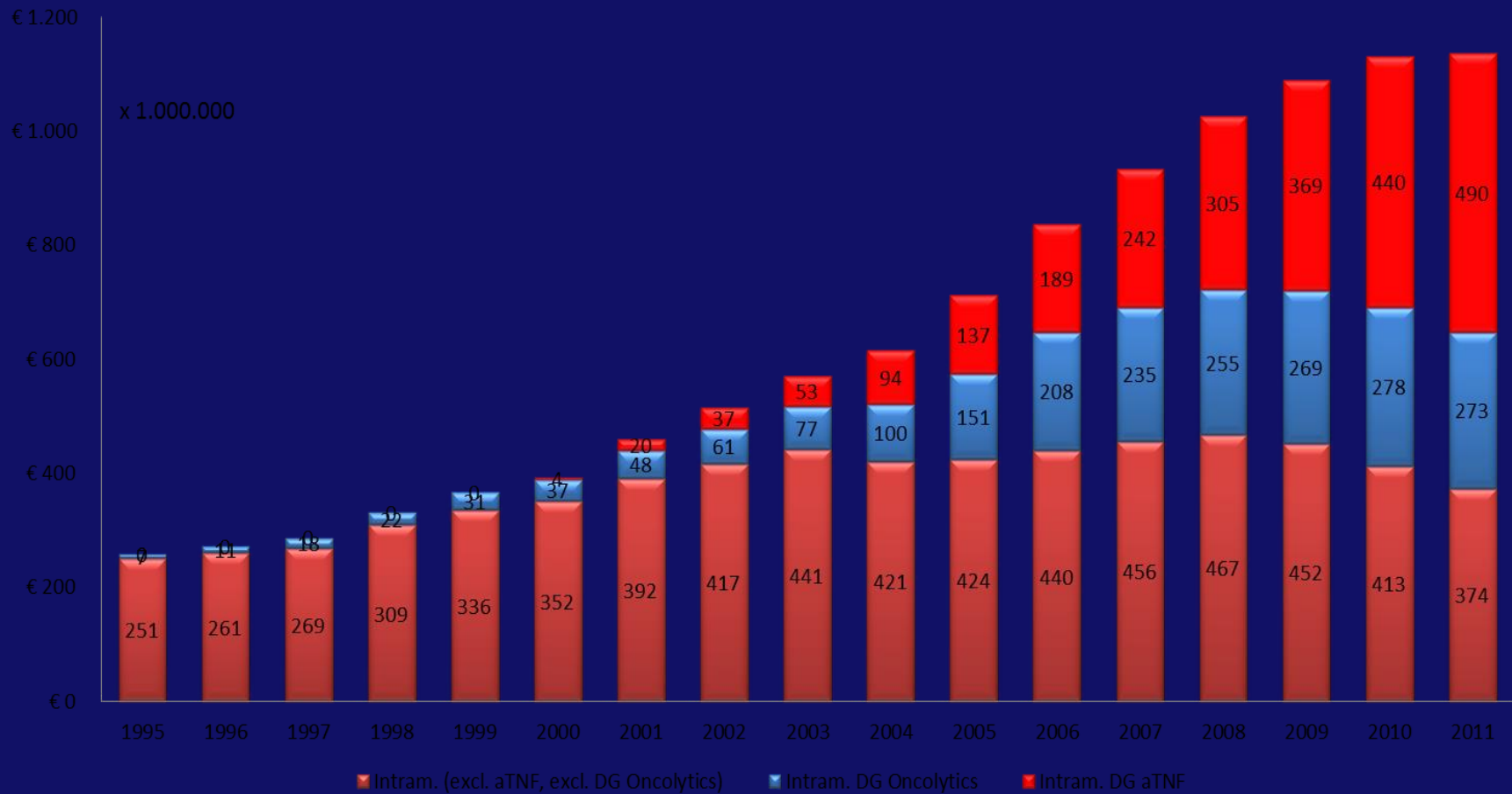


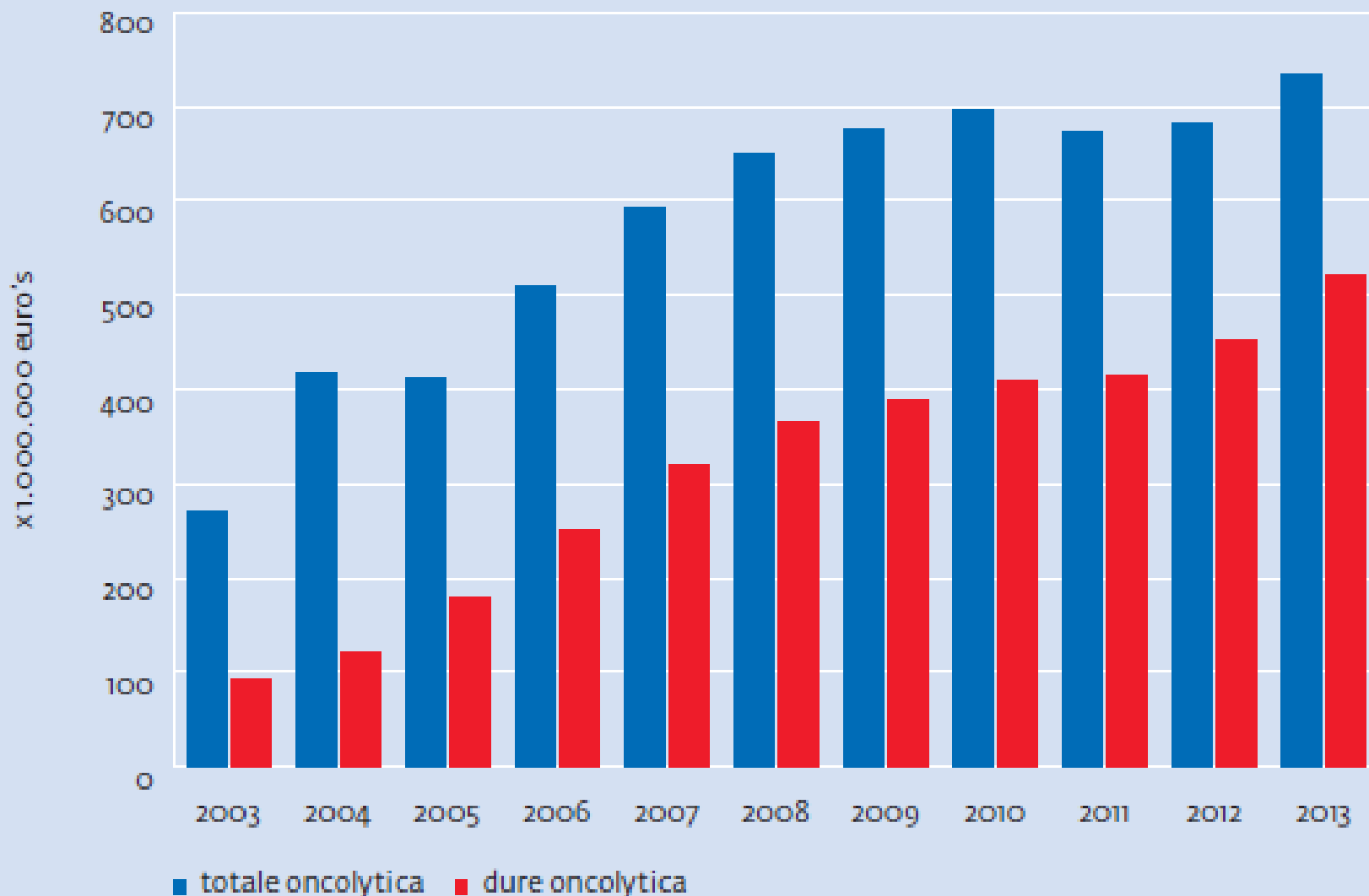
## *Reimbursement system in the Netherlands*

- Registration EMA
- Patients rights: treatment according to best science and practice (guidelines)
- Reimbursement after assessment by the Dutch Healthcare Insurance Board
- Expensive anti-cancer drugs part of the hospital budget, as an add-on
- Three party agreement Ministry of Health Care, hospitals and specialists, maximum growth 1.5 % a year

# Total expenditure on expensive drugs in the hospitals in the

Netherlands  
(AIP)





figuur 2.2: Ontwikkeling van geneesmiddelenomzet voor intra- en extramurale



## *Consequences of patent loss*

• Paclitaxel	€ 950,-	€ 33,-
• Docetaxel	€ 1400,-	€ 70,-
• Gemcitabine	€ 380,-	€ 90,-
• Irinotecan	€ 1100,-	€ 100,-
• Oxaliplatin	€ 1030,-	€ 25,-

*Breakthrough of immunotherapy and targeted therapy*

**Science looft kankertherapie**

vrijdag 20 dec 2013, 08:27 (Update: 20-12-13, 21:30)

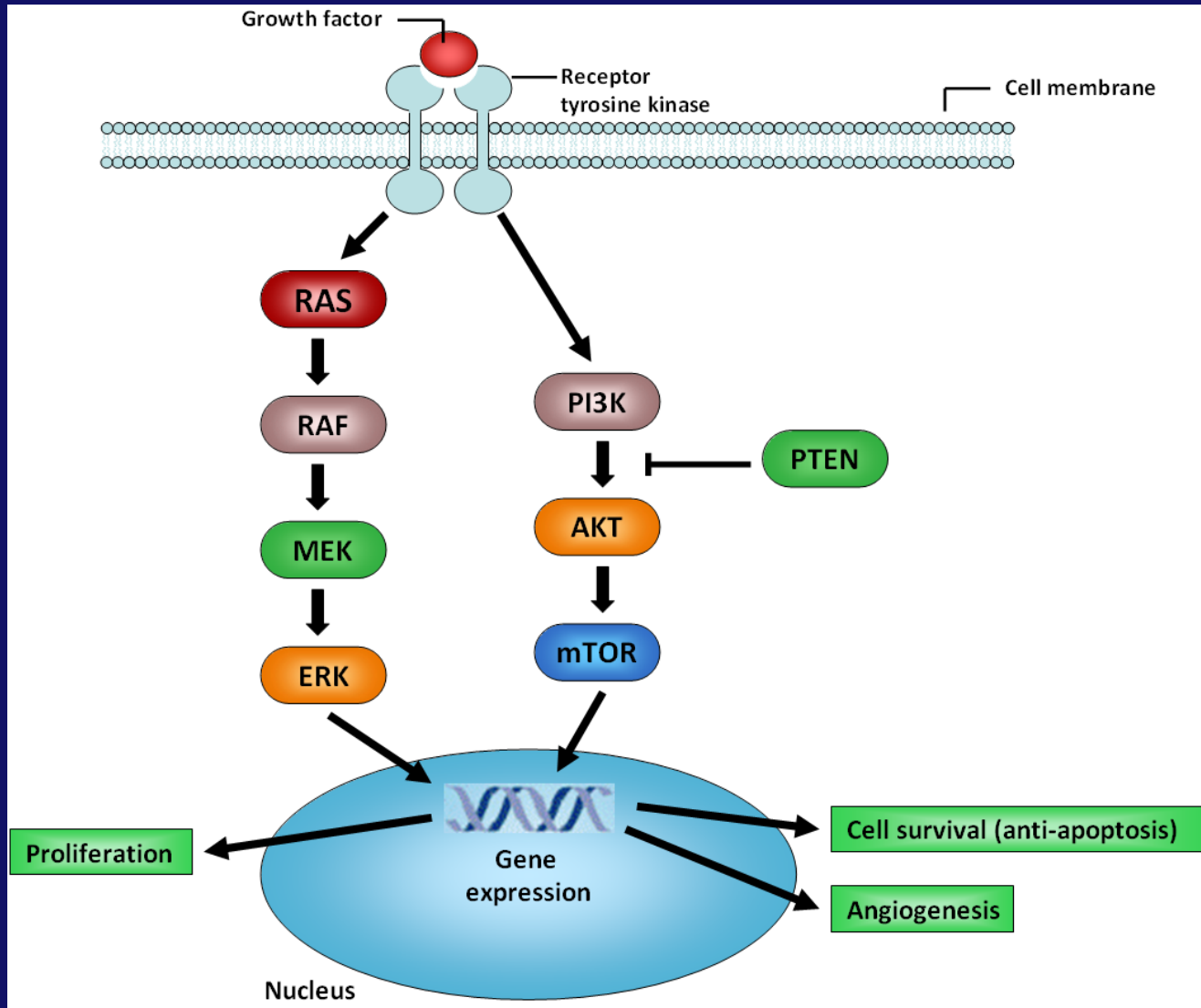
**Breakthrough of the Year 2013**

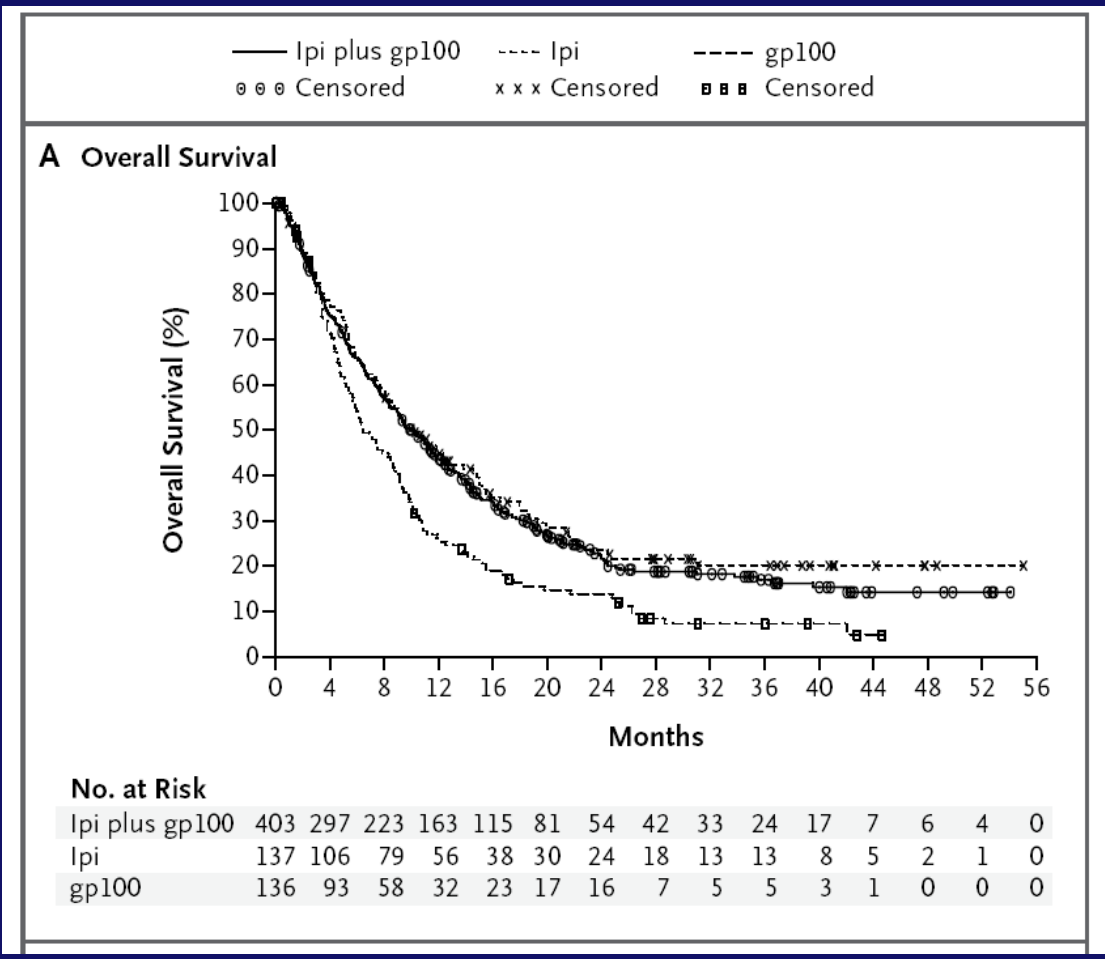


"Doorbraak van 2013"

Science

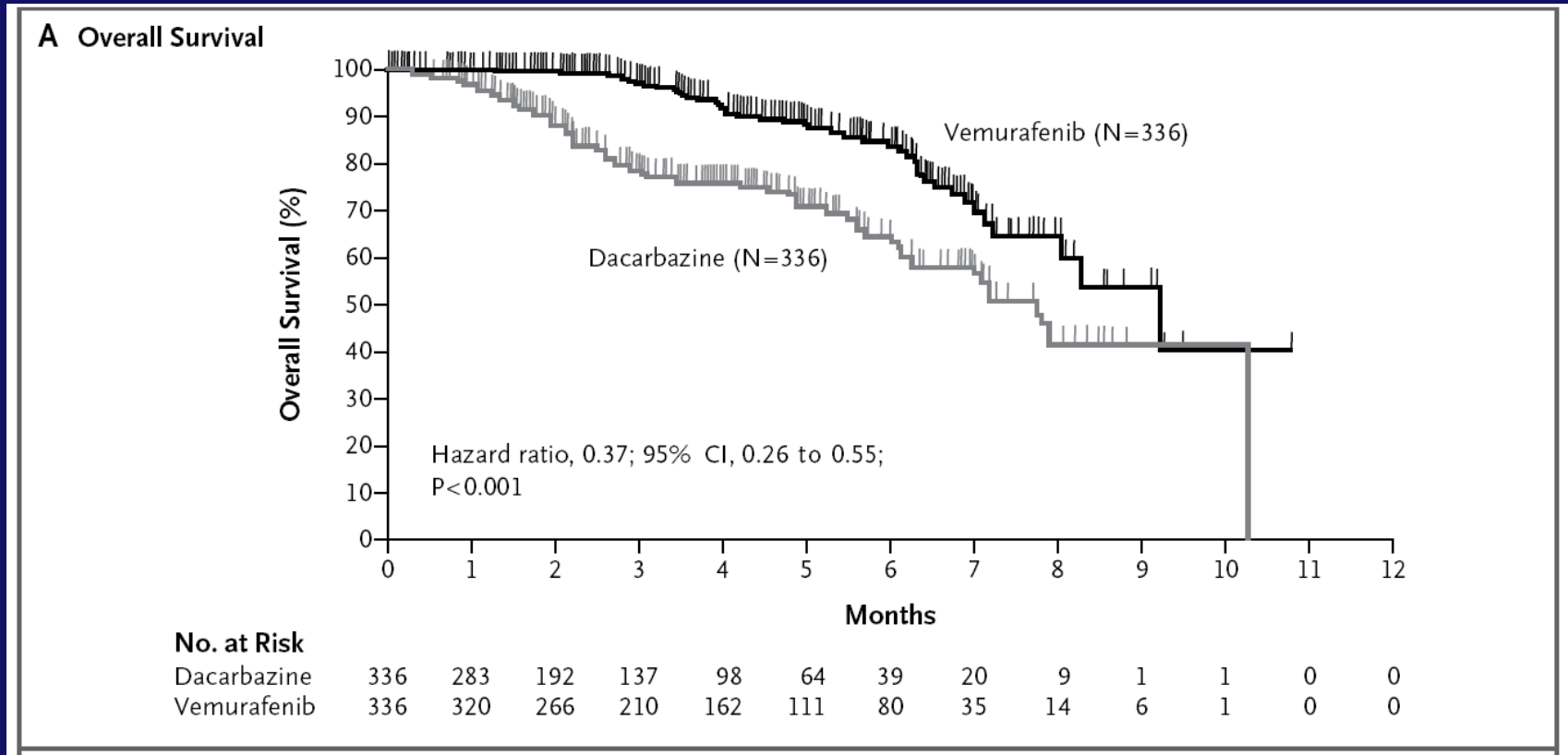
*New targeted drugs: many targets*





Costs of injections of ipilimumab € 80.000,-

*Results of vemurafenib, Chapman et al, NEJM 2011, price of vemurafenib € 50.000 – 60.000,-*



*New promising agents, introduced between 2012-2014*

- Breast cancer: pertuzumab and TDM-1
- Prostate cancer: enzalutamide, abiraterone, Radium-223
- Lung cancer: crizotinib
- Chronic lymphatic leukemia: ubritinib

# Toegankelijkheid van dure kankergeneesmiddelen Nu en in de toekomst

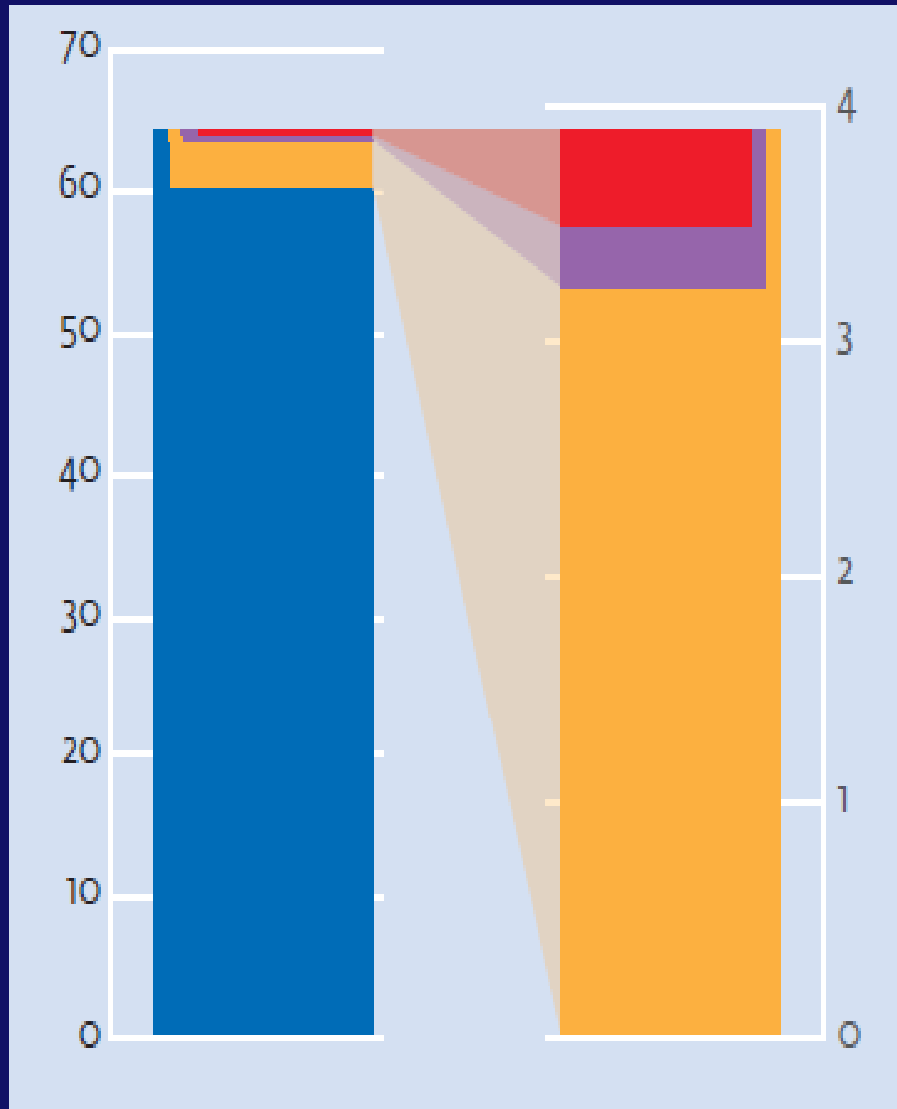
Signaleringscommissie Kanker van KWF Kankerbestrijding



*Main issue of the Dutch Cancer Society (KWF)*

- All cancer patients in the Netherlands need to have equal access to the best treatment of their diseases





## *Conclusions of the Signaling Committee*

- The incidence of cancer will increase
- The number of new promising ant-cancer drugs increases as well
- Problems are foreseen in the near future
- There is a need to seek for a new balance between the price of new anti-cancer drugs and the limitations of the health budget

## *Recommendations of the Signaling Committee*

- Improve early access
- Facilitate adoptive licensing
- Pharmaceutical companies should offer more transparency concerning prices. Why is ipilimumab 10 x more expensive than paclitaxel?
- Try to negotiate for the lowest price
- Explore new price arrangements: pay for performance and others
- Registries
- Make good estimates for the coming years
- Treshold?

*Pros threshold*

- Decision is not taken by the doctors
- Maximal transparency

## *Cons threshold*

- Pharmaceutical companies will all reach the threshold
- No opportunities for individual patients
- It does not stimulate innovation
- An expensive drug may be cheap after expiration of its patent

