

Value pricing? Should effectiveness determine what patients pay for cancer drugs?

THE debate in rich countries about the high price of drugs is a furious and frustrating one....

Making a mistake over which cancer drugs to use can be extremely costly for a payer, as illustrated by a disastrous recent attempt by Britain's government to increase access to new cancer drugs by creating a special fund in 2010. By the time it closed in 2016, £1.27bn (\$1.83bn) had been spent, mostly on drugs that were later shown to be ineffective for the conditions they were tried on.

Some think a better approach would be to try drugs out on patients and for payers to pay a price based on how well they work, an approach known as "value-based pricing". That would mean collecting a great deal of data from patients, which would be far from straightforward.

Some companies, such as Genentech, a biotech company owned by Roche, are trying to do just this, as are some payers including American health insurers. But however reassuring it is to know that money is going on drugs that are proven to work, it does not solve the broader problem of affordability.

The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion, and analysis. Read full, original post: [Cancer drugs are getting better and dearer](#)