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European price comparison of high-cost hospital medicines

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Background

High-cost medicines challenge the solidarity-based funding of health care systems in general and the medicine budgets of hospitals in particular. However, little is known about prices of such medicines.



Aim

To survey and compare the prices of high-cost medicines used in hospitals in European countries.

Materials & Methods

- 15 medicines from the in-patient sector that accounted for high expenditure for public payers in Austria in 2012
- · 16 European countries (see map)
- Ex-factory prices (official list prices) were surveyed as April 2013
- · Prices were compared per unit (i.e. per vial)



The study was financed by the Austrian Federal Ministry of Health. Price data were provided from the Pharma Price Information (PPI) service of the Austrian Public Health Institute (GÖG).

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Six of the selected medicines (human normal immunoglobulin, bortezomib, pemetrexed, bevacizumab, rituximab, ipilimumab) had a pack price (median of the 16 countries surveyed) of more than \notin 1,000.-, thereof ipilimumab of a median price of \notin 17,000.-.



The cross-country comparison showed that Sweden had most frequently unit ex-factory prices in fourth quartile (in 83% of the 15 medicines), followed by Germany (73%) and Finland (53%). Prices ranking most frequently in the first quartile were observed in Hungary (90% of the medicines), Greece (85%) and UK (67%). In 74% of the medicines of the sample, Greek prices were the lowest of the analysed countries.



Medicine prices varied across the European countries. Some countries (Sweden, Germany) tended to have high prices for several of the medicines analysed, whereas other countries (e.g. Greece) consistently ranked at the lower end. The study confirmed the hypothesis of high medicine prices for hospital medicines across Europe. Since these high prices contribute to high expenditures for hospitals, this indicates a need for a change in pricing policies since otherwise either these medicines will tie up more and more hospitals' resources and other needed investments cannot be made.