

Evaluating the saving potential of lenalidomide before and after transition to the reference price system in Finland

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Introduction and aims

Reimbursement costs for medicines in Finland amounted to approximately 1.8 billion euros in 2022. New cancer medicines account for two-thirds of all reimbursements paid for cancer medicines in Finland (**Figure 1**). The exclusive selling rights of several very expensive medicines are coming to an end and they are entering to the reference price system (RPS) and towards more competitive market. One of these medicines is the blockbuster cancer medicine lenalidomide, which has been among the ten best-selling medicines in Finland in terms of medicine reimbursement expenditure. The saving potential in the reimbursement expenditure of lenalidomide was evaluated before lenalidomide entered RPS in April 2022. The accuracy of our estimate was checked after lenalidomide had remained in RPS for almost one year, in the spring 2023.

Methods

Statistics of the Social Insurance Institution of Finland on the sales of lenalidomide in 2021–2023 were used. The saving potential was estimated by calculating the difference between the reference prices and the prices of the originator product before and after the transition to RPS, assuming that all lenalidomide sold in 2021 were the sales of the originator product.

Results

Before lenalidomide entered RPS, the saving potential in Finland was estimated to be around EUR 40 million. After, the reimbursement expenditure of lenalidomide were EUR 42.7 million in 2021 and EUR 12.2 million in 2022, even though the number of users had slightly increased. Thus, the costs of the medicine decreased by EUR 30.5 million (-71%). Considering that lenalidomide was included in the reference price system for nine months from April to December in 2022, our estimate appeared accurate (**Figure 2**).

Conclusion

Transition to RPS dramatically increased competition and lowered the prices of lenalidomide. Evaluating the saving potential of expensive medicines of which exclusive selling rights are about to expire, is important in order to forecast the future burden of the reimbursement scheme (**Table 1**). The Finnish case can be a useful example to evaluate the saving potential of blockbuster medicines.

Figure 1. Evolution of reimbursements paid for cancer medicines used in outpatient care from 2010 to 2021. Reference: Kela, Research blog

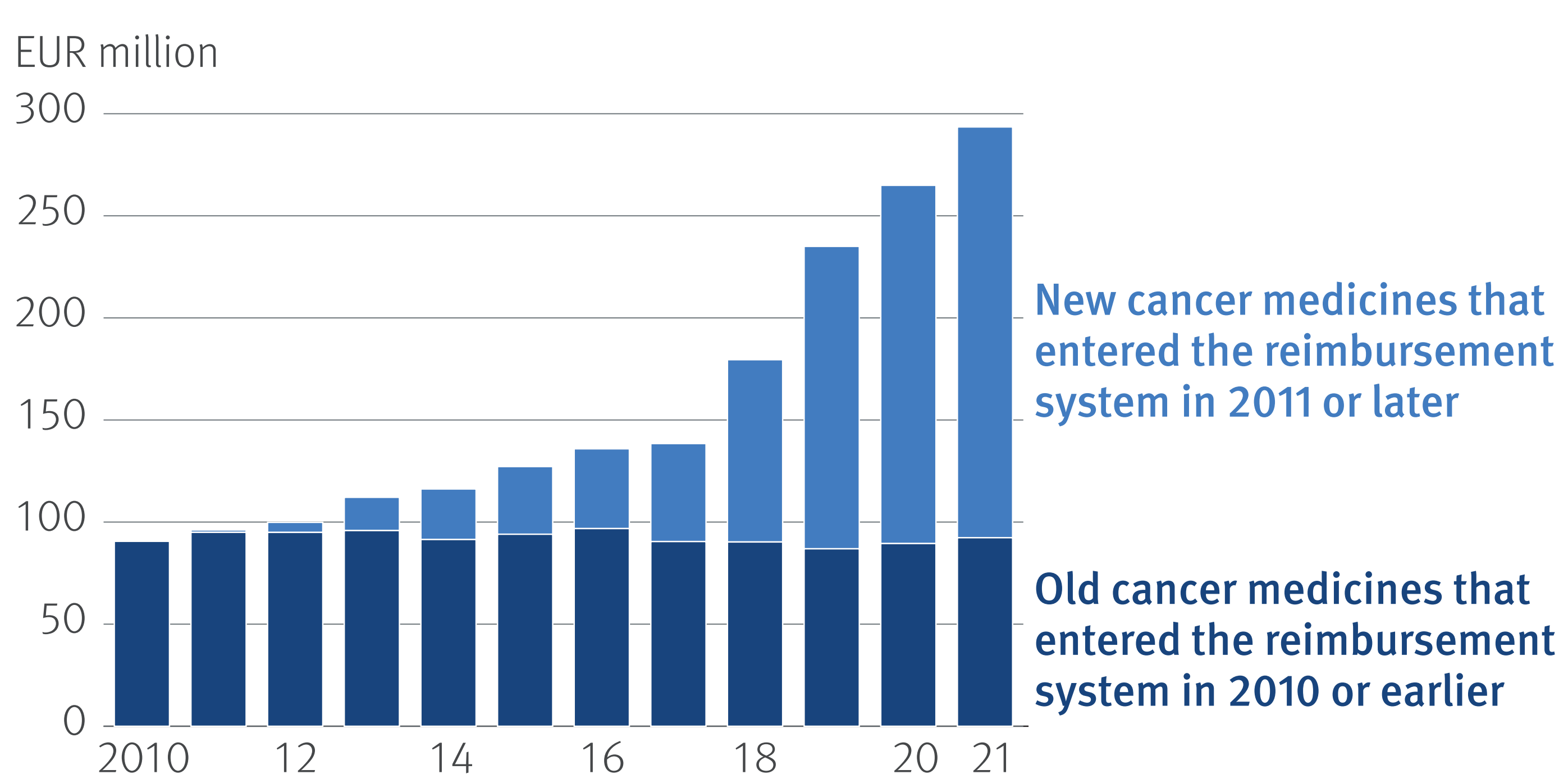


Figure 2. The evolution of the number and price of lenalidomide 25 mg products. Reference: Kela, Research blog

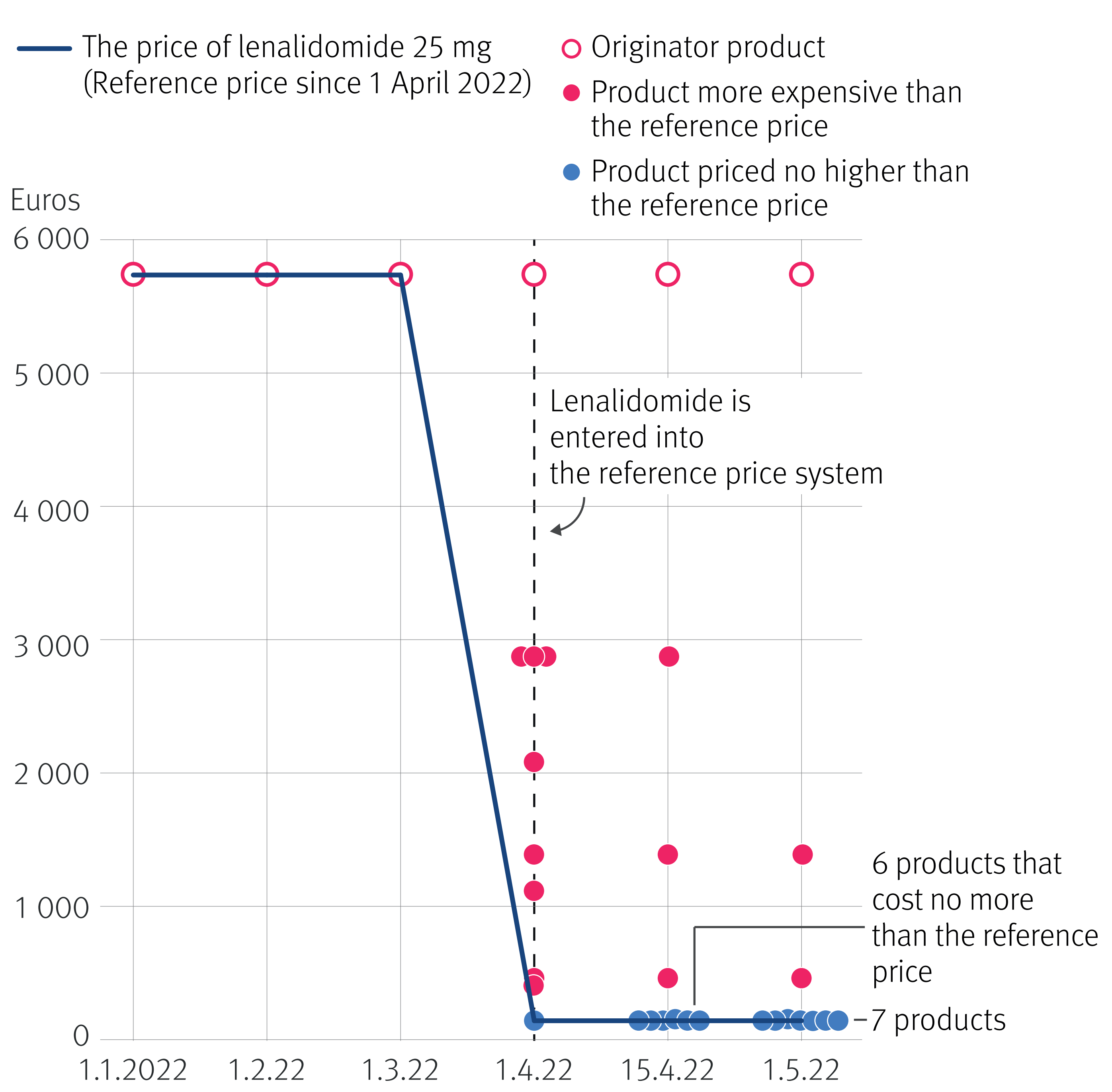


Table 1. Expensive medicines of which exclusive selling rights have expired or are about to expire, and their reimbursement expenditure in Finland in 2022. Reference: European Medicines Agency websites

Active ingredient and product name	Reimbursement expenditure in Finland in 2022, million euros	Patient receiving reimbursements in 2022	Approval of marketing authorisation and marketing authorisation holder
Enzalutamide, Xtandi®	44.5	1 645	6/2013 Astellas Pharma
Palbociclib, Ibrance®	20.2	1 056	11/2016 Pfizer
Ibrutinib, Imbruvica®	19.3	356	10/2014 Janssen-Cilag
Pomalidomide, Imnovid®	15.7	284	8/2013 Bristol-Myers Squibb
Abiraterone, Zytiga®	14.2	806	9/2011 Janssen-Cilag
Cabozantinib, Cometriq®	13.3	408	3/2014 Ipsen Pharma
Venetoclax, Venclyxto®	12.4	294	12/2016 Abbvie
Lenalidomide, Revlimid®	12.2	1 307	6/2007 Bristol-Myers Squibb

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