

# Most cancer centers do not disclose payer-specific prices

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Most U.S. National Cancer Institute-designated cancer centers do not

provide required price transparency, but markup on parenteral chemotherapy appears widespread, according to a study published online April 18 in *JAMA Internal Medicine*.

Roy Xiao, M.D., from Massachusetts Eye and Ear in Boston, and colleagues assessed the extent of price markup by hospitals on parenterally administered cancer therapies and price variation among hospitals. The analysis included private payer-specific negotiated [prices](#) for the top 25 parenteral (e.g., injectable or infusible) cancer therapies by Medicare Part B spending in 2019 using publicly available [hospital price transparency](#) files.

The researchers found that 27 of 61 National Cancer Institute-designated cancer centers disclosed private payer-specific prices for at least one top-selling [cancer therapy](#) as required by federal regulations. Across all centers and payers, median drug price markups ranged from 118.4 percent (sipuleucel-T) to 633.6 percent (leuprolide). Price ratios ranged from 2.2 (pertuzumab) to 15.8 (leuprolide) across centers. Within the same center, negotiated prices also varied considerably between payers, with median within-center price ratios for cancer therapies ranging from 1.8 (brentuximab) to 2.5 (bevacizumab).

"The findings of this cross-sectional study suggest that, to reduce the financial burden of cancer treatment for patients, institution of public policies to discourage or prevent excessive hospital price markups on parenteral chemotherapeutics might be beneficial," the authors write.

Several authors disclosed financial ties to the medical and health insurance industries.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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