Economic Implications of Generic Pomalidomide Adoption in the Management of Relapsed/Refractory Multiple Myeloma: A Budget Impact Analysis at the Jalisco Institute of Cancerology

RWD149

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INTRODUCTION

Relapsed/Refractory Multiple Myeloma (RRMM) remains a complex clinical and economic challenge in oncology, particularly in public healthcare settings with limited therapeutic alternatives and constrained pharmaceutical budgets.

Pomalidomide, a third-generation immunomodulatory agent (IMiD), is indicated for patients previously treated with Lenalidomide and proteasome inhibitors.

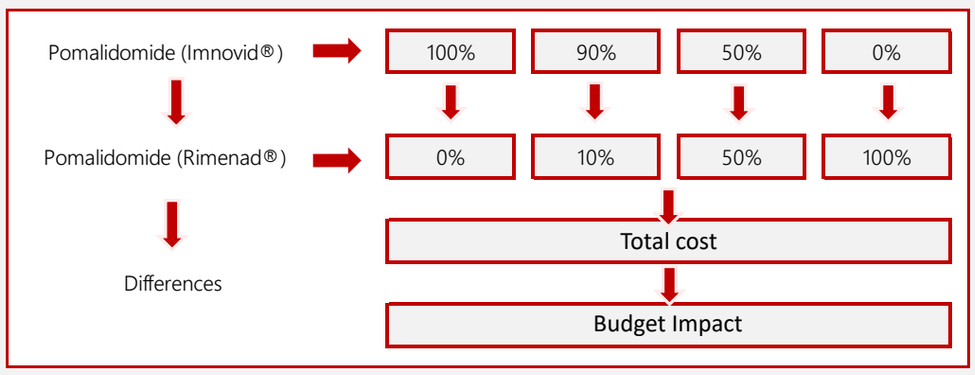
The recent availability of a generic version (Rimenad®) with equivalent formulation to the branded product (Imnovid®) presents an opportunity to optimize healthcare resource allocation without compromising clinical outcomes.

METHODS

A Budget Impact Analysis (BIA) was conducted from the perspective of the Jalisco Institute of Cancerology over a one-year time horizon. The model incorporated real-world evidence regarding patient volumes, clinical practice patterns, and historical drug procurement data.

Two primary scenarios were evaluated: continued use of branded Pomalidomide (Imnovid®) versus partial (10% and 50%) and full (100%) substitution with the generic formulation (Rimenad®).

Figure 1. Budget Impact model structure.



Drug acquisition costs were obtained from institutional purchase records and official public procurement platforms.

The model estimated direct medical costs associated with drug administration, aligned with routine oncology care delivery.

Therapeutic equivalence between formulations was assumed according to regulatory approval criteria.

Deterministic sensitivity analyses were conducted to explore variations in pricing and adoption levels.

RESULTS

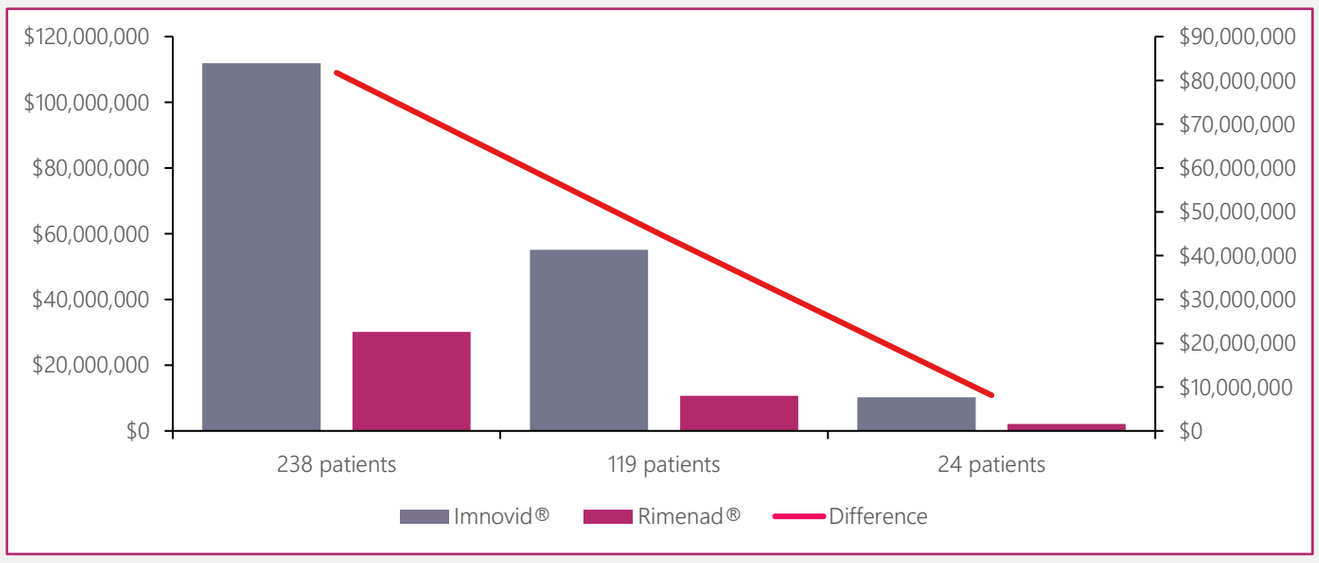
For a cohort of 238 patients, estimated annual savings with Rimenad® reached MXN $8.8 million at 10% substitution, MXN $44.1 million at 50%, and MXN $88.1 million with full adoption.

Table 1. Budget Impact Analysis at the Jalisco Institute of Cancerology.

Pomalidomide (Imnovid®) participation	100%	90%	50%	0%
Patients	238	214	119	0
Cost Pomalidomide (Imnovid®)	$111,868,998	$10,267,432	$55,132,568	$0
Pomalidomide (Rimenad®) participation	**0%**	**10%**	**50%**	**100%**
Patients	0	24	119	238
Cost Pomalidomide (Rimenad®)	$0	$2,134,563	$10,672,815	$30,121,567
Total cost	**$111,868,998**	**$12,401,995**	**$65,805,383**	**$30,121,567**
Savings Pomalidomide (Rimenad®)	-	-$8,132,869	-$44,459,753	$30,121,567
Accumulated savings	-	-$8,132,869	-$52,592,622	-$82,714,189
Budget Impact	2.8%	0.3%	1.6%	0.7%

These results underscore the significant financial value of incorporating the generic formulation into standard care protocols.

Figure 1. Savings at the Jalisco Institute of Cancerology.



CONCLUSION

The introduction of generic Pomalidomide (Rimenad®) for RRMM offers a cost-saving alternative for public oncology institutions in Mexico. Using real-world data, substituting branded Imnovid® in 238 patients could yield significant budget savings, enabling reinvestment in patient access, supportive care, or other therapies—without compromising clinical outcomes.

Table 1. Conclusions per scenario.

Treatment	238 patients	119 patients	24 patients	Average cost per patient
Imnovid®	$111,868,998	$55,132,568	$10,267,432	$453,715
Rimenad®	$30,121,567	$10,672,815	$2,134,563	$101,730
Difference	**$81,747,431**	**$44,459,753**	**$8,132,869**	**$351,986**

These results support its inclusion as a sustainable and therapeutically equivalent option in national oncology care.

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