EE453

Expanded Access to Oncology Therapies in Mexico: The Role of Bioequivalent Abiraterone and Axitinib

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Introduction

The introduction of bioequivalent medications offers the opportunity to improve patient access to oncology therapies in resource-constrained health systems.
This study aimed to estimate the potential economic savings and expanded treatment capacity associated with increased use of bioequivalent Abiraterone (Avitosyn®) and Axitinib (Synthon's) in Mexico.

Methods

The introduction of bioequivalent medications offers the opportunity to improve patient access to oncology therapies in resource-constrained health systems.
This study aimed to estimate the potential economic savings and expanded treatment capacity associated with increased use of bioequivalent Abiraterone (Avitosyn®) and Axitinib (Synthon's) in Mexico.
A retrospective budget impact model was developed using IMSS institutional procurement data from 2022 to 2024. Drug acquisition costs, public sector reference prices, and historical volume were used to estimate total expenditures under current and alternative uptake scenarios. Two adoption scenarios were evaluated:

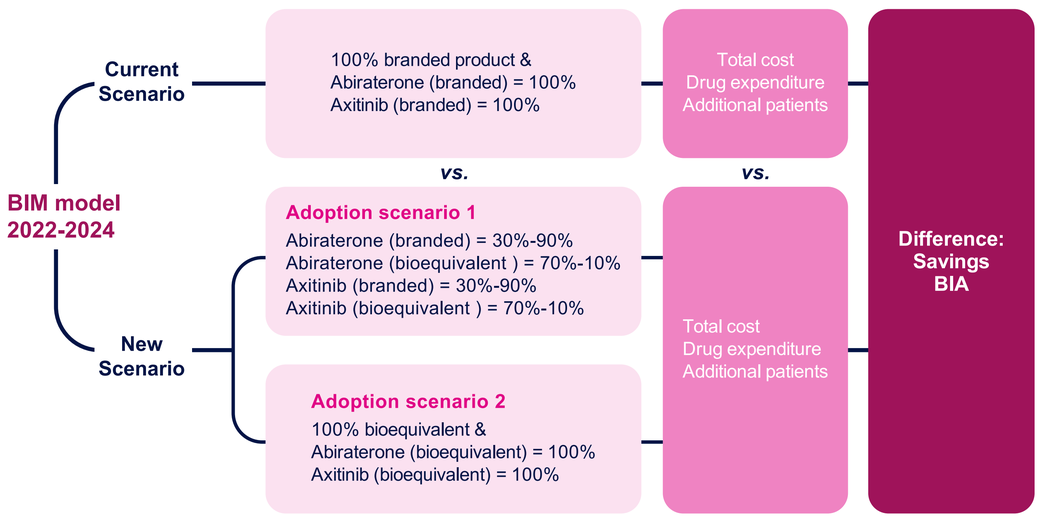
1. Incremental increase in market share for bioequivalents (30% to 70%), and
2. Exclusive use of bioequivalent formulations.

Table 1. Scenarios evaluated

	Current Scenario		
100% branded product	**2022**	**2023**	**2024**
Abiraterone (branded)	100%	100%	100%
Axitinib (branded)	100%	100%	100%
	Adoption scenario 1		
New Scenario	**2022**	**2023**	**2024**
Abiraterone (branded)	30%	60%	90%
Abiraterone (bioequivalent)	70%	40%	10%
Axitinib (branded)	30%	60%	90%
Axitinib (bioequivalent)	70%	40%	10%
	Adoption scenario 2		
100% bioequivalent	**2022**	**2023**	**2024**
Abiraterone (bioequivalent)	100%	100%	100%
Axitinib (bioequivalent)	100%	100%	100%

Outcomes included total savings in drug expenditure and the estimated number of additional patients treatable under a budget-neutral assumption, based on average per-patient annual costs.

Figure 1. Budget Impact Analysis model (simplified model structure).



The model assumes clinical equivalence between bioequivalent and originator formulations, as per regulatory approval standards in Mexico.

No discounting or inflation adjustments were applied, given the short-term horizon and real-world nature of the data. USD dollar 2025.

Results

Progressive adoption of bioequivalent abiraterone and axinitib led to estimated savings ranging from MXN $87.5 million to $214.3 million annually.
These savings could enable budget-neutral expansion of access to an additional 1,320 to 3,650 patients per year.

Table 2. BIA results in all scenarios.

Current Scenario				
Abiraterone (100% branded)	**2022**	**2023**	**2024**	**Annual average**
Total drug acquisition	8,912	9,257	9,803	9,324
Total patients	743	771	817	777
Total cost Abiraterone	**$178,053,026.24**	**$184,945,788.14**	**$195,854,333.06**	**$186,284,382.48**
Axitinib (100% branded)	**2022**	**2023**	**2024**	**Annual average**
Total drug acquisition	5,030	5,318	5,788	5,379
Total patients	419	443	482	448
Total cost Axitinib	**$211,655,056.20**	**$223,773,675.72**	**$243,550,589.52**	**$226,326,440.48**
Total cost	**$389,708,082.44**	**$408,719,463.86**	**$439,404,922.58**	**$412,610,822.96**
New Scenario				
Adoption scenario 1				
Abiraterone	**2022**	**2023**	**2024**	**Annual average**
Total drug acquisition	8,912	9,257	9,803	9,324
Total patients	743	771	817	777
Total cost branded	$124,637,118.37	$73,978,315.26	$19,585,433.31	$72,733,622.31
Total cost bioequivalent	**$28,844,590.25**	**$59,922,435.36**	**$95,185,205.87**	**$61,317,410.49**
Total cost AS 1	**$153,481,708.62**	**$133,900,750.61**	**$114,770,639.17**	**$134,051,032.80**
Axitinib	**2022**	**2023**	**2024**	**Annual average**
Total drug acquisition	5,030	5,318	5,788	5,379
Total patients	419	443	482	448
Total cost branded	$148,158,539.34	$89,509,470.29	$24,355,058.95	$87,341,022.86
Total cost bioequivalent	**$59,263,415.74**	**$35,803,788.12**	**$9,742,023.58**	**$160,074,645.17**
Total cost - AS 1	**$207,421,955.08**	**$125,313,258.40**	**$34,097,082.53**	**$122,277,432.00**
Difference NS AS 1 *vs.* current scenario	**-$182,286,127.36**	**-$283,406,205.46**	**-$405,307,840.05**	**-$290,333,390.96**
Adoption scenario 2				
Abiraterone (100% bioequivalent)	**2022**	**2023**	**2024**	**Annual average**
Total drug acquisition	8,912	9,257	9,803	9,324
Total patients	743	771	817	777
Total cost Abiraterone	**$96,148,634.17**	**$99,870,725.60**	**$105,761,339.85**	**$100,593,566.54**
Axitinib (100% bioequivalent)	**2022**	**2023**	**2024**	**Annual average**
Total drug acquisition	5,030	5,318	5,788	5,379
Total patients	419	443	482	448
Total cost Axitinib	**$84,662,022.48**	**$89,509,470.29**	**$97,420,235.81**	**$90,530,576.19**
Total cost - AS 2	**$180,810,656.65**	**$189,380,195.88**	**$203,181,575.66**	**$191,124,142.73**
Difference NS AS 2 *vs.* current scenario	**-$208,897,425.79**	**-$219,339,267.98**	**-$236,223,346.92**	**-$221,486,680.23**

In a full substitution scenario, total savings exceeded MXN $290 million, potentially allowing treatment for more than 5,100 patients.

Sensitivity analyses, incorporating price variation and procurement conditions, confirmed the robustness of these findings.

Conclusions

- The increased use of bioequivalent Abiraterone and Axinitib (Synthon's) represents a strategically superior alternative for the Mexican healthecare system.
- Beyond generating substantial cost savings, this approach enables broader patient access to life-prolonging therapies In high-burder cancers.
- Given the epidemiological urgency and economic pressure, the systematic integration of bioequivalents into oncology formularies should be prioritized as a key enable of equitable and sustainable cancer care in Mexico.

References

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Presented at ISPOR Europe 2025. 9-12 November 2025.
Glasgow Scotland, UK.

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