BACKGROUND
Brazil and Mexico present an attractive opportunity for biosimilar manufacturers. Current regulations allow indication extrapolation in both countries with sufficient evidence and approval by the national regulatory agency (Figure 1). In Brazil, domestically produced oncology biosimilars from Productive Development Partnerships (PDPs) are expected to provide savings to the government’s health expenditure on biologics. Interviewed payers confirmed previous negative experiences with non-original biologics in their markets. In Mexico, immunogenic responses were observed in patients following switching between therapeutic monoclonal antibodies (MAbs) from the same and different manufacturers. Interviewed payers attributed these experiences to the lack of a specific commitment to the indication issued by the CSG (Figure 2).

OBJECTIVES
1. The majority of oncologists and hematologists in Brazil and Mexico believe the use of biosimilars will be expanded in the future and that indication extrapolation will likely be practiced in the public sector (Figure 4).
2. Physicians and payers consider the cost-effectiveness of biosimilars as an important issue (Figure 3).
3. sands for oncologists will be derived by comparing the results from Brazil and Mexico to Argentina. Previous studies have shown that Argentina has a higher utilization rate of biosimilars than Brazil and Mexico.

METHODS
A mixed-methods approach involving a combination of survey and expert interviews was employed. In Brazil, 100 physicians and 49 payers were surveyed, and 11 interviews were conducted with key stakeholders. In Mexico, 74 physicians and 28 payers were surveyed, and 16 interviews were conducted with key stakeholders. In Argentina, 59 physicians and 22 payers were surveyed, and 10 interviews were conducted with key stakeholders.

RESULTS
1. In Brazil, domestically produced oncology biosimilars from PDPs are expected to provide savings to the government’s health expenditure on biologics. Interviewed payers confirmed previous negative experiences with non-original biologics in their markets. In Mexico, immunogenic responses were observed in patients following switching between therapeutic MAbs from the same and different manufacturers. Interviewed payers attributed these experiences to the lack of a specific commitment to the indication issued by the CSG (Figure 2).
2. Physicians and payers consider the cost-effectiveness of biosimilars as an important issue (Figure 3).
3. sands for oncologists will be derived by comparing the results from Brazil and Mexico to Argentina. Previous studies have shown that Argentina has a higher utilization rate of biosimilars than Brazil and Mexico.

DISCUSSION AND CONCLUSION
Brazil and Mexico present an attractive opportunity for biosimilar manufacturers. Current regulations allow indication extrapolation in both countries with sufficient evidence and approval by the national regulatory agency (Figure 1). In Brazil, domestically produced oncology biosimilars from Productive Development Partnerships (PDPs) are expected to provide savings to the government’s health expenditure on biologics. Interviewed payers confirmed previous negative experiences with non-original biologics in their markets. In Mexico, immunogenic responses were observed in patients following switching between therapeutic MAbs from the same and different manufacturers. Interviewed payers attributed these experiences to the lack of a specific commitment to the indication issued by the CSG (Figure 2).

The Expected Impact of Oncology Biosimilars in Brazil and Mexico: Payers and Oncologists Consider the Cost-Effectiveness of These Cheaper Alternatives

1. Brazil and Mexico present an attractive opportunity for biosimilar manufacturers. Current regulations allow indication extrapolation in both countries with sufficient evidence and approval by the national regulatory agency (Figure 1). In Brazil, domestically produced oncology biosimilars from Productive Development Partnerships (PDPs) are expected to provide savings to the government’s health expenditure on biologics. Interviewed payers confirmed previous negative experiences with non-original biologics in their markets. In Mexico, immunogenic responses were observed in patients following switching between therapeutic MAbs from the same and different manufacturers. Interviewed payers attributed these experiences to the lack of a specific commitment to the indication issued by the CSG (Figure 2).

2. Physicians and payers consider the cost-effectiveness of biosimilars as an important issue (Figure 3). sands for oncologists will be derived by comparing the results from Brazil and Mexico to Argentina. Previous studies have shown that Argentina has a higher utilization rate of biosimilars than Brazil and Mexico.

3. The majority of oncologists and hematologists in Brazil and Mexico believe the use of biosimilars will be expanded in the future and that indication extrapolation will likely be practiced in the public sector (Figure 4).