

# Access to drugs from the specialized component of pharmaceutical assistance: an integrative review

## Acesso a Medicamentos do Componente Especializado da Assistência Farmacêutica: uma Revisão Integrativa

## Acceso a medicamentos del componente especializado de asistencia farmacéutica: una revisión integradora

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# REVISA

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### RESUMO

**Objetivo:** Descrever as dificuldades e/ ou facilidades encontradas no acesso a medicamentos do CEAF. **Método:** Revisão integrativa de literatura, com levantamento online no Portal de Periódicos Eletrônicos disponibilizado pela CAPES, nas Bases de Dados DOAJ, Latindex, SciELO Brazil e Medline Complete, com os Descritores em Ciências da Saúde: Assistência farmacêutica, Medicamentos do Componente Especializado da Assistência Farmacêutica e Acesso aos serviços de saúde. Foram selecionados nove artigos, sendo realizada análise descritiva, com a criação das categorias: Facilidades no acesso aos medicamentos do CEAF; Dificuldades no acesso aos medicamentos do CEAF. **Resultados:** As facilidades encontradas foram: descentralização; aumento de usuários; qualificação da equipe; encaminhamento dos documentos; preenchimento da prescrição médica com Denominação Comum Brasileira; infraestrutura; participação do farmacêutico; oferta de medicamentos em casa. Já as dificuldades foram: insuficiência de recursos; acesso a consultas; tempo para avaliação das solicitações; necessidade de incorporação de medicamentos; insuficiência de farmacêutico; falta de estrutura física; déficit de conhecimento dos médicos e farmacêuticos sobre os PCDT; ações judiciais. **Conclusão:** É necessário superar os desafios encontrados para que o acesso aos medicamentos do CEAF seja efetivado na prática enquanto direito de cidadania.

**Descritores:** Assistência Farmacêutica; Medicamentos do Componente Especializado da Assistência Farmacêutica; Acesso aos serviços de saúde.

### ABSTRACT

**Objective:** To describe the difficulties and/or facilities encountered in accessing CEAF medication. **Method:** Integrative literature review, with online survey in the Electronic Journals Portal made available by CAPES, in the DOAJ, Latindex, SciELO Brazil and Medline Complete Databases, with the Health Sciences Descriptors: Pharmaceutical assistance, Medicines of the Specialized Component of Assistance Pharmaceuticals and Access to Health Services. Nine articles were selected, and a descriptive analysis was carried out, with the creation of the categories: Ease of access to CEAF medicines; Difficulties in accessing CEAF medicines. **Results:** The facilities found were: decentralization; increase in users; team qualification; routing of documents; filling out the medical prescription with Brazilian Common Denomination; infrastructure; pharmacist participation; supply of medicines at home. The difficulties were: insufficient resources; access to queries; time for evaluating requests; need for medication incorporation; pharmacist insufficiency; lack of physical structure; lack of knowledge of physicians and pharmacists about PCDT; judicial actions. **Conclusion:** It is necessary to overcome the challenges encountered so that access to CEAF medicines is implemented in practice as a right of citizenship.

**Descriptors:** Pharmaceutical Assistance; Medicines of the Specialized Component of Pharmaceutical Assistance; Access to health services.

### RESUMEN

**Objetivo:** Describir las dificultades y/o facilidades encontradas en el acceso a la medicación CEAF. **Método:** Revisión integrativa de la literatura, con encuesta en línea en el Portal de Revistas Electrónicas disponible por la CAPES, en las Bases de Datos DOAJ, Latindex, SciELO Brasil y Medline Complete, con los Descriptores de Ciencias de la Salud: Asistencia Farmacéutica, Medicamentos del Componente Especializado de Asistencia Farmacéutica y Acceso a los Servicios de Salud. Se seleccionaron nueve artículos y se realizó un análisis descriptivo, con la creación de las categorías: Facilidad de acceso a los medicamentos del CEAF; Dificultades en el acceso a los medicamentos del CEAF. **Resultados:** Las facilidades encontradas fueron: descentralización; aumento de usuarios; calificación del equipo; enrutamiento de documentos; diligenciamiento de la prescripción médica con Denominación Común Brasileña; infraestructura; participación farmacéutica; suministro de medicamentos a domicilio. Las dificultades fueron: recursos insuficientes; acceso a consultas; tiempo para evaluar las solicitudes; necesidad de incorporación de medicamentos; insuficiencia farmacéutica; falta de estructura física; falta de conocimiento de médicos y farmacéuticos sobre PCDT; acciones judiciales. **Conclusión:** Es necesario superar los desafíos encontrados para que el acceso a los medicamentos del CEAF sea implementado en la práctica como un derecho de ciudadanía.

**Descritores:** Asistencia Farmacéutica; Medicamentos del Componente Especializado de la Asistencia Farmacéutica; Acceso a los servicios de salud.

## Introduction

The Brazilian Federal Constitution of 1988<sup>1</sup>, which established the Unified Health System (SUS), recognizes in its Article 6 that health is a social right, as well as recommends in Article 196, in Section II of Health, that it is "a right of all citizens and a duty of the State", which must be guaranteed through social and economic policies that seek to minimize the risk of diseases and other diseases and promote universal access and egalitarian health actions and services.

Access to health services, despite being constitutionally guaranteed, is still, in most cases, exclusionary, selective and unequal. In addition, the results of the study conducted by Araújo, Nascimento and Araújo<sup>2</sup> highlighted that users have encountered difficulties and limits to access health services, among them, the demand for these services is greater than the supply.

Law 8080/90<sup>3</sup>, also known as the Organic Health Law (LOS), established the basic organization of health actions and services regarding the direction and management, competence and attribution of each sphere of government. In addition, Article 6 ensures the provision of comprehensive therapeutic care, including Pharmaceutical Services. Subsequently, in 1998, the National Drug Policy (PNM)<sup>4</sup> was published, seeking to guarantee the population's access to those medicines considered essential.

The National Policy of Pharmaceutical Assistance (PNAF) instituted by Resolution No. 338/2004<sup>5</sup>, defines pharmaceutical assistance as a set of actions aimed at the promotion, protection and recovery of health, individual and collective, which has the drug as an essential input and seeks to promote its access and rational use. The PNAF broadens the conception, previously limited to a medication policy, by involving a set of actions under the principles of integrality, universality and equity in therapeutic health care in the SUS.

After the enactment of the PNAF, other strategies were implemented seeking to promote access to medicines in the SUS, among which the Specialized Component of Pharmaceutical Care (CEAF) stands out, which seeks to ensure the integrality of drug treatment for all diseases contemplated by it, with the drugs defined in the Clinical Protocols and Guidelines (PCDT) through the various lines of care.<sup>6</sup>

After the implementation of the Specialized Component of Pharmaceutical Services (CEAF) in 2009, some advances in access to medicines could be verified. According to the Ministry of Health<sup>6</sup>, the number of patients treated in the SUS by CEAF increased by 44.5% in the period from 2009 to 2013. Likewise, there was an increase in the Federal Government's investment in the period from 2003 to 2014 to promote free access to medicines by SUS, increasing from R\$ 1.96 billion in 2002 to a total of R\$ 12.42 billion in 2014, which represented a financial increase of 534%<sup>6</sup>.

A study conducted by Silva and Costa<sup>7</sup> showed that the implementation of the CEAF decentralization program in a Regional Health Coordination of the State of Ceará increased the number of registered patients from 18 to 709 in the first four years of development of this program, which points to the expansion of access to available medicines.

However, despite the advances listed, access to medicines from the CEAF has often not been effective in practice as a right of citizenship. Different obstacles

are encountered and different challenges make up a complex conjuncture which are conducted by SUS managers, seeking to ensure comprehensive and universal access to medicines.

It is considered that the results of this study may contribute to expand the production of knowledge about access to medicines from the CEAF, which justifies its realization. In addition, gaps or advances in access to CEAF medicines may be identified, which may contribute to the discussion and elaboration of strategies in the academic, care and management spheres that seek to strengthen the facilities and overcome the difficulties encountered and, with this, contribute to the effective access to these medicines, in accordance with the Brazilian Federal Constitution.

In this sense, the objective of the study was to describe the difficulties and/or facilities found in accessing medicines from the Specialized Component of Pharmaceutical Services.

## Method

This is an integrative literature review study, which sought to group and discuss diverse information from previous studies, which used different methodologies, in order to expand knowledge on the subject addressed. The study was elaborated from the steps recommended by Botelho, Cunha and Macedo<sup>8</sup> in the first stage the object to be studied was determined, the theme was identified and the research question "What are the difficulties and/or facilities found in the access to medicines of the Specialized Component of Pharmaceutical Services?".

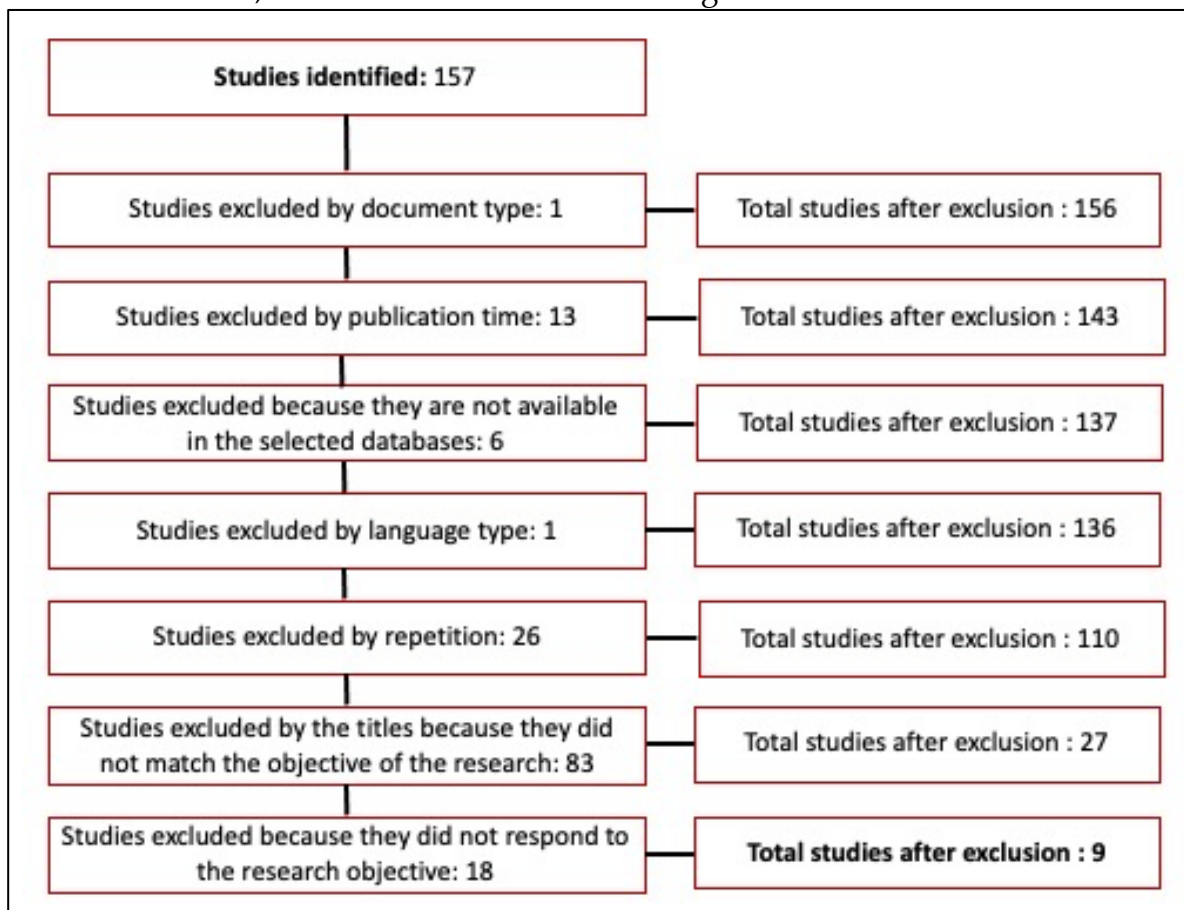
The online search of scientific productions took place in April 2022 and the database chosen was the Electronic Journals Portal made available by the Coordination for the Improvement of Higher Education Personnel (CAPES), with the use of the Descriptors in Health Sciences (DeCS) in Portuguese: Pharmaceutical Services, Medicines of the Specialized Component of Pharmaceutical Services and Access to Health Services, applying the Boolean AND operator feature to improve the refinement of searches, being grouped as follows: Pharmaceutical Services AND Medicines of the Specialized Component of Pharmaceutical Services AND Access to health services.

In the second stage, the inclusion and exclusion criteria of the scientific studies to be analyzed were defined. The inclusion criteria were: type of scientific production in the form of articles, published from 2011 to 2022, in Portuguese, English and Spanish, available online in full in the collection of the Directory of Open Access Journals (DOAJ), Latindex (Sistema Regional de Información en Línea para Revistas Científicas de América Latina, el Caribe, España y Portugal), SciELO Brazil (Scientific Electronic Library Online) e Medline Complete (Medical Literature Analysis and Retrieval System Online). The following exclusion criteria were classified: repeated articles that did not respond to the research objective. In the first search, 136 articles were selected.

In the third stage, in order to select the articles, they were evaluated first through the title, then by their abstracts and objectives, making sure that they were in accordance with the objective of this work. Next, 26 articles were excluded because they were repeated, 83 for the titles and 18 after reading the

abstracts because they did not correspond to the objective and the research question proposed in this study, thus totaling nine (9) articles, which were part of the composition of this study, as shown in Figure 1.

**Figure 1-** Flowchart with the synthesis of the selection of articles in the CAPES Periodicals Portal, for the construction of the Integrative Review.



In the fourth stage, after a thorough reading of the nine (9) articles, it was possible to obtain information from them and the categorization of the selected studies was developed. Next, Chart 1 was constructed, with the characterization of the articles - author(s), objective, results, place, journal in which it was published and year -, helping in the definition of the categories: Difficulties found in the access to medicines of the CEAF and Facilities found in the access to medicines of the CEAF.

In the fifth stage, the results were analyzed and interpreted based on the descriptive analysis of the articles that composed the integrative review. Finally, in the sixth stage, the presentation of the review itself and the synthesis of knowledge were developed, which were presented in the items Results and Discussion.

## Results and Discussion

In this study, nine articles were used, which are summarized in Chart 1. Of the nine publications analyzed, six were studies with a quantitative approach and three with a qualitative approach, the journal with the largest number of publications was the "Revista Ciência & Saúde Coletiva", with five articles.

**Chart 1-** Synthesis of the scientific productions included in the Integrative Review according to author(s), objective, results, place/journal and year of publication.

Author(s)/ Location/ Periodical/ Year	Objective	Results
1) Rover et al./ Florianópolis/ Ciência & Saúde Coletiva/ 2021.	To characterize the organization of the CEAF in four states, from different regions of the country.	Differences were verified between the states in evidence, such as the proportion of users and the decentralization of services. Improvements in access to medicines are highlighted, despite these difficulties for the achievement of the objectives of the CEAF, such as the lack of resources, skilled labor and the availability of necessary consultations and tests.
2) Rover et al./ Florianópolis/ Ciência & Saúde Coletiva/ 2017.	To apply a protocol of indicators for the evaluation of the management capacity of the CEAF in a state of Southern Brazil.	Management capacity is fundamental that needs advances in the three dimensions evaluated, especially regarding the aspects that aim at the sustainability of management.
3) Comiran et al./ Curitiba/ Revista de Saúde Pública/ 2018.	Implement the home delivery service of medicines of the Specialized Component of Pharmaceutical Services in the Pharmacy of Paraná, 2nd Metropolitan Health Regional in the form of a pilot project in the year 2017.	The delivery of medicines at home aims to favor access to treatment for the elderly, considering the limitation of many in moving to the pharmacy. This action contributes to improving the flow of service to all users, reducing the waiting time.
4) Saraiva e Barros/ Fortaleza/ Id on Lin: Revista Multidisciplinar de Psicologia/ 2018.	To collect data regarding monthly financial transfers related to antipsychotic drugs for patients with schizophrenia registered in the aforementioned health service, during the year 2015.	The most expensive drug used in the treatment of schizophrenia was Quetiapine 200mg, followed by Olanzapine 10mg and 5mg. Risperidone 2mg was the drug that generated the least financial burden during the research period. The total annual cost was R\$55,867.70 with antipsychotic drugs intended to meet the demand of 62 patients registered in the health service.
5) Lima-Dellamora; Caetano e Osorio- de-Castro/ Rio de Janeiro/ Ciência & Saúde Coletiva/ 2012.	To analyze adherence to PCDT in the drug dispensing process	It was verified that the structure of the Nuclei studied interferes in the dispensing of the CEAF medicines, being pointed out the lack of qualification of the workforce. The dispensing flow depends especially on the interaction between prescribers and dispensers, which does not occur as

		expected. Possibly, instabilities in the performance of activities originate due to failures in the planning and organization of services.
6) Rigo; Levandovski e Tschiedel/ Rio Grande do Sul/ Ciência & Saúde Coletiva/ 2021.	To evaluate the adherence of physicians to the Clinical Protocol and Therapeutic Guidelines for Parkinson's Disease (PCDT-DP), within the scope of the SUS.	Only 5.33% of the requests investigated showed complete adherence to the guidelines of the protocol. The main difficulties reported in the answers to the questionnaire were the lack of time to complete the mandatory documents (52%) and no or little knowledge about the protocol (48%).
7) Chieffi; Barradas e Goulbaun/ São Paulo/ BMC Health Services Research/ 2017.	To characterize the medication lawsuits filed between 2010 and 2014 against the São Paulo State Department of Health, Brazil, following the Pharmaceutical Assistance policies.	The number of processes applied by health-related products increased by about 63%; Medicines were one of the equipment that obtained the highest demand. Of the drugs provided by the specialized component, 81.3% were prescribed in a manner incompatible with the protocols published by the Ministry of Health. Insulin glargine was the most demanded drug (6.3%), followed by insulin aspart (3.3%). The court data showed that most of the lawsuits involved lawsuits over individual claims, weighed by private attorneys. The data obtained indicate inequality in the distribution between the total number of cases and lawyers, the total number of cases and prescribers, revealing the concentration of lawyers and doctors in the proposal of the actions.
8) Caliari; Ricardi e Moreira/ Espírito Santo/ Ciência & Saúde Coletiva/ 2022.	To analyze the manifestations of citizens to the General Ombudsman of SUS, in the period 2014-2018, discussing and understanding them as evidence capable of guiding the decision-making of SUS managers.	There were 216,832 demonstrations and 114,618 profiles of citizens who contacted the Ombudsman-General of SUS during this period, the main channel being the Health Dial 136. The claims, especially related to requests, complaints and denunciations, were as the most frequent subjects the management of the system, health care and pharmaceutical assistance.
9) Silva et al./ Belo Horizonte/ Advances in Rheumatology/ 2019.	Evaluate the profile of administrative processes for the treatment of psoriatic arthritis, identify the time elapsed in the flow of processes and their associated factors;	A total of 218 cases containing 250 drugs were evaluated. The median time between the medical appointment and the first dispensation was 66 days (interquartile range, 44-90). The processing of the State was the phase that most collaborated for more time spent. The factors associated with a prolonged delivery of the drugs were prescriptions from clinics and specialty centers, dermatologists, unauthorized processes and patients not persistent in the treatment in 12 months.

Regarding the region where the studies were conducted, four were in the South, four in the Southeast and one in the Northeast. The year of publication varied as presented: one article was published in the year 2022, two in the year 2021, one in 2019, two in 2018, two in 2017 and one in 2012.

All studies identify and analyze in a general way, the facilities and difficulties that influence access to CEAF medicines. Regarding the facilities found in the access to the CEAF, the following were highlighted: the decentralization of the component; expanding access to medicines; increase in users served; qualification of the team that composes the service; correct routing of the required documents; completion of the medical prescription with the Brazilian Common Name; minimal infrastructure; participation of the pharmacist in the first dispensing and offering of medicines at home.<sup>10,11,12,13,14</sup>

Among the difficulties that influence access to CEAF medicines, the articles expose: insufficient resources; difficulty in accessing consultations; long time for evaluations of requests; lack of medication; lack of clinical monitoring; need for incorporation of medicines; pharmacist insufficiency; lack of physical structure; few care units; lack of knowledge of physicians and pharmacists about PCDT; delay in dispensation; deficit in professional training; improper completion of documents by prescribers and lawsuits<sup>9,10,12,13,14,15,16,17</sup>.

The facilities and difficulties identified in the analyzed articles are described schematically in Chart 2.

**Chart 2-** Facilities and difficulties in accessing CEAF medicines.

<b>FACILITIES</b>	<ul style="list-style-type: none"> <li>• Decentralization;</li> <li>• Expansion of access to medicines;</li> <li>• Increase of users served;</li> <li>• Qualification of the team that makes up the service;</li> <li>• Correct routing of documents;</li> <li>• Completion of the medical prescription with the Brazilian Common Name;</li> <li>• Infrastructure;</li> <li>• Participation of the pharmacist in the first dispensation;</li> <li>• Offer of medicines at home.</li> </ul>
<b>DIFFICULTIES</b>	<ul style="list-style-type: none"> <li>• Insufficient resources;</li> <li>• Difficulty in accessing consultations;</li> <li>• Long time for evaluations of requests;</li> <li>• Lack of medicine;</li> <li>• Lack of clinical monitoring;</li> <li>• Need for incorporation of medicines;</li> <li>• Pharmacist insufficiency;</li> <li>• Lack of physical structure;</li> <li>• Few service units;</li> <li>• Lack of knowledge of doctors and pharmacists about PCDT;</li> <li>• Delay in dispensing;</li> <li>• Deficit in professional training;</li> <li>• Improper completion of documents by prescribers;</li> <li>• Lawsuits.</li> </ul>

## Facilities of access to CEAF medicines

The actions of Pharmaceutical Services, when executed in a planned manner, can contribute to a rational therapy and provide a better quality of life for the individual. The drug works as an element of relevance for those who need it, contributing to the treatment of numerous pathological manifestations that affect society.<sup>18</sup>

In this perspective, the A19 and A714 expose that there was an increase in the number of users served by the CEAF. The budget approved by the Annual Budget Law (LOA) jumped from R\$ 3.277 billion in 2009 to R\$ 4.9 billion in 2014<sup>19</sup>. From these results, it can be seen that there have been numerous transformations since the implementation of the component in 2009 in Pharmaceutical Services, which favored its financing, the increase in the number of users and the expansion of access to medicines contemplated by it.

In a survey conducted by the SUS Outpatient Information System (SIA/SUS), 1,332,672 people were treated in 2008 by the CEAF; in 2013, this number increased to 1,751,387 people<sup>19</sup>. The financial incentives contributed to the expansion of the CEAF, which may result in increased access to medicines and a greater number of individuals benefited by the service.

Another factor pointed out by A1<sup>9</sup> and A2<sup>10</sup> was decentralization, which contributed to increased access to medicines. The decentralization of access to medicines is pointed out by the PNAF as one of the strategic axes in guaranteeing the principles defined in the SUS, highlighting that the States have sought to expand the decentralization of the CEAF in order to facilitate access to medicines by users<sup>20</sup>. The decentralization process provided greater contact with the reality and social, political, administrative and economic specificities of the regions of our country<sup>21</sup>. These data may reflect the expansion in access to medicines made available by the CEAF.

Regarding the facilities, A19 and A311 refer to the qualification of professionals who work in the execution of CEAF activities. For Mattia<sup>20</sup>, strategies should be adopted in the organization, standardization of the service and structuring of work processes, as well as in the training of health professionals, which are essential and can collaborate to expand access to medicines by users.

A study conducted by Martins<sup>22</sup> pointed out that the Human Resources indicator showed advances in the training of pharmaceutical professionals, to the extent that two or more training of these professionals occurred during the year. It is essential that educational practices are promoted for the professionals involved in the implementation of the CEAF so that they can meet the needs of each user and collaborate positively in the flow of care.

The A2<sup>10</sup> points out the importance of the participation of the pharmacist in the act of dispensing medicines to CEAF users. The PNM conceptualizes the act of dispensing medicines as the "set of actions performed by the pharmaceutical professional, whose purpose is the supply of medicines, and guidance on the appropriate use of the drug". Thus, this practice can contribute to the optimization of benefits and minimization of risks related to



pharmacotherapy, becoming an opportunity to correct problems associated with the use of medications<sup>4</sup>.

For Mattia<sup>20</sup>, the dispensing of the medication involves several processes, from the reception of the patient, evaluation of the prescription, orientations regarding drug interactions, adverse effects of the drugs and the prescribed treatment, pharmacovigilance, as well as the rational use of medications, pointing out its importance in ensuring an effective, safe and quality treatment. In view of the above, the relevance of pharmaceutical services is highlighted, as it can promote access to medicines and adherence to treatment, as well as contribute to the reduction of unnecessary costs generated by the impact of inappropriate use of drugs.

The A6<sup>13</sup> highlights as a facilitating element the prescriber to have knowledge about the documents necessary to request the drugs, because to be granted, it is necessary to comply with the criteria established in the PCDT and present all the required mandatory documentation<sup>23</sup>. In addition, the A6<sup>13</sup> in its results emphasizes the importance of completing the necessary documents to request the medicines with the Brazilian Common Denomination (DCB).

The A1<sup>9</sup> points out as ease of access to CEAF medicines the use of a management information system. A study conducted by Silva and Costa<sup>7</sup> demonstrates that after the installation of a system responsible for the management of the CEAF in the CRES, in the 11 municipalities of the region, there was progress in the flow and increase in the number of patients benefited by the program in 2013, facilitating the itinerary of users to care in their own municipality of residence.

Thus, the use of an information system can provide greater fluidity in the activities developed by the professionals who work at CEAF, in addition to being able to offer a service with higher quality to the population, as well as avoid waste and ensure the timely supply of the units.

According to Waetge and Machado<sup>24</sup>, the use of websites as an instrument of action for access to information from State Health Secretariats enables transparency and ease in the sharing of public information and constitutes a strategy that should be used in the qualification of access to medicines from the CEAF.

The A2<sup>10</sup> complements, pointing out the importance of minimum infrastructure conditions as a facilitating element. The structuring of pharmaceutical services, with the supply of human and physical resources is fundamental to ensure adequate storage, inventory management and qualified dispensing focused on patient care, in order to promote adherence to treatment and rational use of medications<sup>19</sup>. The adequacy in the infrastructure of the units can also promote quality in the work process, in the service to the user and safety in the storage of medicines.

Another facilitating aspect in the access to CEAF medicines highlighted in A3<sup>11</sup> was the supply of medicines at home. The study by Mattia<sup>20</sup> mentions drug delivery models, such as home delivery, as a positive element for access to medicines.

It is noteworthy that the qualification of access to medicines is fundamental in the search for the effectiveness of comprehensive therapeutic care, which points to the need to overcome the different challenges in the policy

of access to medicines of the CEAF, through investments and new strategies that strengthen the service and that seek to effect the continued care to the user.<sup>19</sup>

### **Difficulties in accessing CEAF medicines**

Access to medicines in Brazil is considered one of the greatest health challenges. The CEAF was created from the need to expand the coverage of pharmacological therapy for chronic pathologies from the clinical-epidemiological point of view, but some weaknesses that may compromise the treatment still need to be addressed.

Among the obstacles to be overcome by the CEAF can be mentioned the lack of resources, which was mentioned by the A1<sup>9</sup> and A2<sup>10</sup>. According to Remondi, Cabrera and Souza<sup>25</sup>, the main reasons indicated for the interruption of treatment are the lack of financial resources for the acquisition of drugs and their unavailability in health services.

As a result of insufficient resources, the lack of medication was pointed out by A2<sup>10</sup>, A5<sup>15</sup> and A8<sup>16</sup>. Thus, different reasons can explain the absence of medicines and not only the result of financial deficiencies, infrastructure and human resources, such as the attitude of governments, doctors, dispensers, consumers and the pharmaceutical industry itself<sup>26</sup>. Therefore, other factors contribute to difficulties in accessing CEAF services, in addition to financial insufficiency. Therefore, for the provision of the services provided by the component to succeed each other with fluidity and quality, it is necessary the collaboration of all the actors involved in the service.

The A1<sup>9</sup> complements, relating the lack of medication linked to problems in the acquisition. According to Medeiros<sup>27</sup>, the average time of shortage of the units in relation to drugs purchased by the State Secretariat of São Paulo is 65 days a year, justifying as reasons the difficulty in the process of acquiring medicines (33% of the occurrences) and the delay in deliveries by suppliers (22% of the occurrences). Similarly, A4<sup>12</sup> refers to the absence of transfer of the drug by the governmental sphere.

In view of the above, it is noteworthy that when the operations of the activities do not follow the recommended standards, it may cause the unavailability of medicines in the care units. Shortages are a challenging factor in the comprehensiveness of treatment, since it can cause the discontinuity of drug therapy and its non-effectiveness.

The delay in dispensing was mentioned by A2<sup>10</sup>, A5<sup>15</sup> and A6<sup>13</sup> as a hindering element in the continuity or initiation of drug therapy. A study conducted by Venâncio and others<sup>28</sup> found inconsistency in the dispensing of drugs of the component, in disagreement with the recommendations of the PCDT.

It is verified that the inadequate completion of the documents by the prescribers also constitutes an obstacle in the access to the CEAF medicines, a factor highlighted by the A5<sup>15</sup> and A6<sup>13</sup>. The incorrect and incomplete completion of the mandatory documentation may result in inconvenience and difficulties in the user's access to medicines, such as returns of processes and refusals.<sup>7</sup> Thus, the need for documents to be filled in with all the necessary information is highlighted, in order to avoid delays in access to CEAF medicines.

Another factor linked to the delay in dispensing refers to the long time for evaluation of requests highlighted in A1<sup>9</sup> and A7<sup>14</sup>. For Rover<sup>26</sup>, there are established flows for the evaluation of drug requests and statewide guidelines that regulate this process, however it is important to note that in practice these regulations do not always ensure that these committees function properly, and some pharmacists are aware of these guidelines. It is observed the need for the evaluation committees to be composed of professionals who know and are part of the service, so that the analysis of drug requests occurs in an appropriate time and the user can have access to drugs in a timely manner.

The A2<sup>10</sup> and A5<sup>15</sup> address complementary ideas regarding the deficit in professional training. A study conducted by Martins<sup>22</sup> points out the need for improvement and qualification of other professionals who work in the services of the CEAF. According to Rover<sup>26</sup>, in the State of Santa Catarina there was a certain lack regarding the training of human resources involved in the CEAF, with a low percentage of annual training for pharmacists, and the main qualification needs mentioned by the participating pharmacists were related to the PCDT, component procedures, clinical monitoring and the information system used.

The A2<sup>10</sup>, A5<sup>15</sup>, A6<sup>13</sup> and A8<sup>16</sup> point out the difficulties inherent to the lack of a pharmaceutical professional. The A1<sup>9</sup> complements, pointing out that the workforce in the CEAF is insufficient. These articles highlight the obstacles in access to CEAF medicines caused by the shortage of employees in the units.

The pharmacist develops important activities in the CEAF, both in the coordination of the team, in the promotion of its interaction and in the offer of specialized assistance to the user related to pharmacotherapy<sup>29,30</sup>. The team of employees with a reduced number of pharmacists may compromise the technical, political and social capacity of the development of pharmaceutical care<sup>26</sup>.

It is noteworthy that the dispensation is an opportunity for professionals to guide users and verify possible damages associated with the prescription, and can be considered the final stage of technical-managerial pharmaceutical services and the beginning of technical-care services. Therefore, the implementation of the CEAF as an effective and resolute strategy to guarantee access to medicines requires a significant change in the attitude of the professionals who integrate the health services in order to promote integrality in the lines of clinical care.

With regard to the limitations of access to CEAF medicines, the difficulty in accessing consultations was pointed out by A1<sup>9</sup> and A2<sup>10</sup>. In a study conducted by Silva and Costa<sup>7</sup>, another barrier found was access to consultations that confirm the diagnosis and the absence of specialized professionals. According to Rover<sup>31</sup>, the procedures, such as consultations with specialists and tests, diagnostic criteria and mechanisms for clinical monitoring described in the PCDT, have not been universally guaranteed for the population, which may hinder access to CEAF medicines.

Another aspect mentioned that hinders access to CEAF medicines was the lack of physical structure addressed in A1<sup>9</sup>, A2<sup>10</sup> and A5<sup>15</sup>. The state manager needs to insert resources in the units that dispense the medicines of the CEAF, in view of the need for adequate infrastructure of these places, in search of higher

quality of work, patient care and safety in the storage of medicines of high added value.<sup>22</sup>

The few care units for dispensing medicines of the CEAF were pointed out as hindering access to these drugs in A1<sup>9</sup> and A7<sup>14</sup>. The reality of the individuals who live in the capital is different from those of the other regions of the state, especially those of the sertão, where there are just over 2% of the population registered in the dispensing units<sup>32</sup>. The centralization of the units that offer CEAF services can hinder the access of individuals who live in places far from the capitals.

A1<sup>9</sup> and A6<sup>13</sup> reinforce the lack of knowledge of physicians and pharmacists about the protocols, which can cause significant disorders and difficulties in access to CEAF medicines by users. It is noteworthy that the PCDT constitute an important tool that is used to provide the rational use of medicines and to standardize the methods of diagnosis and monitoring and need to be followed.

Another complicating aspect is the need to incorporate medicines, indicated by A1<sup>9</sup>, A7<sup>14</sup> and A8<sup>16</sup>. In Brazil, the incorporation of medicines of no market interest is a challenge to be overcome, with the purpose of reducing health inequities<sup>19</sup>.

The regulation of the development and incorporation of new health technologies, especially medicines, is fundamental to ensure that their production meets the needs of the population at tolerable costs.<sup>33</sup>

The limitations of access to pharmacotherapy through the CEAF have advanced in the growth of alternative ways of access to medicines of this component, such as the lawsuits mentioned by A6<sup>13</sup> and A7<sup>14</sup>. The significant investments with the lawsuits burden the system, since the costing of these actions is guaranteed with the use of resources from the existing components, which may result in increased expenses with the CEAF, as well as indicate different problems of access to health services by the population.<sup>34-35</sup>

It is necessary that the managers and professionals who work in the health services develop communication strategies with society in order to promote their knowledge about the procedures necessary to access the medicines of the CEAF, thus being able to contribute to the effectiveness of access to the right to medicines. Thus, it is necessary that political agents collaborate in the publicization of information, especially for a population with a low level of education, with the availability of information in accessible language, which allows the citizen to follow the policy of specialized medicines and their updates.<sup>24</sup>

Therefore, numerous challenges still need to be overcome to ensure access to CEAF medicines, such as the integration of actions and services at the central level and care units, with the organization of work processes and the standardization of conducts, in order to ensure the continuity of health care in an integral way.<sup>19</sup>

## Conclusion

The studies pointed out several factors that contribute to the continuity of the service, as well as aspects that prevent access to CEAF medicines.

Regarding the ease of access to CEAF medicines described in this study, the following stand out: decentralization of the component; expanding access to medicines; increase in users served; qualification of the team that composes the service; forwarding of the required documents; completion of the medical prescription with the Brazilian Common Name; minimal infrastructure; participation of the pharmacist in the first dispensation and supply of medicines at home.

Regarding the aspects that hinder access to CEAF medicines, the following were identified: insufficient resources; difficulty in accessing consultations; long time for evaluations of requests; lack of medication; lack of clinical monitoring; need for incorporation of medicines; pharmacist insufficiency; lack of physical structure; few care units; lack of knowledge of physicians and pharmacists about PCDT; delay in dispensation; deficit in professional training; improper completion of documents by prescribers and lawsuits.

It is noteworthy that access to health services in the country is a social right inherent to all citizens and, therefore, it is necessary that the user knows it and can claim for its effectiveness, exercising his citizenship with autonomy. Therefore, it is necessary to publicize information to the population regarding their rights and duties.

The need to overcome the challenges found in this study is highlighted, so that access to CEAF medicines is effective in practice as a right of citizenship. The relevance of the articulation between the services and the development of tools by public managers that favor access to information about the CEAF to all citizens is highlighted, as well as strengthen the facilities described, with a view to the effectiveness of access to CEAF medicines and the continuity and quality of health care made available to users.

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