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EVOLUTION OF TREATMENT OF CHRONIC HEPATITIS C IN THE BRAZILIAN UNIFIED HEALTH SYSTEM: A DESCRIPTIVE ANALYSIS FROM 2013 TO 2016

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BACKGROUND

The Brazilian Unified Health System (SUS) is based on principles including universal and comprehensive access to medicines.

The drugs used in chronic hepatitis C treatment are offered through Specialized Pharmaceutical Services Component (SPSC), according to the treatment algorithm presented in the Brazilian Guideline of Hepatitis C.

The aim of this study is to describe access to drugs used in the treatment of chronic hepatitis C in SUS between 2013 and 2016.

METHODS

Descriptive analysis of access to drugs for treatment of chronic hepatitis C in SUS during 2013 and 2016, based on records available in Ministry of Health's (MoH) database.

The variables evaluated considered updates in Brazilian Guidelines of Hepatitis C, which occurred in the study period and changed the drugs offered by SUS.

Data about drugs dispensed were linked to patient's unique codes, so that the patient's identity remained anonymous.

RESULTS

In April 2013, Protease Inhibitors (PI) drugs boceprevir and telaprevir become available in SUS for genotype 1 with advanced fibrosis or compensated hepatic cirrhosis patients.

12,138 patients were treated with PI by 2016, most of them using telaprevir (70,9%, n=8,615). Although PI has increased cure probability, efficacy of the treatment remains low and adverse reactions, such as anemia and neutropenia, were caused. To manage these adverse reactions, SUS offered epoetin-alfa and filgrastim, respectively.

In November 2015, the Direct-Acting Antivirals (DAA) daclatasvir, simeprevir and sofosbuvir became available in SUS, replacing PI. DAA allowed the expansion of access for patients with genotype 1 to 4, presented few adverse effects and sustained virologic response greater than 90%.

From the first distribution to the end of 2016, 48,685 patients were treated with DAA.

Most of patients used daclatasvir+sofosbuvir during 12 weeks (66.0%, n=32,132), 18.1% used simeprevir+sofosbuvir (n=8,812), 15.0% used daclatasvir+sofosbuvir during 24 weeks (n=7,303) and 0.9% used daclatasvir or sofosbuvir combined with ribavirin and/or pegylated interferon (n=438). 9.6% (n=4,702) of the total patients treated with DAA used boceprevir or telaprevir previously.

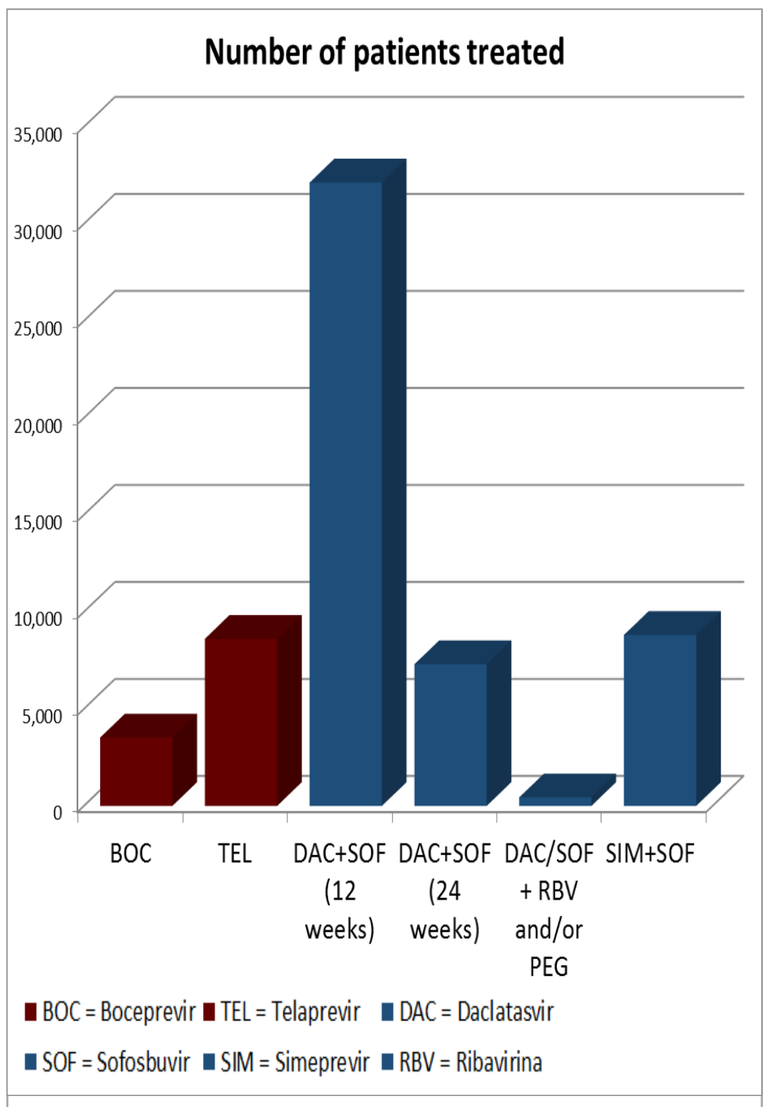

Figure 1: Number of treated patients with Hepatitis C by therapeutic regimen from 2013 to 2016.

CONCLUSIONS

Treatment of Hepatitis C in SUS has shown advances in providing new therapeutic options which have a high probability of cure and low adverse effects. In addition, there has been a notable increase in access to these drugs in recent years.

These findings demonstrate the evolution of SUS in ensuring universal care.

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CONFLICTS OF INTEREST

The authors declare that there is no conflict of.

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