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The patient access landscape for rare disease medicines in Brazil: a multi-stakeholder perspective

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Introduction and objectives

- Patients living with rare diseases (RDs) in Brazil face access restrictions to RD medicines. Few studies have sought to capture stakeholders' perspectives to classify and quantify the extent and impact of these obstacles.
- The Brazilian Ministry of Health defines an RD as affecting 65 or fewer per 100,000 individuals, with an estimated 10–13 million Brazilians living with an RD. These diseases are often chronic, severe, and life-impacting.[1]
- Systemic challenges include resource demands on pharmaceutical services, barriers to healthcare access, and RD medicines not being provided through the Sistema Único de Saúde (SUS; public healthcare system [PHS]). Patients often must undergo a judicial review process, delaying access to treatment, which may impact health outcomes.
- The research seeks to understand the landscape of access to RD medicines in Brazil, integrating perspectives from various stakeholders to identify challenges, opportunities, and solutions for equitable access and incorporation of innovative medicines.
- This study is aligned with advancing the objectives of the UN resolution on RDs, which underscores the importance of meeting the needs of those living with RDs as crucial to the 2030 Sustainable Development Goals.[2]

Recommendations

- **From patients:** Prioritize the need for improved policies on new RD medicine incorporation; better education for healthcare professionals to expedite diagnosis and treatment initiation; and expanded RD healthcare infrastructure.
- **From healthcare professionals:** Promote multi-stakeholder collaboration; favor the inclusion of innovative treatments for RD; and recognize patient support programs and the importance of developing expert-led guidelines like Clinical Protocols and Therapeutic Guidelines (PCDTs).
- **From policymakers, regulators, and payors:** Suggest adoption of international strategies such as innovative funding mechanisms, specifically risk-sharing agreements; highlight the need for a tailored approach in RD treatment health technology assessment (HTA); and recognize communication gaps with care institutions and patient advocacy organization (PAOs).
- **Across all perspectives:** Collaboration, education, clear guidelines, risk-sharing agreements, patient-centricity, and active PAO involvement are emphasized as essential for advancing RD treatment access and integration into the healthcare system.

Conclusions

- **Diagnostic delays:** Some patients living with RDs in Brazil wait over a decade for a diagnosis or remain undiagnosed, indicating a need for better access to diagnostic services and healthcare professional training.
- **Barriers to access medicines:** Access is hindered by high costs, bureaucracy, information scarcity, lack of transparent pathways for high-cost medicines, and reliance on the judicial system for access. These are recognized across all stakeholder groups as areas needing policy and economic intervention.
- **Treatment initiation and continuity:** Frequent treatment delays and interruptions affect patient outcomes and complicate efficacy assessments. The main cause is lack of medicine availability due to procurement issues; faster procurement by the government may support continuation of supply and improved patient outcomes.
- **Implications of restricted access to RD medicines:** Adverse health outcomes, including symptom worsening, reduced life expectancy, and mental health impacts, highlight the need for improved access to care.
- **Legal recourse for access:** Patients frequently resort to legal avenues to obtain RD medicines, but the process is lengthy and can negatively affect those with time-sensitive diseases.
- **Challenges in integrating RD medicines into the PHS:** Issues include stringent evidence requirements, cost-effectiveness thresholds, and data scarcity. While healthcare providers advocate for increased treatment choices, regulators report a low likelihood of incorporation of subsequent options.
- **Education:** RD education is lacking for all stakeholders; however, payors state notable gaps in knowledge of RD medicine access frameworks.

Methods

Design and study instrument

- Three separate cross-sectional surveys were developed for RD healthcare professionals, patients living with RDs/PAO leaders, and policymakers/regulators/payors.
- Surveys were conducted online, with 45 questions for patients, 56 for RD healthcare professionals, and 32 for policymakers/regulators/payors, following content validation and clarity testing. Topics covered included biographical information, access landscape of RD medicines in Brazil, pricing/contracting/coverage mechanisms, and solutions to improve access. Surveys were conducted via Typeform from July to September 2023.

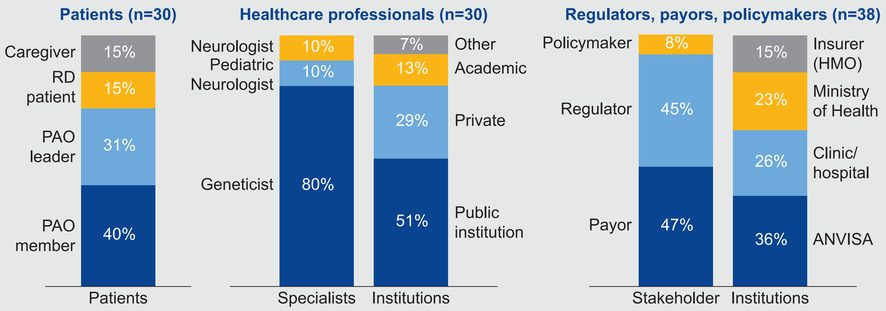
Participants

- Responses were obtained from 30 RD healthcare professionals, 30 patients living with RDs/PAO members, and 38 policymakers/regulators/payors included. All participants were Brazilian. In the "Patient" demographic, patients could select all that applied (Figure 1).

Data analysis

- Data were anonymously collected and aggregated, and descriptive analyses were performed for every category and question. Data were compiled into a report.

Figure 1. Participant characteristics



ANVISA, Brazilian Health Regulatory Agency; HMO, health management organizations.

Results

Patient perspectives

Access to RD diagnosis and medicines

- **Diagnosis:** 13% were diagnosed at birth, 40% within 1–5 years, 13% within 6–10 years, and 20% waited over 16 years.
- **Healthcare coverage:** 16.7% under both public and private systems, 40% only public, and 43.3% do not have coverage in either system (Figure 2).
- **Medicines availability versus accessibility:** When asked about delays or difficulties in accessing medications for RDs, **73% struggle with access** owing to bureaucratic hurdles (37%), availability (30%), and affordability (23%) (Figure 3).
- **Treatment initiation delays:** 26.7% experienced a 6–12-month delay, and another 27% waited 13–24 months. **53% of patients reported having treatment interruptions**, of which 88% were due to issues with medicine availability.
- **RD medicine coverage: 43% do not have coverage for their medicine**; of this group, legal recourse is the primary means to access medicines (43%).

Legal recourse "judicialização da saúde"

- **63% of respondents used legal** action to access RD medicines when public or private coverage was insufficient.
- Of those, **79% obtained their medicine completely** and 21% partially, with no complete denials reported.
- **Timeframes for legal process outcomes:** 11% waited less than 1 month for approval, 53% waited 6–12 months, and 21% waited 1–2 years.
- **Post-approval treatment initiation:** Also saw delays, with 53% starting treatment 6–12 months after approval.

Figure 2. RD medicine coverage: Patient perspective

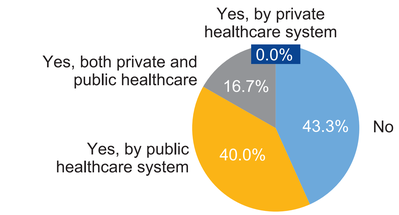
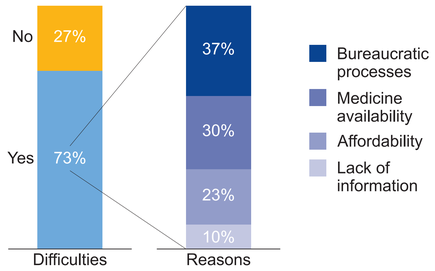


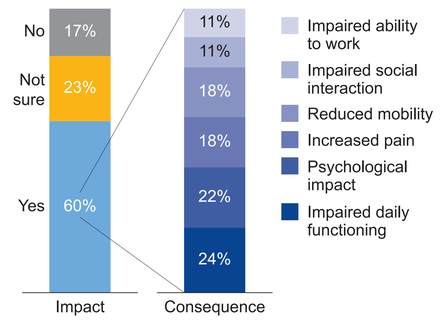
Figure 3. Difficulty of accessing RD medicines: Patient perspective



Access implications

- **Quality of life: 60% reported that lack of access to medicines had a negative effect on quality of life**, including impaired daily functioning (24%), psychological distress (22%), and increased pain/reduced mobility (18% each) (Figure 4).
- **Daily activities:** 40% faced major limitations in daily or work activities due to limited RD medicine access.
- **Financial impact: Over half (53%) were burdened financially** because of limited access.
- **Societal impact:** Lack of access led to increased healthcare costs (27%), contributed to social inequality (24%), added burden on the healthcare system (24%) and productivity/ workforce engagement (22.7%), and affected caregivers' quality of life.

Figure 4. Impact of lack of access to RD medicines on patient quality of life



Healthcare professional perspectives

Prescription trends

- **Prescription challenges: 77% face difficulties, with SUS access issues, bureaucratic hurdles, and supply continuity issues being common.**
- **New treatment prescription:** 93% support prescribing costlier medicines if they offer therapeutic benefits.
- **Institutional support:** Only 20% report that their institutions advocate for policy changes for RD treatment access, with 97% stating no engagement in price negotiations.

Access to RD medicines

- **Physician perspective on accessibility:** Over 60% rate RD medicines as **not very accessible or not accessible**.
- **Prescription beyond SUS:** 87% of physicians prescribe RD medicines not covered by SUS; absence of coverage is often due to high costs, PCDT eligibility, and regulatory barriers.
- **Treatment initiation timeframe:** 56% state treatment begins within 1–5 months after prescription, but 44% report a 6–12-month waiting period (Figure 5).
- **Access challenges:** High costs (30%), bureaucracy (26%), limited availability (18%), and lack of information (18%) are major barriers to accessing RD medicines.

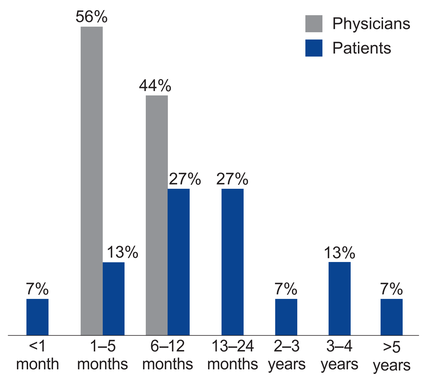
Legal recourse "judicialização da saúde"

- **Legal reliance:** 97% of physicians indicated patients often use judicialization to access RD medicines.
- **Reasons for legal denial:** medicine ineligibility under PCDTs (45%), high costs (21%), and regulatory issues (14%).

Pricing, contracting, and coverage of RD medicines

- **Factors affecting pricing:** Research and development costs, limited diagnosed patient populations, pricing policies, importation costs, and regulatory requirements.
- **Brazilian commercialization process:** Opinions divided on its effectiveness, with 43% rating it as somewhat effective and 33% as not effective.
- **Current contracting approaches:** The most commonly used approaches reported are outcome-based negotiations (45%) and a combination of pricing and patient access agreements (33%).
- **Purchasing methods:** Majority (57%) view no new efficient purchasing methods being implemented.
- **Successful access examples:** Nusinersen for spinal muscular atrophy cited for quick SUS incorporation due to successful pricing negotiations, benefiting patients.

Figure 5. Time from diagnosis to treatment access

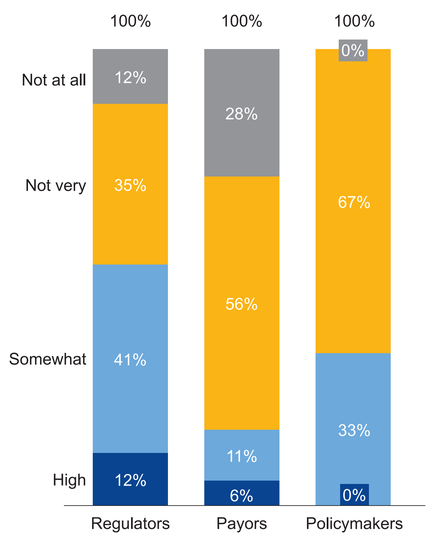


Regulators, payors, and policymakers perspectives

Access to RD medicines

- **Medicine Accessibility: 83% of payors and 67% of policymakers view RD medicines in Brazil as not very or not at all accessible**. 53% of regulators believe RD medicines are somewhat or highly accessible (Figure 6).
- **Incorporation challenges: All policymakers, 65% of regulators, and 22% of payors struggle with RD medicine incorporation into SUS**, primarily owing to high costs and evidence requirements.
- **Economic and structural issues:** High costs, bureaucratic barriers, and unfamiliarity with RDs are major barriers in RD medicine evaluation.

Figure 6. Ease of access to RD medicines in Brazil



- **Unaffordability as a barrier:** 78% of payors and 65% of regulators cite unaffordability as a primary reason for lack of access.
- **Criteria for medicine inclusion:** Clinical efficacy, safety, patient/caregiver input, cost-effectiveness, disease prevalence, and expert recommendations are cited as key criteria for medicine inclusion.
- **Influence of existing treatments:** 77% of regulators and 61% of payors believe the presence of an existing SUS treatment decreases the likelihood of incorporating new ones.
- **Role of PAOs:** Universally acknowledged as crucial in the decision-making process for medicine incorporation.
- **Delays in incorporation:** Notable delays in incorporating new treatments into RENAME (essential medicines list), with large or extreme delays reported across all respondent groups.

Pricing, contracting, and coverage of RD medicines

- **Pricing factors:** Regulatory requirements and importation costs are seen as key contributors to unaffordability of RD medicines
- **Global strategies:** Suggestions to adopt risk-sharing, confidential pricing, and partnership approaches based on global best practices.
- **Differential HTA methodology:** Emphasis on the importance of a tailored evaluation process for RD treatments, highlighting the potential for improved access and resource allocation.

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