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Making more for patients with the same money: Validity of a national price ceiling for cancer drugs in the Brazilian public health system

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Conflict of interest

The presented study had no financial support or sponsorship.

Study authors provide consulting services to the healthcare industry

Background

- The Brazilian Constitution guarantees the right to health to every Brazilian citizen and provides that health services are part of an organized network

- Based on this principle the public health system (SUS) has the purpose of ensuring therapeutic and pharmaceutical assistance in an integral and equal manner.

- Cancers can be treated in hospitals accredited and qualified by the Ministry of Health as High Complexity Care Units in Oncology (UNACON) and High Complexity Care Centers in Oncology (CACON)

- Oncological drugs are standardized, purchased, and prescribed independently by each oncology care unit (UNACON or CACON) without intervention from individual state health secretariats or the Ministry of Health

There is no national protocol and a centralized process for negotiating acquisition prices

Methods

Economic impact

- An economic exercise was carried out to evaluate the potential of developing a unified purchasing process

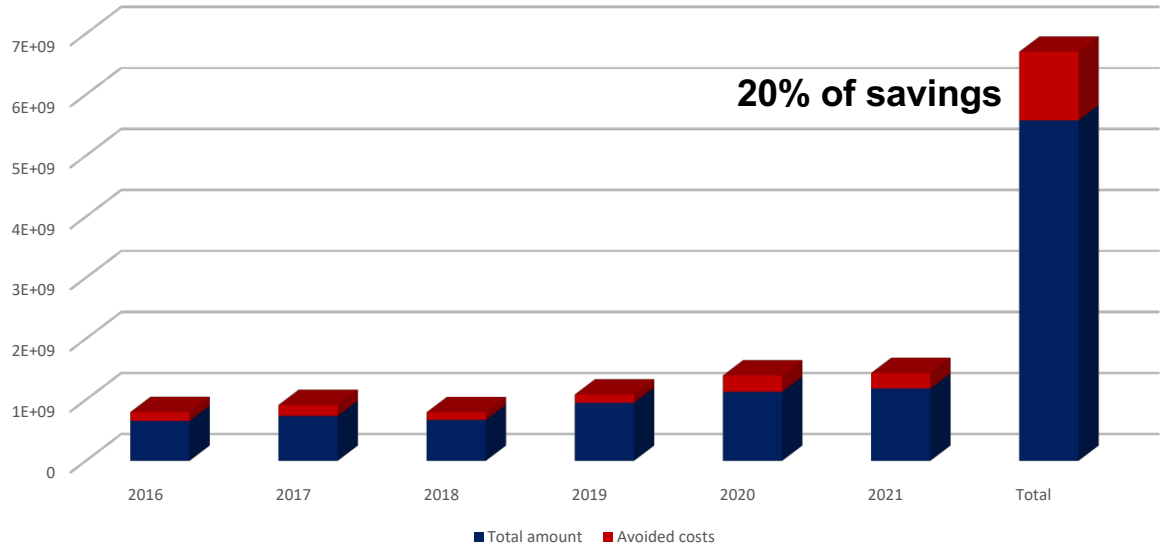
Procuremed database

- The Procuremed database was used to research registered public purchases of all cancer drugs in Brazil over the last six years, evaluating the quantity purchased and the amounts paid.

Statistical analysis

- A statistical analysis was performed using data obtained from the PROCUREMED database to assess the differences in the amounts spent for each of the drugs in a period of six years.

Results



	2016	2017	2018	2019	2020	2021	Total
Total amount	654.142.017,92	735.951.665,12	672.095.870,87	951.096.494,52	1.131.364.718,82	1.186.857.153,47	5.579.504.197,59
Avoided costs	145.291.648,16	179.400.005,49	124.606.215,98	136.482.363,28	269.032.380,94	252.277.470,61	1.124.877.194,30

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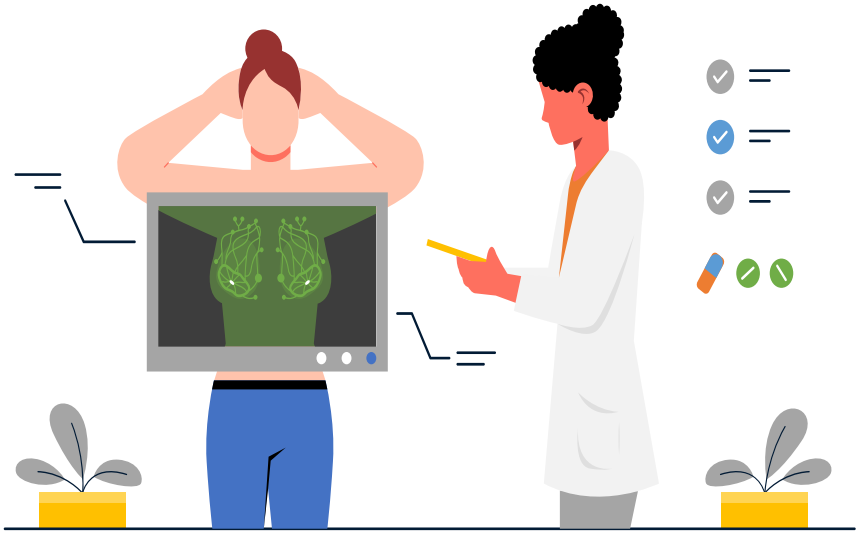
Total amount of R$ 5.579.504.197,59 (**approx. US$ 1,1 billion**) in a period o six years to purchase the drugs; the results demonstrated that if each drug had been purchased at the lowest price paid in Brazil's public health system, it could have generated **savings of** R$1.124.877.194,30 (**approx. US$216 million**).

Results

- **This 20% reduction in spending on cancer drugs over the last six years, which could have been used, for example, to buy 2.400 mammography machines for be used at the Brazilian public health system, duplicating the current diagnosis capacity.**

- The exercise also revealed that the scale gain induces a price reduction of 8.5% on average, for each decade of the quantity purchased.

- Another relevant finding was that the difference in the purchase price did not come only from the **high-cost drugs, which varied on average 66,8%**, but also from the **low-cost drugs, which had an average variation of 93,9 %** in the price paid by public health care units.

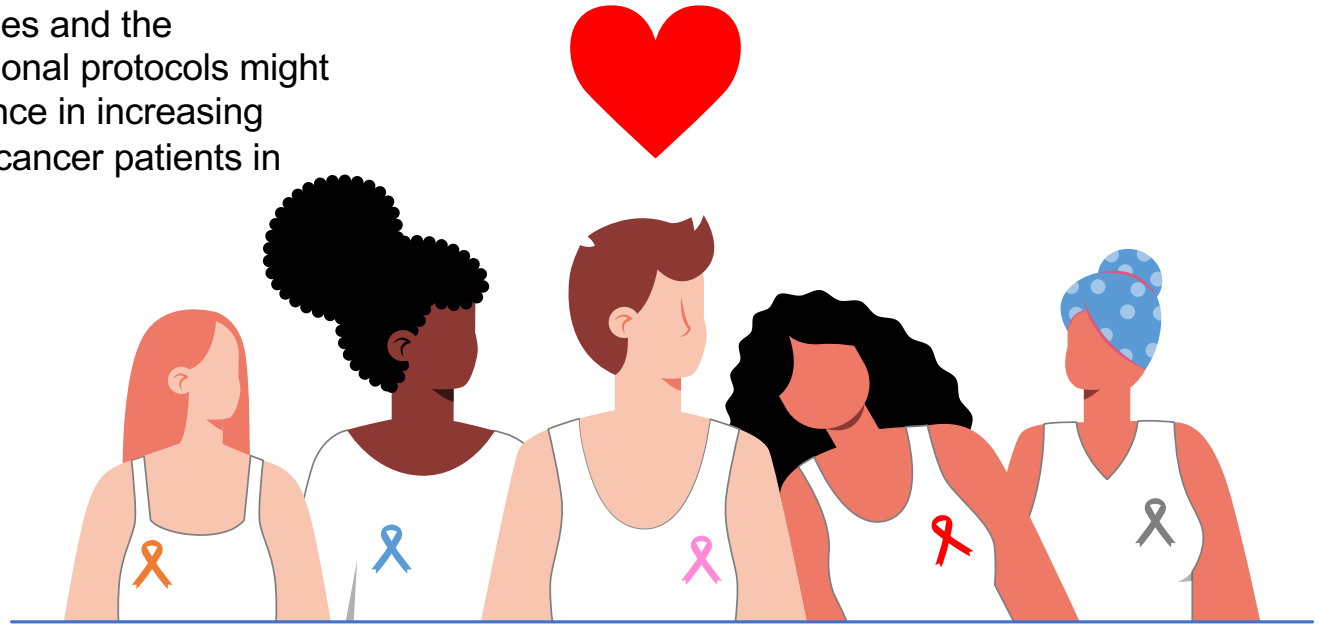


Conclusions

Establishment of a national price ceiling for cancer drugs in the Brazilian public health system, would be a quick step in obtaining meaningful results for the financing of cancer treatment.

A national price ceiling, combined with administrative changes and the establishment of national protocols might make a huge difference in increasing speed of access for cancer patients in Brazil.

A thorough discussion between manufacturers and the government is required to achieve a result that benefits society and avoids medication shortages.



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