

Primary Health Care medicines in Brazilian capitals: Analysis of items not included in list of essential medicines

Medicamentos da atenção primária nas capitais brasileiras: análise dos itens não listados na Rename

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ABSTRACT Pharmaceutical Services are a core component of Brazil's Unified Health System (SUS), ensuring access to safe and effective medicines in line with the principles of universality, comprehensiveness, and equity. This study analyzed the Municipal Lists of Essential Medicines (REMUMES) from Brazilian state capitals and the Federal District, comparing them with the Basic Component of the National List of Essential Medicines (RENAME), focusing on medicines included locally but not standardized nationally. A document-based analysis of REMUMES was conducted between August and November 2024. Medicines were classified according to the Anatomical Therapeutic Chemical (ATC) system and analyzed regionally. The results showed a high number of local inclusions, especially medicines acting on the nervous system and those for dermatological, anti-infective, and respiratory conditions, with the North region presenting the highest average number of additions. Thirty-one recurrent active ingredients—such as scopolamine, vitamins, codeine, and cinnarizine—were frequently included in REMUMES but absent from RENAME. Despite updates by the National Commission for the Incorporation of Technologies (CONITEC), a mismatch remains between national standardization and local needs. The limited updating of the Basic Component leads to autonomous municipal decisions, affecting financing and planning, and underscores the need for more dynamic updating of RENAME and funding policies.

KEYWORDS Pharmaceutical Services. Unified Health System. Drugs essential. Health management.

RESUMO A Assistência Farmacêutica é fundamental no Sistema Único de Saúde (SUS), garantindo o acesso a medicamentos seguros e eficazes, conforme os princípios de universalidade, integralidade e equidade. Analisaram-se as Relações Municipais de Medicamentos Essenciais (Remumes) das capitais brasileiras e do Distrito Federal, comparando-as ao Componente Básico da Relação Nacional de Medicamentos Essenciais (Rename), com enfoque em medicamentos incluídos localmente, mas ausentes na padronização nacional. Realizou-se análise documental das Remumes entre agosto e novembro de 2024, obtidas em fontes oficiais ou nas secretarias municipais. Os dados foram organizados e analisados com base na Classificação Anatômica, Terapêutica e Química (ATC) e em evidências regionais. Os resultados revelaram numerosas inclusões locais, principalmente de medicamentos voltados ao sistema nervoso, dermatológicos, anti-infecciosos e respiratórios, destacando-se a região Norte. Identificaram-se 31 princípios ativos recorrentes, como escopolamina, vitaminas, codeína e cinnarizina, comuns nas Remumes, mas ausentes na Rename. Apesar das atualizações periódicas da Rename pela Comissão Nacional de Incorporação de Tecnologias no SUS, persiste o descompasso entre a padronização nacional e as demandas locais. A baixa atualização do Componente Básico leva a decisões municipais autônomas, com impacto no financiamento e planejamento. Conclui-se que é necessária uma atualização mais dinâmica da Rename, aliada a políticas de financiamento eficazes.

PALAVRAS-CHAVE Assistência Farmacêutica. Sistema Único de Saúde. Medicamentos essenciais. Gestão em saúde.

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Introduction

Pharmaceutical Services (AF) are one of the pillars of Brazil's Unified Health System (SUS), encompassing a set of actions aimed at health promotion, protection, and recovery through access to safe, effective, and quality medicines^{1,2}. This strategic area of the SUS is grounded in the principles of universality, comprehensiveness, and equity, thereby contributing to the realization of the right to health established in the 1988 Federal Constitution².

AF extends beyond the mere provision of medicines, seeking to ensure their rational use and, consequently, to promote the health and well-being of the Brazilian population³. It should also be understood as an integral component of health actions, implemented in a decentralized manner and adapted to the specific realities of each territory^{4,5}.

To this end, the National Medicines Policy (PNM), a core regulatory framework for AF in Brazil, established several instruments, including the National List of Essential Medicines (RENAME), which is intended to guide the development of state- and municipal-level medicines lists^{6,7}.

Essential medicines lists should inform both prescribing practices in primary health care units (UBS) and local planning and organizational processes in AF. As such, they play a central role in promoting the appropriate use of medicines within the SUS. This approach highlights the need for periodic review of these lists, taking into account scientific evidence and public health priorities⁸⁻¹⁰.

RENAME serves as a reference for the development of local lists—namely, the State Essential Medicines Lists (RESMES), the Municipal Essential Medicines Lists (REMUMES), and the Essential Medicines List of the Federal District (REME-DF). These instruments guide AF and represent the main output of the medicine's selection process, supporting both clinical and managerial decision-making^{1,11-13}.

This framework enables states and municipalities to define their own sets of medicines to be made available to the population, in accordance with local epidemiological profiles and specific health needs^{2,4,9,10,14}.

The medicines list, in turn, refers to those included in the components of AF—basic, strategic, and specialized—which structure medicine provision within the SUS. Each component reflects the organization of medicines according to levels of care and complexity, supporting rational resource allocation and responsiveness to population health demands^{15,16}.

The Basic Component of Pharmaceutical Services (CBAF) provides essential medicines for the treatment of common conditions managed by Primary Health Care (PHS), including chronic diseases and infections, as well as contraceptive methods and herbal medicines. Its implementation is decentralized, with shared responsibility among the federal government, states, municipalities, and the Federal District, in line with SUS principles such as decentralization and social participation¹⁷.

Against this backdrop, this article aims to compare the basic medicines included in the REMUMES of Brazilian state capitals and the Federal District with those listed in RENAME, in order to assess municipal-level inclusion of medicines not standardized in the national list.

Material and methods

A descriptive and comparative study was conducted using documentary analysis of the REMUMES from Brazilian state capitals and the Federal District, covering the period between August and November 2024, as well as the most recent version of the Basic Component of RENAME published by the Brazilian Ministry of Health¹⁷.

The most recent lists of medicines were retrieved from the official websites of state and municipal health departments. When

these lists were not available online, municipal health departments (SMS) were contacted by email; if no response was obtained, AF managers were reached via messaging applications².

The information was compiled into a spreadsheet organized by capital city, Brazil's region, and year of the REMUME. In total, 27 spreadsheet tabs were created (covering the 26 state capitals and the Federal District). Medicines listed in the REMUMES that were not included in the Basic Component (CBAF) of RENAME 2024 were identified and recorded, along with their pharmaceutical form and dosage, using the Brazilian Common Denomination (DCB) as reference.

Data preparation involved checking for duplicates, correcting typographical errors, and standardizing nomenclature according to the Brazilian Common Denomination (DCB) system. Some lists also included medicines belonging to the Strategic Component, which are distributed through primary health care units (UBS). However, these medicines were not classified as part of the Basic Component (CBAF) at the municipal level, since they reflect distribution logistics rather than municipal formulary inclusion.

In the quantitative analysis, the total number of medicines listed in the capitals' REMUMES was calculated, along with the number of medicines not included in the Basic Component of RENAME. Medicines were then categorized according to the Anatomical Therapeutic Chemical (ATC) classification system¹⁸. For presentation purposes, ATC level 5 data were restricted to medicines appearing in five or more REMUMES.

The choice of state capitals was based on their representative role in relation to other

municipalities, given that the lists adopted by capitals tend to influence those used in municipalities elsewhere^{9,19}. In addition, the 27 state capitals are home to 49.3 million inhabitants, accounting for nearly one quarter (23.1%) of the total population²⁰.

For the qualitative analysis, patterns were examined, and the reasons for including medicines not standardized in the Basic Component of RENAME were explored, taking into account potential regional needs. This process also identified which pharmacological groups (such as antibiotics and antihypertensives) were most frequently represented among the medicines included exclusively in REMUMES.

The study was conducted using data from the public domain, available without any access restrictions and not subject to limitations related to privacy, security, or access control mechanisms. Consequently, submission to the Research Ethics Committee/National Research Ethics Commission system was deemed unnecessary, in accordance with the ethical provisions set out in Resolution No. 510 of April 7, 2016, issued by the National Health Council²¹.

Results

REMUMES were published between 2016 and 2024, with 20 of them released between 2020 and 2024. In 24 state capitals, the lists were available on the websites of the Municipal Health Secretariats; for the remaining capitals, the lists were obtained by contacting the respective Secretariats, as indicated in *box 1*.

Box 1. Source of information (websites, email, contact with AF administrators)

Capitals	Source of information (webpages, email, contact with AF managers)
Belém	https://portaltransparencia.belem.pa.gov.br/wp-content/uploads/2024/05/Lista-de-Medicamentos.pdf
Porto Velho	https://www.portovelho.ro.gov.br/uploads/arquivos/2023/06/20966/1695048448dom-3536-11082023-publicacao-remume-final.pdf
Boa Vista	https://publicacoes.boavista.rr.gov.br/ler/diario/5495
Palmas	https://www.palmas.to.gov.br/media/orgao/documentos/APROVADO-_REMUNE_E_RENAME_2024.pdf
Manaus	https://www.manaus.am.gov.br/semsa/wp-content/uploads/sites/8/2023/01/Relacao-Municipal-de-Medicamentos-Essenciais.pdf
São Luiz	https://www.saoluis.ma.gov.br/midias/anexos/4095_relacao_das_unidades_basicas_de_saude.pdf
Salvador	http://www.saude.salvador.ba.gov.br/wp-content/uploads/2024/08/2_REMUME_13-08-2024-AJUSTE_MARCA_PERIODO_ELEITORAL.pdf
Fortaleza	https://ms.dados.sms.fortaleza.ce.gov.br/REMUME3ed2022.pdf
Maceió	https://maceio.al.gov.br/uploads/documentos/Relacao-de-medicamentos-REMUME-2022.pdf
Teresina	https://site.fms.pmt.pi.gov.br/system/downloads/docs/140/original_original_guia-de-atencao-basica-da-fundacao-municipal-de-saude-de-teresina.pdf?1531828371
João Pessoa	https://www.joaopessoa.pb.gov.br/wp-content/uploads/2023/04/GUIA-att-farmaceutica-copia.pdf
Recife	https://transparencia.recife.pe.gov.br/uploads/pdf/REMUME%20RECIFE%202024_709080cd-f1a4270ff34bf66b62c7159a.pdf
Porto Alegre	https://prefeitura.poa.br/sites/default/files/usu_doc/cartadeservicos/REMUME%202024.pdf
Curitiba	https://saude.curitiba.pr.gov.br/images/Medicamentos%2007.2024.pdf
Florianópolis	https://www.pmf.sc.gov.br/entidades/saude/index.php?cms=assfar+++remume
Cuiabá	https://www.cuiaba.mt.gov.br/upload/arquivo/medicamentos.pdf
Goiânia	https://www.goiania.go.gov.br/sing_servicos/aceso-a-medicamentos-essenciais-remume/
Campo Grande	https://cdn.campogrande.ms.gov.br/portal/prod/uploads/sites/30/2024/03/ESTOQUE-REMUME-01-MARCO-2024.pdf
Brasília	https://www.saude.df.gov.br/documents/37101/0/REME-DF+-+atualiza%C3%A7%C3%A3o+2024.pdf/0359e7e9-f0e2-ee0d-dd53-588a7df5cdd2?t=1729678494102
Vitória	https://m.vitoria.es.gov.br/download.php?tipo=1&id=81
Rio de Janeiro	https://www.saude.rj.gov.br/comum/code/MostrarArquivo.php?C=NjYyMDU%2C
São Paulo	https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/saude/REMUME_site_marco_2023.pdf
Belo Horizonte	https://prefeitura.pbh.gov.br/sites/default/files/estrutura-de-governo/saude/2023/remume-2023.pdf
Rio Branco	https://riobranco.mt.gov.br/uploads/publicacoes/2813/anexos/2813_eqrT0kQjleCQtre.pdf
Macapá	cafamapa@saude.ap.gov.br; cafamapacesaf@saude.ap.gov.br
Aracaju	assistenciafarmaceutica.saude@gmail.com - (79) 3226-8376/ (79) 99996-7777
Natal	(84) 3232-6860 / 3232-6861

Source: Authors' elaboration.

The total number of medicines listed in REMUMES ranged from 344 in Aracaju (capital of Sergipe) to 114 in Fortaleza (capital of Ceará). A total of 547 additions to the basic medicines list were identified across the REMUMES of the state capitals when compared with RENAME. The largest number of

inclusions was observed in Aracaju (75), while Fortaleza recorded the lowest number (0). At the regional level, the Northeast showed the highest percentage of included medicines (12.06%), whereas the South exhibited the lowest percentage of inclusion in comparison with RENAME (6.57%), as shown in *table 1*.

Table 1. Total number of medicines listed in the REMUMES of state capitals, and number of medicines included in these REMUMES that are not standardized in the RENAME

Remume		Total number of medicines in the REMUME	Medicines in the REMUME essential list not standardized in the RENAME	
Local	Year	N	N	%
Northeast		1,691	204	12.06
Recife	2024	186	29	15.59
João Pessoa	2023	144	12	8.33
Maceió	2022	236	25	10.59
Fortaleza	2022	114	0	0.00
Salvador	2023	175	25	14.29
São Luiz	2022	170	3	1.76
Aracaju	-	344	75	21.80
Natal	2018	162	19	11.73
Teresina	2016	160	16	10.00
North		1,429	169	11.69
Belém	2017	241	4	1.66
Porto Velho	2023	205	5	2.44
Macapá	-	291	73	25.09
Rio Branco	2020	212	41	19.34
Boa Vista	2021	159	13	8.18
Palmas	2024	162	29	17.90
Manaus	2022	159	2	1.26
South		411	27	6.57
Curitiba	2024	128	8	6.25
Florianópolis	2024	149	13	8.72
Porto Alegre	2024	134	6	4.48
Central-West		689	70	10.16
Goiânia	2023	244	20	8.20
Brasília	2024	172	20	11.63
Campo Grande	2024	147	10	6.80
Cuiabá	-	126	20	15.87
Southeast		791	81	10
Vitória	2019	256	27	10.55
Belo Horizonte	2023	206	25	12.14

Table 1. Total number of medicines listed in the REMUMEs of state capitals, and number of medicines included in these REMUMEs that are not standardized in the RENAME

Remume		Total number of medicines in the REMUME	Medicines in the REMUME essential list not standardized in the RENAME	
Local	Year	N	N	%
São Paulo	2023	163	16	9.82
Rio de Janeiro	2023	166	11	6.63
Total inclusions				547

Source: Authors' elaboration.

Note: Municipalities whose lists were not available on official websites were provided in Excel® spreadsheet format.

Across the 26 state capitals and the Federal District, 20 included medicines related to the nervous system; 19 included dermatological medicines; 18 covered medicines for the alimentary tract and metabolism, the musculoskeletal system, and systemic anti-infectives; 17 included medicines acting on the sensory organs, including ophthalmological use; 15 listed medicines related to the respiratory and cardiovascular systems; and 13 included

medicines acting on the genitourinary system and sex hormones.

Table 2 presents the distribution of inclusions in REMUMES by ATC classification, along with regional totals. Most inclusions involved medicines acting on the nervous system (n = 143; 26.14%). Excluding the ATC group 'Various', the least frequent inclusions were medicines acting on the genitourinary system and sex hormones (n = 13; 2.36%).

Table 2. Medicines included in the REMUMEs of state capitals and not standardized in the RENAME, by ATC classification

Capitals	ATC classification - Level 1										
	Dermatologicals	Respiratory system	Nervous system	Alimentary tract and metabolism	Cardiovascular system	Sensory organs (otological)	Sensory organs (ophthalmic)	Musculoskeletal system	Genitourinary system and sex hormones	Antiinfectives for systemic use	Various
Northeast	28	6	47	21	10	2	25	14	4	23	24
Recife	5	1	19	2	1	1	0	0	0	0	0
João Pessoa	1	0	7	0	1	0	0	2	0	0	1
Maceió	7	0	6	2	1	0	5	1	1	1	1
Fortaleza	0	0	0	0	0	0	0	0	0	0	0
Salvador	0	2	3	5	2	0	2	1	1	3	6
São Luiz	0	0	0	0	0	0	1	0	1	0	1
Aracajú	14	1	5	7	4	1	12	7	1	13	10
Natal	1	2	0	3	1	0	1	3	0	3	5
Teresina	0	0	7	2	0	0	4	0	0	3	0

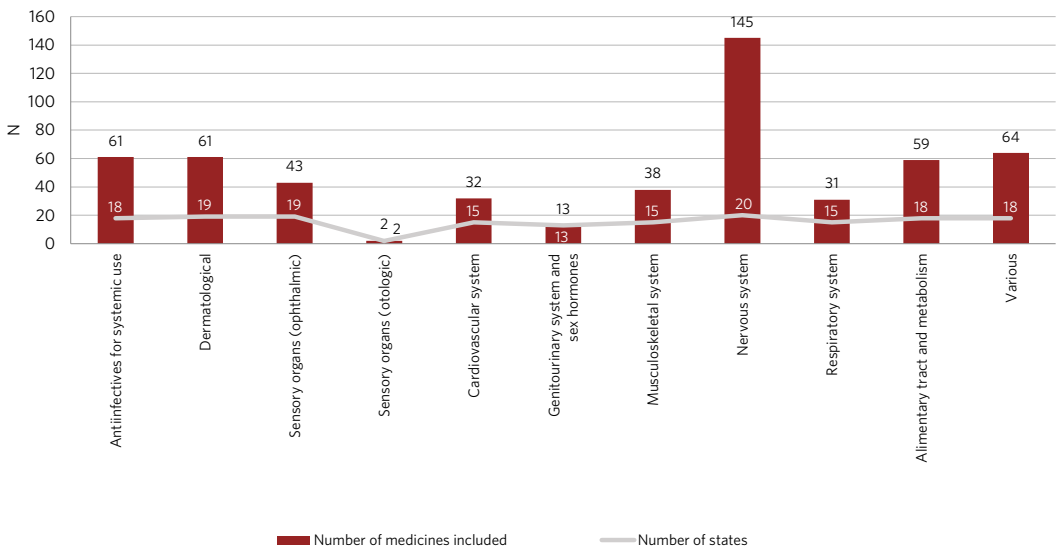
Table 2. Medicines included in the REMUMEs of state capitals and not standardized in the RENAME, by ATC classification

Capitals	ATC classification - Level 1										
	Dermatologicals	Respiratory system	Nervous system	Alimentary tract and metabolism	Cardiovascular system	Sensory organs (otological)	Sensory organs (ophthalmic)	Musculoskeletal system	Genitourinary system and sex hormones	Antifungives for systemic use	Various
North	9	17	50	14	11	0	5	11	3	19	28
Belém	0	0	3	0	0	0	0	1	0	0	0
Porto Velho	0	3	1	0	0	0	0	0	1	0	0
Macapá	2	9	17	6	8	0	2	4	1	10	14
Rio Branco	1	2	16	4	1	0	1	2	1	5	8
Boa Vista	1	2	0	1	2	0	0	2	0	2	3
Palmas	3	1	13	3	0	0	2	2	0	2	3
Manaus	2	0	0	0	0	0	0	0	0	0	0
South	7	0	2	4	3	0	4	3	0	1	3
Curitiba	1	0	2	0	2	0	1	0	0	1	1
Florianópolis	6	0	0	2	0	0	2	2	0	0	1
Porto Alegre	0	0	0	2	1	0	1	1	0	0	1
Central-West	6	4	21	10	3	0	6	6	2	9	3
Goiânia	1	1	8	3	0	0	1	3	0	3	0
Brasília	2	1	2	4	3	0	4	0	2	2	0
Campo Grande	2	1	3	0	0	0	0	0	0	1	3
Cuiabá	1	1	8	3	0	0	1	3	0	3	0
Southeast	11	4	23	10	5	0	3	4	4	9	6
Vitória	8	0	5	5	1	0	2	1	2	1	2
Belo Horizonte	0	1	12	2	1	0	0	1	2	4	2
São Paulo	1	3	3	3	0	0	1	1	0	3	1
Rio de Janeiro	2	0	3	0	3	0	0	1	0	1	1
Brazil	61	31	143	59	32	2	43	38	13	61	64

Source: Author's elaboration.

The comparison between the number of states that included medicines from the identified ATC groups and the number of medicines included is shown in *graph 1*.

Graph 1: Alignment between the number of states that included medicines from ATC groups and the number of medicines included by group



Source: Authors' elaboration.

The 547 inclusions corresponded to 280 different medicines, comprising 186 active pharmaceutical ingredients. *Table 3* presents the distribution of active ingredient inclusions in REMUMES that are not standardized in RENAME. Thirty active ingredients that

appeared five times or more across the capitals' REMUMES were selected; of these, nine were related to the nervous system, while the remaining ones were distributed across other ATC classifications.

Table 3. Medicines not standardized in the RENAME that appeared in five or more REMUMEs of state capitals

Medicines	REMUMES	
	N	%
Dermatologicals		
Papain	11	40.70
Mebendazole	10	37.03
Neomycin + bacitracin	10	37.03
Collagenase compounds	8	29.62
Zinc compounds	8	29.62
Trichloroacetic acid	7	25.92
Ketoconazole	6	22.22
Respiratory system		
Ambroxol	11	40.70
Nervous system		
Levomepromazine	19	70.37
Oxcarbazepine	12	44.44
Thioridazine	12	44.44

Table 3. Medicines not standardized in the RENAME that appeared in five or more REMUMES of state capitals

Medicines	REMUMES	
	N	%
Imipramine	11	40.70
Pipotiazine	7	25.92
Cinnarizine	6	22.22
Codeine compounds	6	22.22
Sertraline	6	22.22
Alimentary tract and metabolism		
Scopolamine	18	66.66
Simethicone	10	37.03
Domperidone	7	25.92
Dimenhydrinate + pyridoxine	6	22.22
Sensory organs (ophthalmic)		
Tobramycin compounds	10	37.03
Fluorescein	5	18.51
Musculoskeletal system		
Diclofenac	17	62.96
Nimesulide	9	33.33
Antiinfectives for systemic use		
Gentamicin	5	18.51
Secnidazole	5	18.51
Various		
Vitamin A compounds	13	48.14
B-complex vitamins	13	48.14
Vitamin C	12	44.44
Multivitamins	6	22.22

Source: Authors' elaboration.

Discussion

This study analyzed medicine lists from Brazilian state capitals and the Federal District, with particular attention to medicines included in these lists that are not part of RENAME.

Since the establishment of the National Commission for the Incorporation of Technologies in the SUS (CONITEC), Brazil has adopted Health Technology Assessment (HTA) as a structured basis for evaluating the incorporation of medicines²². HTA supports

decision-making on the incorporation and coverage of health technologies, contributing to more transparent, evidence-based, and socially participatory processes^{23,24}.

Essential medicines are those intended to meet the priority health needs of the population and should be selected based on their public health relevance, supported by evidence of efficacy, safety, and cost-effectiveness²⁵⁻²⁷.

RENAME is updated biennially, and municipal lists are expected to follow a similar updating cycle^{9,10}. Among the analyzed REMUMES, most were updated after 2020, although five

were published more than five years ago, and others did not report a publication date.

In RENAME 2024, Annex I includes 382 medicines corresponding to the National List of Essential Medicines of the Basic Pharmaceutical Care Component (AF)¹⁷.

It is also noteworthy that, within the CBAF, only one change was introduced between RENAME 2022 and RENAME 2024: the inclusion of ferric polymaltose for the treatment of iron-deficiency anemia in patients intolerant to ferrous sulfate²⁸. According to the Ministry of Health Management Report (2023), 177 health technologies²⁹ were incorporated into the SUS between 2019 and 2023, of which only 12 (6.8%) belonged to the Basic Component: five anti-infectives, four thyroid hormones, two contraceptives, and one antacid. This indicates a prolonged period with minimal updates to the Basic Component medicines list.

A marked inclusion of medicines related to the nervous system was observed in the lists of state capitals and the Federal District. At the same time, despite the establishment of CONITEC in 2012, no new medicines for this therapeutic area have been incorporated into RENAME, highlighting a persistent gap between national incorporation decisions and local mental and neurological health needs. Notably, no medicines for the treatment of nervous system disorders have been added to RENAME since 2012, despite the growing demand associated with these conditions in primary health care³⁰⁻³².

Conditions such as anxiety and depression have become increasingly relevant in Brazil's epidemiological profile, requiring effective and accessible therapeutic options that reflect real-world territorial needs, reinforcing the importance of aligning RENAME updates with local health system realities^{11,30,32}.

Among the most frequently included active ingredients, scopolamine stands out. It is indicated for the relief of gastrointestinal, biliary, urinary, and genital spasms, as well as for the control of involuntary smooth muscle contractions³³. Its high frequency across capital

REMUMES may be associated with the lack of equivalent therapeutic alternatives in RENAME. A similar explanation may apply to vitamins, simethicone, ophthalmic tobramycin formulations, and dermatological preparations such as papain, neomycin combined with bacitracin, and collagenase.

Other therapeutic classes not included in the Basic Component of RENAME, but present in the lists of state capitals, include weak opioids such as codeine-based compounds, indicated for moderate pain, and cinnarizine, used for migraine prophylaxis and balance disorders, as well as for the management of labyrinthine symptoms such as vertigo, dizziness, tinnitus, nystagmus, nausea, and vomiting, in addition to the prevention of motion sickness^{34,35}.

A similar pattern was also observed for ambroxol, indicated for the treatment of acute and chronic bronchopulmonary conditions affecting the airways and lungs, where it acts by facilitating expectoration. In RENAME, only one expectorant is listed: guaco (*Mikania glomerata Spreng*)³⁶.

Another group widely included in the capital lists was anti-inflammatory medicines, such as diclofenac and nimesulide, which belong to the same therapeutic class as ibuprofen, the only anti-inflammatory included in RENAME within the Basic Component³⁷. In addition, various anti-infective medicines were included in different pharmaceutical forms.

These findings have important implications for municipal pharmaceutical policy, as the inclusion of these medicines in REMUMES requires either exclusive municipal funding or shared financing arrangements between states and municipalities. In parallel, updated versions of RENAME include a wide range of medicines across other components of AF, without necessarily reflecting local epidemiological needs or priority health problems.

From a financing perspective, the Specialized Component of Pharmaceutical Services (CEAF), the Strategic Component of Pharmaceutical Services (CESAF), and

the Brazilian Popular Pharmacy Program have been key drivers of increased expenditure by the Ministry of Health, which has assumed a growing share of the budget for the procurement of these medicines, largely as a consequence of the incorporation of new technologies^{15,16,38}.

Regarding the financing of active ingredients included at the municipal level but not standardized in RENAME, states, the DF, and municipalities are allowed to define complementary medicine lists, provided that each level of government respects its respective financial responsibilities and bears the costs in accordance with intergovernmental agreements.

AF in Brazil are organized under a decentralized financing model shared among the three levels of government—federal, state, and municipal. This arrangement aims to ensure the supply of medicines across all levels of care, addressing region-specific health needs, and is regulated by Consolidation Ordinance No. 6 of 2017³⁹.

The CBAF is jointly financed by the federal government, states, and municipalities. Medicines included in this component are intended for the treatment of high-prevalence conditions such as hypertension, diabetes, respiratory infections, and mental health disorders, among others³⁹.

In contrast, the inclusion of non-standardized medicines in RENAME within municipal lists places additional pressure on local health budgets, as these medicines are not covered by federal funding mechanisms⁴⁰.

As for study limitations, the analysis was restricted to REMUMES from state capitals, which may limit representativeness given the heterogeneity of Brazilian municipalities, particularly smaller ones with distinct health system realities. In addition, the lack of updated information in some REMUMES may have affected the timeliness of the data analyzed.

Overall, the findings reveal a mismatch between identified therapeutic needs and

national medicine provision. The lack of significant updates to CBAF, combined with the limited inclusion of medicines for prevalent conditions such as nervous system disorders, pain, respiratory diseases, and inflammatory conditions, compels local governments to fill these gaps with their own resources, thereby widening inequalities and increasing pressure on already constrained local budgets.

Conclusions

The findings highlight the need to consider the importance of updating medicines within the CBAF, which, when compared to the number of new technologies incorporated into other components of AF, remains relatively limited. The analysis of medicines included in REMUMES suggests that some appear with high frequency, indicating a potential pattern of demand across municipalities.

The analysis of municipal medicine lists from Brazilian state capitals and the Federal District revealed the recurrent inclusion of several therapeutic classes in REMUMES. This variation reflects the autonomy of sub-national governments in adapting their lists to regional needs, while also seeking to address gaps in CBAF coverage, particularly in relation to medicines for nervous system conditions.

The slow pace of incorporation of new medicines into RENAME, especially within the Basic Component, contrasts with the needs identified in the capitals, resulting in the adoption of non-standardized medicines. This reinforces the need for a more dynamic updating process for RENAME, aligned with local epidemiological and therapeutic demands. The absence of therapeutic alternatives in certain classes may lead municipal administrators to seek local solutions, often with significant financial impact.

Although municipal autonomy allows for greater flexibility in responding to specific local demands, this decentralization should be accompanied by effective financing

mechanisms and regular updates to RENAME, ensuring equitable access to essential medicines across the country.

Thus, the persistent lag in updating the CBAF reveals structural limitations within the National Medicines Policy (PNM), particularly regarding financing and technology incorporation. The recurrent need for municipalities to complement their medicine lists not only reflects federative autonomy but also indicates an implicit transfer of financial responsibility to local governments, often without corresponding increases in funding.

From this perspective, the findings of this study are directly related to the field of health policy evaluation and audit. They demonstrate how decisions regarding medicine

incorporation and financing within the SUS influence the realization of health rights, the quality of care, and health system efficiency. They also underscore the importance of continuous audit and monitoring mechanisms that consider both technology incorporation and its impacts on equity, financial sustainability, and the capacity of the SUS to respond effectively and fairly to population health needs.

Authorship contributions

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