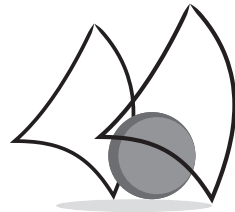


**Annals of the XX Brazilian Congress  
of the Brazilian Society of Bone Marrow Transplant  
August 24 – 27, 2016,  
Fortaleza – Ceará – Brazil**



XX CONGRESSO  
DA **SBTMO 2016**

SOCIEDADE BRASILEIRA DE  
TRANSPLANTE DE MEDULA ÓSSEA

Hotel Gran Marquise . Fortaleza . Ceará  
24 a 27 de agosto de 2016

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**MULTIDISCIPLINARY (NURSING, PSYCHOLOGY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PHARMACY, ORAL MEDICINE, SOCIAL SERVICES)  
Access to medications after HSCT: the reality of the South of Brazil**

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<http://dx.doi.org/10.1590/1806-9282.62.suppl1.202>

The hematopoietic stem cell transplantation (HSCT) requires a complex and prolonged follow-up that brings emotional, social and economic alterations. The continuing use of some medications after HSCT is essential for a successful treatment, as their correct use can avoid unnecessary and prolonged hospitalizations and/or worsening of clinical symptoms. However, difficulties in having access to these drugs in the public health care network has caused problems for both patients and for the healthcare staff who need to create strategies so that the patient does not go untreated. Therefore, this study aims to describe the main difficulties found by patients regarding access to prescription drugs after discharge of the HSCT. This is a descriptive study, based on the experience report of the multidisciplinary team of a hospital in the south of the country. The difficulties are mainly related to lack of medications in the public network; the obligatory delivery of the drug only at the address registered in the patient's SUS card; the municipal list of drugs (REMUME), variable in each municipality, in many cases, not including the entire implemented treatment and the high cost for the purchase of medications in the private network, considering the amount and frequency of use. According to the Decree 11/15 of the Municipal Health Department, patients who are not residents of the municipality cannot obtain their medications in the capital city. As the vast majority are from the countryside or other states, they end up finding temporary housing near the transplant center for a minimum of 100 days. Seeking to minimize these difficulties, a contract was established between the hospital and pharmaceutical assistance from City Hall. Therefore, a list of post-HSCT patients who remain living near the hospital was created, which is forwarded periodically by Basic Health Unit pharmacist linked to the hospital to the Health Center responsible for the dispensing of medications. This list is prepared, revised and updated as necessary by the social worker and pharmacist of the transplant team. It is concluded that the recognition by the health team of their role in the process of creating and developing strategies, considering the lack of access to medications and consequent inadequate treatment adherence, is essential to ensure the success of transplantation and quality of life of patients. We also observed the importance of multidisciplinary guidelines at hospital discharge and during outpatient follow-up, seeking ways to acquire the medications, so that the patient would not be harmed. It emphasizes the need to consolidate and extend public health policies in order to implement the principles that rule SUS, especially regarding the comprehensiveness of care and universal access.

**Keywords:** Hematopoietic Stem Cell Transplantation; Patient Care After Discharge; Public Health Policies.