

Treatment of Heart Failure in Brazil: Where Cost-Effectiveness Studies and Public Access Data to Therapies Meet

Henrique Iahnke Garbin,¹^{ID} Fernando Luis Scolari,²^{ID} Andreia Biolo^{1,2}^{ID}

Universidade Federal do Rio Grande do Sul – Faculdade de Medicina,¹ Porto Alegre, RS – Brazil

Hospital de Clinicas de Porto Alegre,² Porto Alegre, RS – Brazil

Heart failure (HF) remains a leading cause of hospitalization and cardiovascular mortality in Brazil. In recent years, new prognostically modifying pharmacological therapies have been shown to reduce cardiovascular mortality, HF hospitalizations, and improve quality of life. In this context, the availability of these therapies in the public health system becomes a determining factor in improving clinical outcomes at the population level. A recent systematic review on the cost-effectiveness of HF therapies in Brazil demonstrated that several pharmacological interventions, including mineralocorticoid receptor antagonists, sodium-glucose cotransporter 2 (SGLT2) inhibitors, and angiotensin-neprilysin receptor inhibitors, have high economic attractiveness in the national scenario. Dapagliflozin, for example, showed an incremental cost-effectiveness ratio of Int\$ 9,000/QALY, and is considered cost-effective.¹

Interestingly, Brazilian population-based evidence reinforces the clinical impact of these strategies, supporting the cost-effectiveness study. One analysis evaluated the temporal evolution of cardiovascular mortality and hospitalizations for heart failure after the implementation of the public access program for dapagliflozin in Brazil.² The policy was initially approved for patients with type 2

diabetes mellitus or established cardiovascular disease aged ≥ 65 years. The medication was also made available to patients ≥ 18 years with heart failure with reduced ejection fraction, type 2 diabetes mellitus, or chronic kidney disease, upon presentation of a specialized medication report. The population-based study demonstrated a reduction in cardiovascular mortality trends (a 6.6% reduction in 2022, 4.7% in 2023, and 5.9% in 2024 compared to 2017) and hospitalizations for heart failure (a 23.8% reduction in 2024 compared to 2017) after the availability and access to medication in patients aged ≥ 65 years.²

Despite these advances, Brazil still lacks national evidence of cost-effectiveness for cardiovascular therapies. New treatments for heart failure and cardiomyopathies, with proven benefits, remain with restricted access in the public health system.^{3,4} Thus, studies such as the systematic review presented are fundamental to guiding policies for technological incorporation and expanding access to effective therapies. Monitoring access, integrated with population data and public health strategies, is essential to reduce therapeutic gaps, impacting the improvement of quality of life and the reduction of hospitalizations and cardiovascular mortality.

References

1. Pereira GAR, Lopes MC, Dama BL, Polanczyk CA, Bertoldi EG. Cost-Effectiveness of Therapies for Heart Failure in Brazil: A Systematic Review. *Arq Bras Cardiol.* 2026;123(3):e20250712. doi: 10.36660/abc.20250712.
2. Natividade GR, Retnakaran R, Kapral MK, Leitão CB, Gerchman F, Kramer CK. Cardiovascular Impact of the National Program of Publicly-Funded Access to Dapagliflozin in Brazil. *Public Health.* 2025;249:106039. doi: 10.1016/j.puhe.2025.106039.
3. Fernandes F, Simões MV, Correia EB, Marcondes-Braga FG, Coelho-Filho OR, Mesquita CT, et al. Guidelines on the Diagnosis and Treatment of Hypertrophic Cardiomyopathy - 2024. *Arq Bras Cardiol.* 2024;121(7):e202400415. doi: 10.36660/abc.20240415.
4. Simões MV, Fernandes F, Marcondes-Braga FG, Scheinberg P, Correia EB, Rohde LEP, et al. Position Statement on Diagnosis and Treatment of Cardiac Amyloidosis - 2021. *Arq Bras Cardiol.* 2021;117(3):561-98. doi: 10.36660/abc.20210718.

Keywords

Heart Failure; Cost-Effectiveness Analysis; Brazil

Mailing Address: Henrique Iahnke Garbin •

Universidade Federal do Rio Grande do Sul - Faculdade de Medicina – Rua Ramiro Barcelos, 2400. Postal Code 90040-060, Santa Cecília, Porto Alegre, RS – Brazil

E-mail: higarbin@gmail.com

Manuscript received April 16, 2026, revised manuscript April 20, 2026, accepted April 20, 2026

DOI: <https://doi.org/10.36660/abc.20260314>

Reply

Eduardo Gehling Bertoldi,² Guilherme Augusto Reissig Pereira,¹ Mariana de Castro Lopes,¹ Bernardo Ludwig Dama,³ Carisi Anne Polanczyk³

Hospital de Clínicas de Porto Alegre,¹ Porto Alegre, RS – Brazil

Universidade Federal de Pelotas,² Pelotas, RS – Brazil

Universidade Federal do Rio Grande do Sul,³ Porto Alegre, RS – Brazil

We thank the authors of the letter for their interest in our systematic review and for the opportunity to broaden the discussion on the treatment of heart failure in Brazil. Our article¹ had the specific objective of synthesizing national evidence on the cost-effectiveness of pharmacological and non-pharmacological therapies for heart failure, from the perspective of the Brazilian Unified Health System (SUS). In this sense, although the main subject of the letter, which is effective access to therapies after their incorporation, was not directly investigated in our review, we agree that it is a complementary and essential theme for the value estimated in economic models to translate into clinical benefit for the population.

The incorporation of cost-effective technology represents only one step in the health evaluation cycle. Value generation also depends on availability, eligibility criteria, appropriate prescription, and the ability to monitor outcomes in real-world scenarios. The population data cited in the letter, related to public access to dapagliflozin, illustrate the

importance of monitoring trends in hospitalizations and mortality after incorporation policies. At the same time, such analyses should be interpreted with caution, due to their observational nature and the possibility of influence from temporal and care-related factors.

Therefore, we agree that national economic evaluations should be progressively integrated with implementation studies, budget impact analyses, utilization data, and post-incorporation monitoring. This agenda is particularly relevant in heart failure, a condition with a high clinical and economic burden, where effective and cost-effective interventions can have a substantial impact, provided that access is equitable and sustainable. Thus, we understand that the letter reinforces a central message of our review: expanding the production and use of national evidence is fundamental to guiding incorporation decisions, improving public policies, and enhancing outcomes for patients with heart failure in Brazil.

References

1. Pereira GAR, Lopes MC, Dama BL, Polanczyk CA, Bertoldi EG. Cost-Effectiveness of Therapies for Heart Failure in Brazil: A Systematic Review. *Arq Bras Cardiol.* 2026;123(3):e20250712. doi: 10.36660/abc.20250712.



This is an open-access article distributed under the terms of the Creative Commons Attribution License