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Moderate to severe psoriasis in Brazil: challenges in accessing biological therapies through the SUS (Brazilian Public Health System).

Moderate to Severe Psoriasis in Brazil: Challenges in Access to Biological Therapies within the Unified Health System

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Summary

Psoriasis is a chronic, immune-mediated inflammatory disease affecting millions of people in Brazil and worldwide, significantly impacting quality of life due to skin lesions, physical symptoms, and associated comorbidities. While conventional treatments, such as methotrexate, cyclosporine, and phototherapy, can control the disease in some patients, they often have limitations regarding efficacy, safety, and long-term response. In this context, biological therapies, including TNF-ÿ, IL-12/23, IL-17, and IL-23 inhibitors, have brought important advances in the management of psoriasis, offering greater clinical control, faster remission of lesions, and improved quality of life for patients. However, access to these medications in Brazil remains restricted, especially within the context of the Unified Health System (SUS). Factors such as high cost, limited incorporation of new biologics, regional inequality in treatment availability, and the need for adequate infrastructure for drug administration make access unequal and frequently dependent on legal processes. This article reviews the main therapeutic advances in psoriasis, presents the current situation regarding access to biological therapies in Brazil, and discusses the challenges that still need to be overcome to guarantee equitable and effective treatment for all patients.

Keywords: Psoriasis; Biological Therapy; Unified Health System; Biologics; Brazil.

Abstract

Psoriasis is a chronic, immune-mediated inflammatory disease that affects millions of people in Brazil and worldwide, with a significant impact on quality of life due to cutaneous lesions, physical symptoms, and associated comorbidities. Although conventional treatments such as methotrexate, cyclosporine, and phototherapy are effective for some patients, these approaches often present limitations related to sustained efficacy, safety profile, and long-term response. In this context, biological therapies—including tumor necrosis factor-alpha (TNF-ÿ), interleukin (IL)-12/23, IL-17, and IL-23 inhibitors—represent a major therapeutic advance in the management of psoriasis, providing improved clinical control, faster lesion clearance, and substantial improvement in patients' quality of life. However, access to these medications in Brazil remains limited, particularly within the scope of the Unified Health System (Sistema Único de Saúde – SUS). Factors such as high costs, restricted incorporation of new biologics, regional inequalities in treatment availability, and the need for adequate infrastructure for drug administration contribute to unequal access, often relying on judicialization. This article reviews the main therapeutic advances in psoriasis treatment, outlines the current scenario of access to biological therapies in Brazil, and discusses the challenges that must still

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be addressed to ensure equitable and effective treatment for all patients.
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1. INTRODUCTION

Psoriasis is a chronic inflammatory disease of immune-mediated origin, characterized by epidermal hyperproliferation, persistent skin inflammation, and possible nail involvement and joint pain. Its impact on quality of life is broad and multifactorial, ranging from symptoms Physical discomfort and skin problems can range from social stigmatization to significant comorbidities such as arthritis. psoriatic, metabolic and cardiovascular diseases (DUARTE et al., 2015).

In Brazil, the estimated prevalence of psoriasis is approximately 1.31% of the population. with a slight difference between men (1.47%) and women (1.15%), according to consensus data from Brazilian Society of Dermatology (SBD, 2020). Despite these estimates, gaps persist. relevant epidemiological information, especially in regions like the North and Northeast, where the Underreporting still constitutes a significant challenge (DUARTE et al., 2015).

Traditional management of psoriasis relies on topical therapies, phototherapy, and agents. Systemic immunosuppressants, such as methotrexate, cyclosporine, and acitretin. Although widely Although used, these treatments have clinical limitations, including therapeutic response. Incomplete, cumulative adverse events, and the need for frequent laboratory monitoring. (DUARTE et al., 2015; SBD, 2020).

In recent decades, the introduction of biological therapies has significantly modified the therapeutic scenario for psoriasis. These drugs, which include anti-TNF-ÿ, anti-IL-12/23, anti-IL-17 and anti-IL-23 demonstrate greater clinical efficacy, a better safety profile, and more rapid responses. long-lasting, especially in moderate to severe cases (SBD, 2020; SCHOENARDIE et al., 2024).

Despite this progress, access to biological therapies in Brazil remains limited. Among the The main obstacles include the limited incorporation into Clinical Protocols and Guidelines. Therapeutic Guidelines (PCDT), the high cost of medications, and the recurring dependence on litigation. for its acquisition through the SUS (VIEIRA; ZUCCHI, 2014). Added to this is the regional inequality in The availability of specialized services and the difficulties in providing adequate clinical care for patients. who obtain these medications through legal means (VIEIRA; ZUCCHI, 2014; SCHOENARDIE et al., 2024).

This context highlights a mismatch between the recommendations of national consensus and International studies—which indicate the use of biologics for moderate to severe psoriasis—and reality. of the Brazilian public system, in which only a small percentage of patients have effective access. to these therapies (DUARTE et al., 2015; SBD, 2020). Thus, it becomes essential to analyze the panorama Current use of biologics in Brazil, considering both therapeutic advances and challenges.

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structural and access issues still persist.

2. MATERIALS AND METHODS

This is a narrative literature review, aiming to analyze the evidence.
Scientific studies related to the use of biological therapies in the treatment of moderate to severe psoriasis, with emphasis on access challenges within the context of the Brazilian Unified Health System (SUS).

The bibliographic search was conducted between August and October 2025 in the following databases. PubMed/MEDLINE, SciELO, and LILACS were used. The descriptors “Psoriasis”, “Biological Therapy”, “Brazil”, and “Sistema Único de Saúde” were used, combined with the Boolean operators “and” and “Sistema Único de Saúde”. "or".

Studies published between 2015 and 2025, in Portuguese and English, were included.
that addressed epidemiological aspects of psoriasis in Brazil, available biological therapies and their mechanisms of action, clinical protocols and guidelines of the Brazilian Unified Health System (SUS), as well as studies related to access, regional inequality, and judicialization were excluded. Duplicate publications and studies without [reference to data missing from original text] were also excluded. Direct relevance to the topic.

The selection of articles initially occurred through reading titles and abstracts, followed by...
from a comprehensive analysis of the texts considered relevant. The extracted information was organized in thematic areas, covering epidemiology, conventional treatments, biological therapies, Access through the Brazilian public health system (SUS) and challenges in clinical practice.

3. RESULTS AND DISCUSSION

3.1 Epidemiology of Psoriasis in Brazil

Psoriasis is a chronic, immune-mediated inflammatory disease that affects approximately 2.6 million people. of Brazilians, with a higher prevalence among young adults, especially between 20 and 40 years old. (JOHNSON & SMITH, 2023). Epidemiological studies indicate that the national prevalence varies. between 1.2% and 1.5%, with a higher concentration in the South and Southeast regions (SOUZA et al., 2024). Factors Risk factors include genetic predisposition, viral infections, stress, and the use of medications that may... to precipitate or aggravate the condition (SOUZA et al., 2024).

3.2 Conventional Treatments for Psoriasis

Treatment for psoriasis involves topical approaches, phototherapy, and systemic medications. (SILVA, 2022). Topical therapies, such as corticosteroids and vitamin D analogs, continue

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being the first-line treatment for mild to moderate cases, acting to reduce inflammation and keratinocytic hyperproliferation (SILVA, 2022). The use of combinations, such as corticosteroids When combined with calcipotriol, it has demonstrated greater efficacy and a lower risk of adverse effects. cutaneous, currently being one of the most indicated strategies (LEE; KIM, 2023; FERRARA et al., 2024).

Phototherapy, especially narrowband UVB, remains an important option for more extensive forms of the disease, promoting apoptosis of pathogenic T lymphocytes in the skin and modulating the inflammatory response (ELSISI, 2025; LEE; KIM, 2023). Despite its effectiveness, Limitations include the need for frequent sessions and the cumulative risk of skin carcinogenesis. which restricts its prolonged use (FERRARA et al., 2024).

In moderate to severe cases, systemic treatments are necessary, including methotrexate. Cyclosporine and acitretin (SILVA, 2022). Methotrexate acts as an antimetabolite that inhibits synthesis. It reduces DNA activity and T lymphocyte activity, making it effective in improving skin condition and treating psoriatic arthritis. (ELSISI, 2025; FERRARA et al., 2024). Cyclosporine, in turn, inhibits calcineurin, blocking T lymphocyte activation, with a rapid and robust response, but limited by the risk of nephrotoxicity. and hypertension (SILVA, 2022). Acitretin, a systemic retinoid, regulates the differentiation and proliferation of keratinocytes, being useful in pustular and erythrodermic psoriasis, although it has Limited efficacy as monotherapy and restrictive safety profile, especially in women. Fertile age due to teratogenic risk (ELSISI, 2025; LEE; KIM, 2023).

Although effective, these treatments have limitations such as hepatotoxicity, nephrotoxicity, hypertension, dyslipidemia, and the need for constant laboratory monitoring (SILVA, 2022). Furthermore, the therapeutic response is highly variable, and a significant portion Many patients do not achieve adequate disease control, which reinforces the need for more advanced therapies. targeted (ELSISI, 2025; LEE; KIM, 2023).

3.3 Biological Therapy: Advances and Efficacy

Biological therapies represent a milestone in the treatment of moderate to severe psoriasis, by to act selectively on molecular targets involved in the pathogenesis of the disease (COSTA, 2025; OÿÓG et al., 2025). Anti-TNF drugs, such as adalimumab, etanercept, and infliximab, were the first. to be incorporated into clinical practice, significantly reducing skin and joint inflammation, although they exhibit lower rates of complete remission compared to newer therapies. (VAN MUIJEN, 2022; LEE; KIM, 2023).

Ustekinumab, a monoclonal antibody against the p40 subunit of IL-12/23, brought greater Durability of response and improved safety profile compared to anti-TNF devices, representing an advance.

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important in disease management (VAN MUIJEN, 2022; OÿÓG et al., 2025). Subsequently, the IL-17 inhibitors, such as secukinumab and ixekizumab, have shown superior efficacy, with a response Faster clinical results and high rates of PASI 90 and PASI 100, meaning almost complete remission of lesions. cutaneous (VAN MUIJEN, 2022; LEE; KIM, 2023; SALLAM et al., 2024).

Selective IL-23 inhibitors, such as guselcumab, risankizumab, and tildrakizumab, They represent the most recent generation of biological agents, operating at an initial point in the cascade. Inflammatory, ensuring sustained clinical responses, prolonged efficacy, and more spaced-out administration regimens (LEE; KIM, 2023; OÿÓG et al., 2025). Long-term studies They demonstrate consistent maintenance of clinical response, with a low risk of serious adverse effects. consolidating them as one of the most promising options today (LEE; KIM, 2023).

Direct comparisons between different classes indicate that anti-IL-17 drugs show responses. Faster initial effects, while anti-IL-23 agents offer greater durability and long-term safety. timeframe (VAN MUIJEN, 2022; LEE; KIM, 2023). Despite its high effectiveness, limitations include the high cost, need for specialized support, and barriers to access in public systems. health, such as the SUS in Brazil (OLIVEIRA et al., 2021; LOPES, 2017).

3.4 Challenges of Access to Biological Therapies in the Unified Health System HEALTH (SUS)

The high cost of biological therapies constitutes the primary economic barrier to their use. widespread incorporation into the SUS (Brazilian Public Health System), limiting the availability and regular supply of these medications. (LOPES, 2017; OLIVEIRA et al., 2021). The incorporation of new biologics depends on evaluations health technology and administrative decisions that consider cost-effectiveness and impact. budgetary, a process that frequently delays the introduction of therapeutic innovations into the range of public supply (BRAZIL, 2020).

The lack of timely updates to the Clinical Practice Guidelines (PCDT) contributes to the discrepancy between recommendations. international guidelines and clinical practice in the country, affecting which patients have a formal indication to receive biologicals through the SUS (LEE; KIM, 2023; ROMITI et al., 2021). In addition, price negotiation and Centralized procurement faces limitations related to bargaining power and strategies. pricing in the pharmaceutical industry (LOPES, 2017).

Insufficient healthcare infrastructure in many regions — including a lack of centers. with capacity for specialized monitoring, lack of trained professionals and logistics of Dispensing — makes safe administration and follow-up of patients using biologics difficult. (JANSEN, 2023). The difficulty of access to periodic laboratory monitoring, protocols of Infection screening and multidisciplinary follow-up further increase the complexity.

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operational and burdens the public provision of these treatments (SILVA, 2022). Thus, the judicialization of Health emerges as a direct consequence of these gaps in institutional provision, leading patients to resorting to the Judiciary to obtain biological products creates unequal and unfair alternative access routes. guarantee of systematic clinical follow-up (LOPES, 2017).

At a technical-scientific level, the rapid evolution of therapeutic classes (anti-TNF, anti-IL-17, The presence of anti-IL-23 antibodies and the need for comparative analysis of effectiveness and safety complicates decision-making. normative decision, especially when long-term evidence is still being consolidated. (LEE; KIM, 2023). The introduction of biosimilars promises to reduce costs and expand access, however its Adoption requires clinical confidence, stringent regulatory strategies, and replacement policies that still... are under development in the Brazilian context (LEE; KIM, 2023).

Finally, regional and socioeconomic inequality—reflected in the lower supply of services. specialized in peripheral areas — perpetuates a scenario where access to biologicals depends of the place of residence and the individual's ability to access the health system (JANSEN, 2023).

3.5 Future Perspectives for the Inclusion of Biologicals

In short, overcoming access barriers in Brazil requires integrated and coordinated actions: Rapid updating of Clinical Protocols and Therapeutic Guidelines (PCDT) and incorporation of new [resources/tools]. biologicals based on evidence of efficacy and cost-effectiveness analysis (BRAZIL, 2020; ROMITI et al., 2021), strategic price negotiation and gradual adoption of pro-biosimilar policies (LEE; (KIM, 2023), strengthening health infrastructure and training professionals at various levels. regional, ensuring equitable distribution of treatments (JANSEN, 2023; SILVA, 2022), in addition implementing mechanisms that reduce reliance on litigation as a means of access (LOPES, 2017; OLIVEIRA et al., 2021).

In the national context, such actions can contribute to greater uniformity in access to biological factors, especially in peripheral and rural regions, reducing inequalities. socioeconomic and geographic factors in the treatment of psoriasis (JANSEN, 2023; LOPES, 2017; ROMITI et al., 2021). The future perspective involves not only expanding the availability of therapies innovative, but also to consolidate strategies for safe clinical follow-up and monitoring. long-term, ensuring that therapeutic advances consistently benefit the population. of patients with psoriasis in Brazil (SILVA, 2022; COSTA, 2025).

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FINAL CONSIDERATIONS

Psoriasis remains a significant clinical challenge, both because of its physical and mental impact. due to the psychosocial repercussions imposed on patients (JANSEN, 2023). Although the treatments conventional therapies — including topical therapies, phototherapy, and systemic agents such as methotrexate, Cyclosporine and acitretin—although they have proven efficacy, these resources are frequently used. They show insufficient results in moderate to severe cases (SILVA, 2022; ELSISI, 2025).

Biological therapies emerge as a highly effective alternative, acting in a way that... Targeted at specific immunological pathways, providing better disease control and gains. significant in quality of life (COSTA, 2025; VAN MUIJEN, 2022). Evidence suggests that Anti-IL-17 agents promote faster responses and higher remission rates, while anti-IL-23s offer greater durability and long-term safety, reinforcing the importance of... Therapeutic individualization (VAN MUIJEN, 2022).

Despite these advances, access to biologics in Brazil is still limited, especially in within the scope of the SUS (Brazilian Public Health System), due to high costs, logistical obstacles, regional inequalities, and recurring issues. judicialization of health (BRAZIL, 2020; LOPES, 2017; JANSEN, 2023). Overcoming these Barriers require updated public policies and investments in healthcare infrastructure. Strategies that broaden equitable access to innovative therapies. Although this reality still... Although it may seem distant, the continuation of clinical and epidemiological research, coupled with decision-making, is crucial. Based on evidence, it represents a fundamental path to improving the management of Psoriasis in Brazil.

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