Gomes VS, Amador TA. Studies published in indexed journals on lawsuits for medicines in Brazil: a systematic review. Cad Saúde Pública 2015; 31(3):1-12.
http://dx.doi.org/10.1590/0102-311XER010616

The journal has been informed about some errors in the paper. The corrections are follows:
A revista foi informada sobre alguns erros no artigo. As correções seguem abaixo:
La revista fue informada sobre algunos errores en el artículo. Siguen las correcciones:

- On page 5, second column, first paragraph, line 10, where the text reads:
...and three studies analyzed whether the drugs claimed through lawsuits were part of official government lists [12,14,19]*...*
it should read:
...three studies [12,14,18] *analyzed whether the drugs claimed through lawsuits were part of official government lists...*

- On page 5, second column, third paragraph, line 29, where the text reads:
...In eight studies, the authors avalyzed the most frequent therapeutic indications. Diabetes mellitus and hypertension led the list (n = 5 and 4, respectively), followed by chronic obstructive pulmonary disease (COPD), chronic hepatitis C, cancer (n = 3), rheumatoid arthritis and kidney disease (n = 2)...
it should read:
...In eleven studies [2,6,7,8,9,10,11,15,17,19,20]*, the authors avalyzed the most frequent therapeutic indications. Diabetes mellitus and hypertension led the list (n = 6 and 4, respectively), followed by chronic obstructive pulmonary disease (COPD), chronic hepatitis C, cancer (n = 3), rheumatoid arthritis and kidney disease (n = 2)...*

- On page 5, second column, third paragraph, line 35, where the text reads:
...Eleven articles also examined the most frequent drugs in the claims. Insulin glargine was among the most frequent drugs (n = 5), followed by adalimumab, etanercept, and infliximab (n = 4)...
it should read:
...Twelve articles [2,6,7,8,9,10,11,13,16,17,18,19] *also examined the most frequent drugs in the claims. Insulin glargine was among the most frequent drugs (n = 4), followed by adalimumab, etanercept, and infliximab (n = 3)...*

- On page 5, second column, fourth paragraph, line 40, where the text reads:
...Seven studies examined whether the medicines were registered with the ANVISA, and none of the studies showed more than 5% of unregistered products...
it should read:
...Eight studies [6,8,9,10,14,15,17,20] *examined whether the medicines were registered with the ANVISA, and none of the studies showed more than 5% of unregistered products...*

- On page 5, second column, fourth paragraph, line 53, where the text reads:
...Ten studies specified whether the medicines were on the official lists for pharmaceutical care and the RENAME (the Brazilian National List of Essential Drugs)...
it should read:
...Eleven studies [2,8,9,10,11,12,13,14,15,18,20] *specified whether the medicines were on the official lists for pharmaceutical care and the RENAME (the Brazilian National List of Essential Drugs)...*

- On page 9, first column, second paragraph, line 43, where the text reads:
...Data on the therapeutic indications for the medicines were analyzed by nine of the 17 articles included in the review [2,6,7,10,11,15,17,18,20]*...*
it should read:
...Data on the therapeutic indications for the medicines were analyzed by 12 of the 17 articles included in the review [2,6,7,8,9,10,11,14,15,17,19,20]*...*

- On page 10, first column, third paragraph, line 31, where the text reads:
...Of the four drugs with the highest demand through lawsuits (insulin glargine, adalimumab, etanercept, and infliximab), the only one not on RENAME for 2013 was insulin glargine, although its use has been standardized in some states, like Minas Gerais...
it should read:
...Of the five drugs with the highest demand through lawsuits (insulin glargine, adalimumab, etanercept, infliximab and acetyl-salicylic acid), the only one not on RENAME for 2013 was insulin glargine, although its use has been standardized in some states, like Minas Gerais...

- Table 4 in its correct form is:

Table 4

Analysis of articles: most frequent therapeutic indications, drugs most frequently requested, origin of health services, registration with ANVISA, and inclusion on government distribution lists.

Authors	Therapeutic indications/diagnosis *	Most frequently requested drugs/pharmacological classes	Health services	% without ANVISA registration	Inclusion on government distribution lists	Year of publication
Stamford et al. [5] (n = 105)	NA	Antineoplastic drugs and immune modulators	NA	NA	NA	2012
Campos Neto et al. [7] (n = 2,412)	Rheumatoid arthritis, type I diabetes mellitus, chronic obstructive pulmonary disease, and ankylosing spondylitis.	Adalimumab, etanercept, ursodeoxycholic acid, infliximab, and insulin glargine	87.5% private; 12.5% public	NA	NA	2012
Sartoni Junior D et al. [6] (n = 13)	Fabry's disease **	Alpha-galactosidase ***	UH	0	NA	2012
Diniz et al. [19] (n = 196)	Type IV mucopolysaccharidosis #	Galsulphase, idursulphase, laronidase ***	NA	NA	NA	2012
Biehl et al. [2] (n = 1,080)	Essential hypertension, diabetes mellitus, chronic viral hepatitis, ischemic heart disease, and chronic obstructive pulmonary disease	Budesonide, acetyl-salicylic acid, formoterol, simvastatin and hydrochlorothiazide	45.1% public; 36.8% private; 14.7% university health services; 3.4% WI	NA	Essential drugs 28%; exceptional drugs 27%; special drugs 11% ##	2012
Macedo et al. [13] (n = 81)	PI	Teriparatide, clopidogrel, insulin glargine, rituximab, infliximab	NA	NA	14.3% primary care and 19.5% exceptional	2011
Machado et al. [8] (n = 827)	Rheumatoid arthritis, diabetes mellitus type I, hypertension, Schizophrenia and Alzheimer disease	Adalimumab, etanercept, insulin glargine, omeprazole, aripiprazole	70.5% private; 25.8% public; 3.7% public + private	4.8	19.6% on RENAME list; 11.1% WHO essential drugs; 24.3% high-cost; 10.9% primary care, 3.5% strategic. 56.7% not on SHS list	2011
Sant' Ana et al. [9] (n = 27)	Diseases of the circulatory system, diseases of the osteomuscular system and conjunctive tissue and mental and behavioral disorders	Furosemide, digoxin; clonazepam, acetyl-salicylic acid, enalapril and bromazepam	50% private (± 86.7% private doctors and 13.3% health mutualistic associations); 50% public (40% UH and 60% other units of SUS)	0.9	57.4% belonged to any official list (45.2% RENAME; 32.2% other lists)	2011
Borges & Ugá [12] (n = 2,062)	NA	NA	NA	NA	52% on Brazilian Ministry of Health lists; 48% out of the official lists	2010
Chieffi & Barata [16] (n = 2,927)	NA	Insulin glargine and lispro, adalimumab, etanercept, infliximab	NA	PI ###	NA	2010
Lopes et al. [17] (n = 1,220)	Cancer §	Bevacizumab, capecitabine, cetuximab, erlotinibe, imatinibe, rituximab, temozolomide	Most private §§	2006: 14 2007: 10 §§	NA	2010

(continues)

Table 4 (continued)

Authors	Therapeutic indications/diagnosis *	Most frequently requested drugs/pharmacological classes	Health services	% without ANVISA registration	Inclusion on government distribution lists	Year of publication
Pepe et al. [10] (n = 185)	Hypertension, diabetes mellitus, degenerative diseases of the nervous system, chronic lower airway diseases, and end-stage renal disease	Furosemide, acetyl-salicylic acid, digoxin, enalapril, propatilnitrate clonazepam and captropil	NA	NA	35.8% of drugs on RENAME list and 48.1% on government distribution lists	2010
Pereira et al. [20] (n = 622)	Rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, hepatitis C, ischemic heart disease, hypertension, cancer, and diabetes	PI ###	55.8% private; 33% public and 11.3% could not identify	1.4	62.2% nonstandard; 37.8% at any program	2010
Chieffi & Barata [14] (n = 2,927)	PI ###	Therapeutical classes: alimentary tract and metabolism; cardiovascular system; nervous system	48% SUS; 47% complementary system and 4% could not identify	3% (n = 954)	77.46% out of SUS official lists; 22.54% at SUS official list	2009
Leite et al. [18] (n = 2,426)	PI ###	Carbamazepine, pimecrolimus, "insulines"	IP ###	NA	32% of requested drugs were part of standard distribution in the SUS	2009
Vieira & Zucchi [15] (n = 170)	Diabetes mellitus, cancer, comorbidities related to hypertension and diabetes	PI ###	59.2% public (25.8% municipal; 33.3% other) and 40.8% private (13.3% outsourced by the SUS, 27.5% no outsourced)	2 without registration	62% at SUS official lists	2007
Messeder et al. [11] (n = 389)	Until 1998: HIV. 2000: Crohn's disease, chronic hepatitis C, and kidney disease. 2001 and 2002: essential hypertension and chronic ischemic heart disease	2000: botulin toxin type A, riluzole and olanzapine. 2001: cyproterone acetate and goserelin acetate. 2002: sevelamer hydrochloride and mesalazine	36.8% UH, 19.5% clinics/outsourced by SUS; 11.1% FH; 10.5% MHS posts; 10.5% private doctors; 5.5% clinics/ not outsourced by SUS; 3.5% MH; 1.3% PH and 1.3% WI	NA	31.4% exceptional, 18.2% strategic, 14.0% primary care, 19% mental health, 3.7% state, 30.8% with no definition of funding	2005

ANVISA: Brazilian National Health Surveillance Agency; FH: Federal Hospital; MH: Municipal Hospital; MHS: Municipal Health Secretariat; n: number of cases and lawsuits analyzed; NA: not analyzed; PH: Provincial Hospital; PI: partial information; REMUME: Municipal List of Essential Drugs; RENAME: National List of Essential Drugs; SHS: State Health Secretariat; SUS: Brazilian Unified National Health System; UH: University Hospital; WHO: World Health Organization; WI: without infromation.

* In some studies were presented as "therapeutic indication" and others only "diagnosis" was chosen for the table include the diagnosis as well;

** Study limited to patients with Fabry's disease;

*** Most frequent;

Study limited to briefs from lawsuits on drugs for mucopolysaccharidosis;

Percentage relative to the total of "drugs" on official lists (n = 1,956), and 455 have different "drugs" and 56 % of these drugs were outside the official lists;

In these cases the data could not be separated for a quantitative analysis, or being presented as "majority" (if the health service, that "most of the SUS prescriptions") or not has been made for % of the variable in question alone;

§ Study in São Paulo on the seven antineoplastic drugs with the greatest financial impact on the SUS;

§§ Analysis based on the therapeutic indications approved by EMA, FDA, and ANVISA.