International Journal of Health Science

ISSN 2764-0159 vol. 6, n. 2, 2026

ARTICLE 11

Acceptance date: 10/02/2026

THE IMPORTANCE OF PHARMACISTS IN FAMILY HEALTH CLINICS IN THE CITY OF RIO DE JANEIRO: EXPERIENCE REPORT

Joane Cristina Guimarães Pereira
http://lattes.cnpq.br/6521960492452933

Ingrid Cristine Guimarães Pereira
http://lattes.cnpq.br/7687851059752189

Adriana de Oliveira Gomes
http://lattes.cnpq.br/2707196526754548

Cherrine Kelce Pires
http://lattes.cnpq.br/5272635860106892

Edison Luis Santana Carvalho
http://lattes.cnpq.br/9758359850182569

Elaine da Cruz dos Anjos da Rocha
http://lattes.cnpq.br/5154038840072425

Maria Fernanda Larcher de Almeida
http://lattes.cnpq.br/1794231232150051

Rebeca Reis e Silva
http://lattes.cnpq.br/6673278191065630

Gilberto Dolejal Zanetti
http://lattes.cnpq.br/8098497373301208

Rita Cristina Azevedo Martins
Pharmacy Course, ICF, CM UFRJ-Macaé
http://lattes.cnpq.br/9368897588729263
https://orcid.org/0009-0003-3886-5122

Abstract: Introduction: Family clinics are a strategic part of primary health care, contributing to the reorientation of the health care model in accordance with the principles of the Brazilian Unified Health System (SUS). Pharmacists are part of the multidisciplinary primary health care team, dispensing medications, providing pharmaceutical guidance, conducting home visits, managing pharmaceuticals, and monitoring patients. Thus, an internship at a community pharmacy allows students to experience the planning, organization, flow of services, and execution of actions performed by clinical pharmacists. **Objectives:** To report on the experiences during the curricular internship at a Family Clinic, focusing on pharmaceutical care services. **Materials and Methods:** A descriptive-observational cross-sectional study was conducted using dispensing and care data made available through the DispensaMed program of the Municipal Health Department. The variables studied were obtained based on the patient care indicators recommended by the World Health Organization. Home visits were also conducted, accompanying the multidisciplinary health team. **Results and Discussion**: The intern participated in all pharmaceutical activities, both from the perspective of the Pharmaceutical Care cycle and pharmaceutical care, providing guidance to patients and/or companions. A total of 10,935 dispenses were analyzed, of which 40% were performed by the pharmacist, with antihypertensive drugs being the most prescribed/dispensed medications. The home visits were invaluable for providing an opportunity to understand the reality of the user and contribute to resolving their difficulties with pharmacotherapy. **Conclusions and Perspectives:** In addition to the data obtained and the experiences gained, contact with the professio-

nal reality provided a consolidation of the theoretical knowledge acquired, such as the development of practical skills, the ability to work in a team, and contact with patients, providing them with a welcoming environment, care, and professional guidance.

Keywords: Primary care, Family Clinic, SUS, medications, pharmaceutical professional.

INTRODUCTION

Pharmaceutical Care (PC) is a component of the national drug policy, guaranteed in Article VI of Law 8.080/90, which provides for the provision of comprehensive therapeutic care to users of the Brazilian Unified Health System, SUS (Brazil, 1990). This is defined as a set of interrelated activities that consist of promoting evidence-based technical and scientific pharmaceutical care, with criteria of equity, quality, and effectiveness. In this sense, PH supports prevention, diagnosis, treatment, and health recovery actions, focusing on the needs of the patient, the community , and a better quality of life through the promotion of rational medication use (Brazil, 2004).

Pharmaceutical care, as part of pharmaceutical assistance, allows for guided monitoring of the patient during therapeutic treatment, contributing to a better quality of life for patients and reducing medication-related problems (MRPs) (Costa et al., 2017). In this sense, the pharmacist's work is done directly with the patient, but it can also be observed indirectly when this professional works on the development of projects and programs linked to the Ministry of Health related to medication management (Angonesi and Sevealho, 2010, Barreto et al., 2019). From this perspective, pharmaceutical care takes into account the family, the community, and the individual's lifestyle, which allows it to promote the prevention and resolution of health-related problems, combining clinical and technical-pedagogical aspects (Barreto et al., 2019).

In this sense, it can be corroborated that Pharmaceutical Care is fundamental in its implementation, as an essential component of actions related to the promotion and improvement of the quality of the population's health (Costa et al., 2017). Thus, it is understood that the pharmaceutical professional must be directly involved in practices that guarantee patient safety, from initial care to dispensing with technical guidance. Together with the multidisciplinary team, pharmacists can help users understand the symptoms and signs of chronic diseases, as well as monitor them during treatment to ensure medication adherence and reduce hospital admissions (Martins, et al., 2023).

On the other hand, the New National Curriculum Guidelines (DCN) provide for the training of a humanistic pharmaceutical professional, with managerial and care actions based on ethical and scientific principles (Brazil, 2017). Therefore, it is worth noting that the inclusion of a health professional in training in the workplace is a unique and powerful strategy in building the profile of this professional. This scenario allows the integration of higher education students with specific activities in their field of work.

In this sense, Pharmacy courses, especially the Pharmacy course at the Institute of Pharmaceutical Sciences of the Multidisciplinary Center, Federal University of Rio de Janeiro in Macaé, provide in their new curriculum proposal for supervised internships in all areas of pharmaceutical activi-

ties, starting with the Supervised Internship in SUS Practices, Supervised Internship in Community Pharmacy, Supervised Internship in Hospital Pharmacy, Supervised Internship in Clinical Analysis, and Supervised Internships in Pharmaceutical Specialties, encompassing the Pharmaceutical Industry.

In this way, healthcare facilities should promote and support education, teaching, research, and outreach activities with the participation of students and healthcare professionals in a multidisciplinary and interprofessional manner, including pharmacists. It is important for health students to have direct contact with professionals in the workplace, in order to contribute to a richer and broader education through integration between areas. Participation in interdisciplinary and interprofessional collective work creates an environment conducive to discussing health activities in an integrated manner.

The presence of pharmacists specializing in clinical pharmacy at Family Clinics plays a fundamental role in the management of chronic diseases, STIs (sexually transmitted infections), and therapeutic follow-up of patients (Martins, et. al., 2023). In this space, Pharmacy students can develop their supervised internship in Community Pharmacy. The intern's experience, learning in practice that the pharmacist is capable of providing health education, with direct contact with the patient, developing a standardized care protocol, performing pharmacotherapeutic monitoring, and selecting appropriate medications, contributes effectively to their professional training (Sá, Souza, Brito, 2019). On the other hand, in the face of this challenge, pharmacists and other health professionals gain confidence, technical skills, and a professional attitude, as they become a reference for the intern's theoretical knowledge. During this learning process, effective communication with the multidisciplinary team is necessary, resulting in safer interventions and treatment, ensuring better outcomes for the patient.

The participation of a trained and practicing professional in building the knowledge of a higher education intern is like a two-way street, enriching for both parties and a learning service. The experience report provides in-depth analysis and reflection on a range of knowledge that allows us to move through the profession more safely, making decisions when necessary. Interacting with other health professionals also provides learning, ideas, and information for implementation in one's own work process.

This study aims to share experiences during a curricular internship at a Family Clinic located in Rio de Janeiro, through a report focusing on pharmaceutical care services in the context of primary health care.

MATERIAL AND METHODS

Study design

This is an experience report, with the Family Clinic pharmacy in Rio de Janeiro as the study setting, covering the experiences of the undergraduate intern during the months of June and July 2021, with analysis of data on dispensing and care at the community pharmacy, as well as home visits.

Study location

The study site was a Family Health Clinic located in Rio de Janeiro, RJ, Brazil. The health unit hosts seven (7) Family Heal-

th teams, thus providing extensive coverage that encompasses four neighborhoods in the municipality, serving a total of 30,000 residents in the region. The unit experienced increased demand for care during the pandemic, which caused a temporary shortage in the pharmacy due to supply difficulties at the municipal CAF.

The pharmacy maintains the structure standardized by the municipal government, being divided into two main areas: the public service area with medicine bins, a refrigerator, and a table for pharmacy technicians; and the second area with the pharmacist's table, stock of medicines and pharmaceutical products, a cabinet for psychotropic drugs, and pharmacy documentation. Medicines are dispensed only after the patient has been registered at the health unit. The pharmacy dispenses medicines directly to patients and also stores pharmaceutical products used by other health professionals.

Data collection and analysis

Data collection was performed through analysis of data from the Dispensa Med program, which made it possible to verify the number of consultations with dispensing and the quantities of medicines dispensed to patients seen at the family clinic pharmacy. The sample used in the study was a total of 10,935 dispensations belonging to approximately 3,914 patients. The variables studied were the most prescribed medications, the number of medications on the essential medication lists (RENAME and REMUME), the number of consultations with dispensing, and the total number of dispensing. Initially, the patient care indicators recommended by the World Health Organization (WHO, 1993) were evaluated.

Home visits

During the internship, two weekly visits were made when pharmaceutical guidance was needed. The visits were conducted by the pharmacist, nurse, community health agent, and intern.

RESULTS AND DISCUSSION

Description of experiences

Regarding the management of pharmaceutical services at the unit, it was possible to monitor the entire pharmaceutical care cycle. The selection of medicines for the unit follows a standard guided by the National Pharmaceutical Care Policy (PNAF) (Brazil, 2004), using the epidemiological profile of the region and based on the List of Medicines made available by the Municipal Health Secretariat (SMS) for each basic health unit. This selection allows prior knowledge of the list of medicines available for care at the health unit, facilitating pharmacotherapeutic monitoring.

The supply or scheduling stage is carried out monthly according to the need for medicines, related items, consumption, and met and unmet demand, signaling seasonality and the programs adopted at the unit, such as Hypertension, Diabetes, and Smoking, in accordance with each therapeutic regimen. During the internship period, no supply difficulties were observed at the pharmacy.

The procurement stage is relatively simple, as the medications are obtained from the Municipal Pharmaceutical Supply Center (CAF). In this sense, the CAF, knowing in advance the demand of each region served, selects suppliers and distributors, de-

termines the form of bidding, and estimates the average time for procurement from the pharmaceutical market. The acquisition is made via an official email request, linked to a table containing the name (generic name), pharmaceutical form, presentation, and quantities. Upon receipt, the pharmaceutical products are checked to ensure they correspond to the order and invoice. The expiration date, packaging batch, legibility, and delivery conditions are also verified. Storage takes place immediately thereafter.

The storage stage follows the guidelines proposed by the Ministry of Health described in "Good Practices for Drug Storage" and complies with the manufacturers' recommendations. Storage in the community pharmacy's storage room meets basic temperature control guidelines. Thermolabile drugs are stored in the only refrigerator available at a controlled temperature. Medicines subject to special control are stored in a locked cabinet under the responsibility of the pharmacist . The pharmacy has temperature and humidity controls that are checked twice a day and recorded on control sheets. Inventory control is carried out using a spreadsheet, which records the entry and exit of medicines from the unit.

During the dispensing stage, correct guidance on the use of medications can be provided. Initially, the prescription is analyzed, followed by the separation of the medication, entry into the system, and guided dispensing. Pharmaceutical guidance includes the provision of medications and information on the use of medications as prescribed. At this point, the pharmacist asks the patient and/or companion if they understand why they will be using these medications and if they understand what is prescribed in terms of dosage and schedule. At this time, guidance is also provided on the correct storage of medications, and the pharmacist remains available to answer any other questions the patient may have.

In addition, the unit has health promotion programs established by the Ministry of Health and provides pharmacotherapeutic follow-up for registered users from the beginning to the end of treatment. The programs offered are for smoking, tuberculosis, leprosy, and sexually transmitted infections (STIs), with a multidisciplinary team monitoring the patient (Ribeiro et al., 2021). During the planned treatment period, the pharmacist, together with the health team, verifies the possibility of the patient taking the medication at the unit or through a home visit, and also monitors the drug response. Each program has a specific notebook stored in the pharmacy, and the data is recorded manually by the pharmacist at each consultation.

With the possibility of accounting for the actions of the dispensing stage and being able to analyze this activity numerically, a survey was conducted based on the analysis of dispensing services recorded in the pharmacy program. Thus, a survey was conducted based on the analysis of dispensing services recorded in the pharmacy program.

Data survey at the Community Pharmacy

This study analyzed data from 10,935 dispensing services belonging to approximately 3,914 patients, dispensed by the pharmacy of the Family Clinic under study, which operates during business hours from 8:00 a.m. to 5:00 p.m. The data were collected in the DispensaMed Program at the health unit over 60 days (June to July 2021), making

it possible to calculate the quantities dispensed and the services provided monthly. Thus, two representative graphs were prepared showing the weekly flow of consultations and the total number of prescriptions divided by week in each month (**Figure 1**), wher y consultations represent the number of people seen and prescriptions refer to the quantity of medications dispensed.

Figure 1 highlights numerically the actual quantity of activities in the pharmaceutical sector at the Family Clinic, as these consultations are carried out by the seven (7) family health teams working on site, thus demonstrating the need for good execution of the pharmaceutical care cycle, both from a managerial point of view, ensuring qualified access, and from a clinical point of view, providing guidance and pharmacotherapeutic follow-up. It is worth noting that in 2021 we were experiencing a severe and uncertain COVID-19 pandemic, which certainly contributed to a high number of consultations.

During the period of this study, it was observed that losartan was the most dispensed medication, present in 36.48% of prescriptions, followed by metformin at around 21.83% and hydrochlorothiazide at 19.81%. It was noted that of the five most prescribed and dispensed drugs, three are used in the treatment of hypertension and one is associated with this treatment. This demand is associated with the Hiperdia program (hypertension and diabetes), reflecting the growth in the number of individuals with this physiological imbalance in Brazil, resulting in an increase in drug treatments as opposed to non-drug treatments (Ribeiro, et al., 2021).

Losartan is one of the drugs prescribed with a so-called "continuous use prescription." In this case, the prescriber determines a six-month validity period for prescriptions for patients undergoing long-term treatment who do not require frequent reassessment. Thus, the drug is supplied without the need for a new prescription until the date established by the physician. In line with the most prescrib l drugs, the therapeutic classes that also stood out were anti-inflammatories (diclofenac), analgesics (dipyrone), systemic antibacterials (amoxicillin), immunosuppressants (prednisone), and antiprotozoals (metronidazole). These data corroborate the results described in the literature (Colombo et al., 2004; Costa et al., 2021).

Another important aspect of dispensing is the form of prescription, i.e., prescriptions made at the health unit are through the electronic system, presenting the name of the prescriber, patient, dosage, pharmaceutical form, date, and time. The prescription is then printed and delivered to the patient, who goes to the unit's pharmacy to pick up the medication. To collect the medication at the pharmacy, the user must be registered at the unit and present the prescription. It was possible to see that the use of technology and software in health units contributes significantly to dispensing, as automation minimizes identification errors and, consequently, medication dispensing errors, in addition to providing easy access to the patient's registered data when necessary.

The list of medicines selected for the unit is a guiding tool for prescribing professionals, as it is a list of all medicines available in Basic Health Units in the municipality of Rio de Janeiro. Of the total of 175 medicines dispensed, 90.86% (159) are included in RENAME 2022 (National List of Essential Medicines) and 98.29% (172) are included

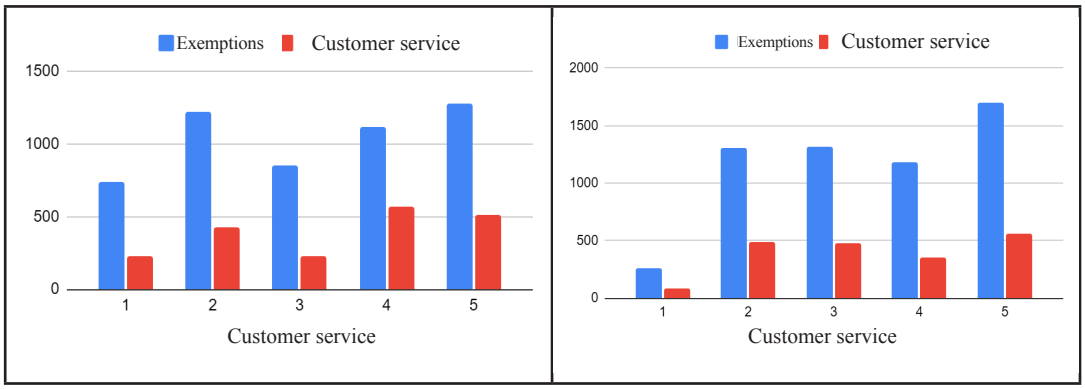

Figure 1. Quantity of medications dispensed and number of consultations per week at the ESF in June (a) and July (b).

Source: Prepared by the author

in REMUME 2013 (National List of Essential Medicines for the Elderly). (159) are included in RENAME 2022 (National List of Essential Medicines) and 98.29% (172) are included in REMUME 2013 (Municipal List of Essential Medicines). These results highlight the contribution of the organization of the lists adopted by the SMS and positively influence the patient's pharmacotherapeutic relationship. The user's right to access essential medicines is fundamental to improving the health of the population (Bueno, et al., 2022). Individuals who did not obtain any prescribed medicine at the pharmacy were not counted, as the study did not identify individuals.

This high percentage of drugs found in the above-mentioned lists meets the WHO recommendation, which establishes that 70% of prescriptions should be based on the lists of essential drugs (PAHO, 2005). This result reflects the interprofessional relationship that exists in the unit, where communication between professionals and *rounds* are also used to share information and suggest solutions. During the internship period, we had the opportunity to participate in these moments.

Regarding the medicines dispensed, it was observed that there were no package inserts, which may be associated with the fact that the medicines are dispensed in their primary packaging, as they are purchased through the Municipal Pharmaceutical Supply Center of the SMS/RJ. According to RDC 140/2003, the package insert is a legal document that contains technical-scientifical and guidance information about medicines. However, the absence of package inserts may be associated with the irrational use of medications, which further emphasizes the importance of pharmaceutical guidance (Brazil, 2003).

Furthermore, it is interesting to note that the implementation of a pharmacy that is easily accessible to the population ensures health promotion through access to medicines, and these medicines are included in both REMUME/RENAME and the Popular Pharmacy program list. Thus, when there is a shortage of certain prescription drugs, the user is advised and referred by the pharmacist or pharmacy technician to ob-

tain the item through the popular pharmacy program. The guidelines ensure safe access to treatment, corroborating therapeutic adherence.

Medicines are dispensed from the pharmacy by the pharmacy technician and pharmacist. The team is properly trained and assists in ensuring and promoting health. It is known that the presence of a pharmacist in the unit is important for ensuring the quality of care services, However, since most community pharmacies have only one pharmacist, this service is weakened, as the pharmacist is responsible for the administrative management of the sector, absorbing all stages of the pharmaceutical cycle, thus being absent from the direct relationship with the patient (Naves; Silver, 2005).

In this sense, through the data obtained by the Dispensa Med program, it was possible to observe that the percentage of dispensing by technicians (68.82%) was higher than that observed by pharmacists (24.27%). These data demonstrate a major concern regarding public health and a challenge in pharmacotherapeutic monitoring. The result is higher than that found in the literature by Arrais, Barreto, and Coelho (2007), in the municipality of Fortaleza-CE, which described a percentage of 23.6%, and lower than that described by Oenning, Oliveira, and Blatt (2011), in the municipality of Grão Pará-SC, which reported a percentage of 88% of dispensing performed by pharmacists.

The growing demand for the number of patients and the feasibility of access to pharmacological treatment suggest the need for another pharmacist at the unit, since the pharmacist-user interaction is hampered by the administrative demands placed on the pharmacist, which prevents the pharmacist from promoting pharmacotherapy and, consequently, monitoring the rational use of medications and obtaining concrete results in improving the user's quality of life.

It should be noted that one of the experiences during the internship occurred while attending to a patient at the time of dispensing. The patient reported an allergy to amoxicillin ( ) and the pharmacist suggested that the prescriber replace amoxicillin with cephalexin, which was in stock. We can see that the pharmacist's direct contact with patients allows for intervention in pharmacotherapy, in addition to facilitating interdisciplinary communication with other health professionals, enabling greater care and attention to the patient.

Home Visit Report

One of the most satisfying experiences during the internship occurred during home visits. Here is a simple case that illustrates the importance and satisfaction of this work: during a home visit conducted by the CHWs and the pharmacist, an elderly patient was seen who was unable to access the FHS. A family member went to the pharmacy and told the pharmacist that the elderly man was bedridden and that the caregiver had difficulty administering and storing the insulin correctly. A visit was scheduled, and the pharmacist went to the location together with the ACS team that serves that micro-area and directly instructed the patient and caregiver on the correct use of the medication. They also sought to observe the location and method of storage of the insulin, expiration date, lancets, blood glucose meter, and disposal. Back at the unit, the pharmacist must report the activities performed and any necessary guidance observations in the medical record.

In addition to the guidance already described, the home visit was of fundamental importance, as it made it possible to observe all of the patient's medication in terms of expiration date, storage, and pharmacotherapeutic compliance. These activities reinforce the importance of individual and/or collective pharmaceutical care in primary care, preventing the progression of the patient's disease and the need for care at other levels of health (Santos et al., 2020).

Limitations of the Internship Experience

Regarding the limitations of the internship experience, there was a difficulty in entering data into the DispensaMed system due to the high flow of patient care, which prevented the immediate insertion of this data and could consequently result in errors in one of the stages of the Pharmaceutical Care Cycle, the dispensing stage, contributing to poor adherence to pharmacotherapy. Thus, the strategy implemented by the pharmacist was to enter the data into the system after separating the prescribed medication. However, it is understood that these circumstances do not invalidate the results obtained for the evaluation of care services.

Another limitation was the reduced number of team discussions, due to the pandemic period and also the relatively high number of users. These facts were certainly the main causes of the discussions or *clinical rounds* occurring quickly or with a reduced multidisciplinary team.

CONCLUSIONS

Experiencing pharmaceutical services in a community pharmacy was an important experience in my training as a pharmaceutical professional, as I learned in practice the theoretical teachings about the activities and routines of health professionals. The dispensing of medications showed a large number of people served during the period surveyed, highlighting the high level of activity in the pharmaceutical sector at the Family Clinic. In this sense, it was possible to observe a weakened service from a clinical point of view. At the unit, 98% of the medications are on the REMUME list, facilitating availability and user access to medication. Antihypertensive drugs appear to be the most dispensed medications at the health unit, a fact that draws attention to rethinking the public health policies offered to this population. The experience gained during the home visit was fundamental and invaluable, as this activity reinforced the importance of individual and/or collective pharmaceutical care in primary care, preventing the progression of the patient's disease and the need for care at other levels of health care. In addition to the data obtained and experiences gained, the importance of structuring CF as a necessity for interprofessional work in the reception, care, and professional guidance of patients is noted. As the last professional in direct contact with the patient, the pharmacist has the opportunity to achieve adherence to the proposed pharmacotherapy, minimizing the health problems of SUS users, despite the challenges for the pharmacist in providing care services.

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