Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

12 September 2022

DEPARTMENT CIRCULAR
No. 2022 - 0486

FOR: **ALL CENTERS FOR HEALTH DEVELOPMENT, NATIONAL DRUG POLICY COMPLIANCE OFFICES, LEAGUES OF CITIES, PROVINCES AND MUNICIPALITIES, PROFESSIONAL HEALTH SOCIETIES, DIRECTORS OF BUREAUS AND REGIONAL OFFICES, BARMM MINISTER OF HEALTH, CHIEFS OF MEDICAL CENTERS AND SANITARIA, AND OTHER CONCERNED**

SUBJECT: **Health Technology Assessment Council (HTAC) Recommendation for the Non-inclusion of Eribulin as Second-line Treatment of Metastatic Soft Tissue sarcoma (mSTS) the Philippine National Formulary (PNF)**

By virtue of Republic Act 11223, otherwise known as the Universal Health Care (UHC) Act, health technology assessment (HTA) shall be institutionalized as a fair and transparent priority-setting mechanism to provide financing and coverage recommendations on health technologies to be funded by the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth).

This pertains to the application to include **eribulin [500mcg/mL (1mg/2mL) solution for injection (IV)] as a second-line treatment of metastatic soft tissue sarcoma (mSTS)** in the PNF. Please be informed that on 09 September 2022 the Health Technology Assessment Division (HTAD) received the acceptance of the OIC-Secretary of Health of the HTAC recommendation, to wit:

Among the recommended second-line drugs for mSTS in the guidelines, only dacarbazine and ifosfamide are listed in the PNF. However, dacarbazine is indicated for metastatic melanoma and Hodgkin lymphoma, while ifosfamide is indicated for sarcomas in general. Of these two, dacarbazine was selected as the comparator in this evidence review based on the scoping review of the ERG and consultation with the expert society.

*Based on the evidence review and appraisal, the **HTAC does not recommend the inclusion of eribulin as a second-line treatment of metastatic soft tissue sarcoma (mSTS) in the Philippine National Formulary** based on the following reasons:*

- *There is no significant clinical benefit on using eribulin compared to dacarbazine. Although the median overall survival with an interval of two (2) months [13.5 months for the eribulin group vs 11.5 months for the dacarbazine group, HR 0.77 (95% CI 0.62 – 0.96)] favored eribulin over dacarbazine, this was only based on one RCT by Schoffski (2016) with a very low quality of evidence. In addition, the WHO (2018) advises using an overall survival interval of at least 4 months for first-line cancer treatment as overall survival of less than 3 months is likely to be clinically and ethically irrelevant.*

- *In terms of safety, there is an increased risk of the following adverse events in the eribulin arm when compared to dacarbazine, based on a very low quality of evidence: neutropenia (All-Grade, High-Grade), and neuropathy (All Grade). The adverse events reported in the trial are consistent with the adverse events reported in the real-world setting by Kobayashi et al, 2019.*
- *While the NCCN recommended eribulin as one of the preferred regimens under subsequent lines of therapy for advanced/metastatic STS specifically for L-type sarcoma (i.e., liposarcoma and leiomyosarcoma) and non-L-type sarcoma, the cost and evidence presented in the review are not sufficient to support eribulin's claims in terms of efficacy/effectiveness and safety profile, even when compared with dacarbazine.*

For more details, you may refer to the evidence summary posted on the HTA Philippines website: https://bit.ly/HTACRecom_Eribulin2022

Kindly disseminate this to all concerned officials in your areas of responsibility so that they may be appropriately guided in their procurement activities. All are enjoined to ensure rational procurement, distribution, and use of health technologies in all government and private facilities.

Your full cooperation in this endeavor is expected and highly appreciated.

For your information and guidance.

By Authority of the Secretary of Health:

ATTY. CHARADE MERCADO-GRANDE
Undersecretary of Health
Health Regulation Team