



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

06 December 2022

**DEPARTMENT CIRCULAR**  
No. 2022 - 0625

**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 Inclusion of Abiraterone Acetate and Non-Inclusion of Enzalutamide for Individuals with Metastatic Castration-Resistant Prostate Cancer in the Philippine National Formulary (PNF)**

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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).

Please be apprised that on 06 December 2022, the Office of the Secretary approved the HTAC recommendations on **abiraterone acetate (250 mg tablet) and enzalutamide (40 mg soft gel capsule)** for the treatment of individuals with metastatic castration-resistant prostate cancer (mCRPC), to wit:

- **Abiraterone acetate**

*The HTAC recommends the government financing of abiraterone acetate (250mg tablet) in combination with prednisone (PD) as first-line treatment or second-line treatment for mCRPC through its inclusion in the PNF due to the following:*

- *Abiraterone acetate in combination with PD is part of the standard of care for treatment of mCRPC as reported in the Philippine Clinical Practice Guideline for the Diagnosis and Management of Prostate Cancer developed by National Kidney and Transplant Institute (NKTII).*
- *Evidence shows that the use of abiraterone acetate in combination with PD has better efficacy compared to placebo, prednisolone, and bicalutamide in terms of prolonging the overall survival (3.9 to 4.2 months), progression-free survival (PFS) and reducing prostate-specific antigen (PSA) progression.*
- *Abiraterone acetate in combination with PD has a favorable safety profile, given that it has lower incidence of grade > 3 adverse events. However, HTAC noted that it*

*has a higher incidence of cardiac disorders, increased alanine aminotransferase, and hypertension when compared to placebo.*

- *Abiraterone acetate in combination with PD has lower associated medical costs and total cost per treatment compared to enzalutamide. The total cost of treatment regimen per patient for using abiraterone acetate in combination with prednisone will cost ₱779,447.58 while using enzalutamide will cost ₱984,040.00. The government will incur ₱31.88 B for implementing abiraterone acetate in combination with PD while enzalutamide will cost ₱40.25 B. The total cost savings for implementing abiraterone acetate in combination with PD compared to enzalutamide is ₱8.37 B based on a 3-year budget impact analysis.*
- *The cost-effectiveness of abiraterone acetate in combination with PD cannot be ascertained due to lack of evidence that could be adapted in the local setting.*

- **Enzalutamide**

*The HTAC does not recommend the government financing and inclusion of enzalutamide (40 mg soft gel capsule) for mCPRC in the PNF. Although enzalutamide shows better efficacy compared to placebo, prednisolone, and bicalutamide as well as a favorable safety profile compared to placebo, the costing and budget impact analyses show that the use of enzalutamide is generally expensive. The total cost of treatment regimen per patient is ₱984,040.00 and the government will need to spend ₱40.25 B to implement enzalutamide. On the other hand, the government may opt to use abiraterone acetate in combination with PD as a *cheaper* alternative for the treatment of patients with mCRPC.*

*Moreover, the cost-effectiveness of enzalutamide cannot be ascertained due to lack of evidence that could be adapted in the local setting.*

For more details, you may refer to the evidence summary posted on the HTA Philippines website: [https://bit.ly/HTACRecom\\_AbiEnza2022](https://bit.ly/HTACRecom_AbiEnza2022)

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 B. MERCADO-GRANDE, MPSA  
OIC-Undersecretary of Health  
Health Regulation Team