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

01 September 2021

**DEPARTMENT CIRCULAR**
No. 2021 - 0400

**FOR:** **ALL DIRECTORS OF CENTRAL OFFICE BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT, BARMM MINISTER OF HEALTH; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA, AND OTHERS CONCERNED**

**SUBJECT:** **Inclusion of Tenofovir/Lamivudine/Dolutegravir (TLD) 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 and the Philippine Health Insurance Corporation.

This has reference to the application of the National Center for Disease Prevention and Control Program (NASPCP) to include **Tenofovir/Lamivudine/Dolutegravir (TLD)** in the Philippine National Formulary (PNF). Please be informed that the Secretary of Health approved the final recommendation of the Health Technology Assessment Council (HTAC), to wit:

- **Inclusion of Tenofovir/Lamivudine/Dolutegravir (TLD) in the PNF** for the **first-line treatment** of HIV among treatment-naive adolescents and adults living with HIV based on the following reasons:
    - The use of TLD compared to EFV-based regimens shows **statistical significance in terms of efficacy for achieving viral suppression** at 48 and 96 weeks based on high quality of evidence.
    - The use of TLD compared to standard dose EFV-based regimens shows **lower odds for treatment-related adverse events**, based on moderate quality of evidence. No statistical differences were found for odds for mortality and treatment-related serious adverse events, based on very low to low quality of evidence.
    - In terms of cost, our projection shows that there is no additional cost for the government in using TLD versus TLEfv for treatment-naive PLHIV.

  In addition, the HTAC recommends Tenofovir/Lamivudine/Dolutegravir (TLD) for the **second-line treatment** of HIV among treatment-experienced adults living with HIV, due to the following reasons:
    - The use of TLD compared to LPV/r-based regimens shows **statistical significance**

**in terms of efficacy for achieving viral suppression at 24 and 48 weeks** based on moderate to high quality of evidence.

- The use of TLD compared to LPV/r-based regimens shows **lower odds for treatment-related adverse events**, based on low quality of evidence. No statistical differences were found for odds for mortality and treatment-related serious adverse events, based on very low quality of evidence.
- In addition, shifting to once-daily dosing of the fixed-dose combination TLD may improve patient adherence compared with the current regimen *LPV/r + AZT/3TC* consisting of separate drugs required to be taken multiple times a day *(i.e, LPV/r - 2 tablets twice a day and AZT/3TC - 1 tablet twice a day).*
- In terms of cost, the 5-year comparative drug costing calculation shows annual cost-savings for the government in using TLD versus LPV/r-based regimen ranging from PHP 152M to PHP 596M.

Lastly, including TLD in the PNF shall enable nationwide access to fully subsidized, safe, and effective therapies for treatment-naive and treatment-experienced PLHIV in the Philippines.

To optimize access to this therapy, the DPCB, through the NASPCP (National AIDS and STI Prevention and Control Program), must ensure consistent supply and equitable distribution through all its treatment hubs across the country.

The Evidence Summary and HTAC recommendation approved by the Secretary of Health may be accessed via the HTA website through this link:
https://hta.doh.gov.ph/2021/09/01/tenofovir-lamivudine-dolutegravir-tld-for-treatment-naive-and-treatment-experienced-adolescents-and-adults-living-with-hiv/

Kindly disseminate to all concerned officials in your areas of responsibility, so 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.

By Authority of the Secretary of Health:

**GERARDO V. BAYUGO, MD, MPH, CESO I**
Undersecretary of Health
Health Regulation Team

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SEP 10 2021
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