CALL FOR STAKEHOLDER COMMENTS ON THE PRELIMINARY RECOMMENDATION OF THE HEALTH TECHNOLOGY ASSESSMENT (HTA) COUNCIL ON PANCREATIN, PRETOMANID, AND PYRONARIDINE TETRAPHOSPHATE/ARTESUNATE

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As of 19 March 2025, the Health Technology Assessment Council hereby makes public its preliminary recommendations on the possible inclusion in the Philippine National Formulary (PNF) and thus the government financing of the following health technologies, for stakeholder feedback/comments.

These health technologies were reviewed against clinical practice guidelines (CPGs) [local and approved by the Department of Health (DOH); and/or international, but locally adopted guidelines], existing recommendations by the World Health Organization (WHO), and DOH Omnibus Health Guidelines (OHG). Further, costing analyses of these health technologies were performed. The supporting evidence reviewed and discussed by the HTA Council are shown in ***Annex A***.

	Health Technology	Preliminary HTA Council Recommendation *(further details in Annex A)*
1	**Pancreatin** *[150 mg capsule]* for Pancreatic Exocrine Insufficiency (PEI) in adults with pancreatic cancer	**Positive** recommendation for PEI in adults with pancreatic cancer. Pancreatic enzyme replacement therapy (PERT) is recommended in the 2021 Consensus for the management of pancreatic exocrine insufficiency: UK practical guidelines for the treatment of PEI. The health technology is also included in the WHO EML under pancreatic enzymes. The cost of this health technology is PHP 374,818.50 per patient per year.
2	**Pretomanid** *[200mg tablet]* for the treatment of drug-resistant tuberculosis	**Positive** recommendation as part of the combination regimen with bedaquiline and linezolid with or without moxifloxacin for the treatment of multidrug-resistant (MDR) or rifampicin-resistant tuberculosis (RR-TB) in patients aged 14 years and older. Pretomanid is recommended in the DOH Omnibus Health Guidelines for Adults (2023) as part of the BPaLM regimen [bedaquiline, pretomanid, linezolid (600 mg) and moxifloxacin] for adults with MDR/RR-TB and for whom resistance to fluoroquinolones has been excluded *(WHO consolidated guidelines on Tuberculosis. Module 4: Treatment - Drug-resistant TB, 2022)*. The DOH Department Circular 2023-0552 also sets BPaLM or BPaL as the preferred standardized

		regimen for eligible patients with fluoroquinolone-susceptible RR/MDR-TB. Patients diagnosed with pre-XDR-TB are recommended to have BPaL as the preferred standardized regimen. This health technology is also included in the 23rd WHO Model List of Essential Medicines and 9th WHO Model List of Essential Medicines for Children. The cost of this regimen ranges from PHP 254,876.37 per patient per year to PHP 283,431.19 per patient per year.
3	**Pyronaridine tetraphosphate/artesunate** *[180 mg/ 60 mg film-coated tablet]* for second-line treatment for uncomplicated malaria infection caused by *Plasmodium falciparum or Plasmodium vivax* among adults and children weighing 20 kg or more	**Positive** recommendation for the second-line treatment of uncomplicated malaria infection caused by *Plasmodium falciparum or Plasmodium vivax* in adults and in children weighing 20 kg or more. The DOH Omnibus Health Guidelines for Adults (2023) recommends its use as an artemisin-based combination therapy (ACT) option for *P. falciparum* malaria. The WHO Guidelines for Malaria (2023) strongly recommends artesunate-pyronaridine (ASPY) as an ACT option for the treatment of uncomplicated *P. falciparum* malaria. Additionally, the WHO recommends ACT, including artesunate-pyronaridine, for uncomplicated malaria caused by *P. vivax.* The health technology is also included in the WHO EML for malaria due to *P. falciparum and P. vivax*. The estimated annual cost of this therapy ranges from PHP 473.06 t to PHP 592.40 per patient with malaria due to *P. falciparum;* and Php 906.34 to Php 1,025.68 per patient with malaria due to *P. vivax*.

All comments, inputs, and/or appeals on the above preliminary recommendation may be submitted until **02 April 2025** *(Wednesday)*, for the consideration of the HTA Council, through email at hta@dost.gov.ph.

Please use the prescribed form for appeals [https://bit.ly/HTAPrelimRecomAppeal]. **Appeals not following the prescribed format, and those submitted beyond the deadline shall not be entertained**.

Should you have any questions or concerns regarding the preliminary recommendation, please do not hesitate to contact us through the same email address or via telephone call at (02) 8837-2071 local 4100.

Thank you very much and best regards.

On behalf of the HTA Philippines:

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Annex A. Summary of Evidence for the Preliminary Recommendation for Priority Topics

Health technology	Clinical Practice Guidelines	WHO recommendation	Costing
Pancreatin *[150 mg capsule]* for PEI in adults with pancreatic cancer	Pancreatic enzyme replacement therapy (PERT) is recommended in the 2021 Consensus for the management of pancreatic exocrine insufficiency: UK practical guidelines: *"PERT is associated with improved survival in patients with Chronic Pancreatitis (CP) (grade 1C) and Pancreatic Cancer (PC) (grade 2B). Additionally, PERT is associated with improved nutritional status in patients with CP (grade 1C) and PC (grade 1C) (95% agreement)."*	Included in the WHO EML: *"Pancreatic enzymes* *Oral > Solid: Age-appropriate formulations and doses including lipase, protease and amylase"* *Note: According to Drug bank, a link included in the WHO EML pancreatic enzymes page, pancreatin is one of the synonyms of pancrelipase*	The cost of this health technology is PHP 374,818.50 per patient per year. Reference: [Pancreatin] Costing .pdf
Pretomanid *[200mg tablet]* for Treatment of drug-resistant tuberculosis	Pretomanid is recommended in the DOH Omnibus Health Guidelines for Adults (2023) as part of a combination regimen with bedaquiline and linezolid with or without moxifloxacin for the treatment of multidrug-resistant or rifampicin-resistant tuberculosis. *"Consider giving a 6-month treatment regimen consisting of bedaquiline, pretomanid, linezolid (600mg), and moxifloxacin (BPaLM) to adults with MDR/RR-RB and in whom resistance to fluoroquinolones has been excluded (WHO consolidated guidelines on Tuberculosis. Module 4: Treatment - Drug-resistant TB, 2022)."* The DOH released its advisory (Department Circular 2023-0552) in relation to the *WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update.*	Included in the 23rd WHO Model List of Essential Medicines and 9th WHO Model List of Essential Medicines for Children *"Pretomanid should be administered in combination with bedaquiline and linezolid, with or without moxifloxacin, as follows:* ● *Pretomanid 200 mg orally (1 tablet of 200 mg), once daily, for 26 weeks.* ● *Bedaquiline 400 mg orally once daily for 2 weeks followed by 200 mg three times a week, with at least 48 hours between doses for 24 weeks, for a total of 26 weeks of treatment. Alternatively, bedaquiline 200 mg orally once daily for 8 weeks followed by 100 mg once daily for 18 weeks, for a total of 26 weeks of treatment.*	The cost of this health technology ranges from PHP 254,876.37 per patient per year to PHP 283,431.19 per patient per year Reference: Pretomanid Costing.pdf

	"In this regard, the 6-month treatment regimen composed of BPaLM shall be included as the primary standardized regimen for eligible patients with fluoroquinolone-susceptible RR/MDR-TB and BPaL as the preferred regimen for eligible patients with FQ-resistance DRTB."	• *Linezolid 600 mg orally once daily for 26 weeks with potential for dose reduction depending on tolerance.* • *Moxifloxacin 400 mg orally once daily for 26 weeks in patients without baseline resistance to fluoroquinolones.* *Treatment with the BPaL combination may be extended to 39 weeks if necessary."*	
Pyronaridine tetraphosphate / artesunate *[180 mg/ 60 mg film-coated tablet]* for second-line treatment for uncomplicated malaria infection caused by *Plasmodium falciparum* or *Plasmodium vivax* among adults and children weighing 20 kg or more	The DOH Omnibus Health Guidelines for Adults (2023) recommends its use for the treatment of uncomplicated malaria. *"For uncomplicated P. falciparum with treatment failure or hypersensitivity with artemether lumefantrine (AL), or with limited access to AL; Pyronaridine-artesunate (PA) 60 mg + 180 tablet"* DOH Department Memorandum No. 2023-0128 establishes clear guidelines on the use of PA as a second-line ACT for *P. falciparum* uncomplicated malaria in adults and children (≥ 5 kg) in the following instances: *"1. First-line ACT treatment failure;* *2. Hypersensitivity to first-line ACT; and* *3. Access to the first-line ACT is not possible* *"PA is available at 180mg/60mg film-coated tablets for children and adults weighing 20 kg and over…* • *20 - <24 kg: 1 tablet, once a day for 3 consecutive days*	Included in the WHO EML as antimalarial medicines for *P. falciparum* and *P. vivax:* *"Oral > Solid: 60 mg + 180 mg tablet; 20 mg + 60 mg granules"* The WHO Guidelines for Malaria (2023) strongly recommends artesunate-pyronaridine (ASPY) as an ACT option for the treatment of uncomplicated *P. falciparum* malaria. Additionally, the WHO recommends ACT, including artesunate-pyronaridine, for uncomplicated malaria caused by *P. vivax.*	The estimated annual cost of this therapy ranges from PHP 473.06 to PHP 592.40 per patient with malaria due to *P. falciparum;* and Php 906.34 to Php 1,025.68 per patient with malaria due to *P. vivax*. References: [Pyronaridine-artesunat…

	• *24 - <45 kg: 2 tablets, once a day for 3 consecutive days* • *45 - < 65 kg: 3 tablets, once a day for 3 consecutive days* • *≥ 65 kg: 4 tablets, once a day for 3 consecutive days"*		