



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



6 July 2026

DEPARTMENT CIRCULAR

No. 2026 - 0372

FOR: ALL UNDERSECRETARIES OF UHC HEALTH SERVICES CLUSTER IN ALL AREAS, DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD); MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION OF MUSLIM MINDANAO (MOH-BARMM); MEDICAL CENTER CHIEFS OF DOH HOSPITALS; DOH DESIGNATED PRIMARY HIV CARE FACILITIES AND TREATMENT HUBS; AND ALL OTHERS CONCERNED

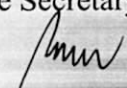
SUBJECT: Interim Guidelines on Maintaining Continuity of Antiretroviral Therapy (ART) Amid Temporary Supply Constraints of Tenofovir/Lamivudine/Dolutegravir (TLD) 300/300/50mg

The Philippines continues to face a rapidly expanding Human Immunodeficiency Virus (HIV) epidemic, with sustained increases in new infections and a growing cohort of People Living With HIV (PLHIV) requiring lifelong treatment and care. The National AIDS and STI Prevention and Control Program (NASPCP) of the Department of Health (DOH), through the Disease Prevention and Control Bureau (DPCB), is mandated under Republic Act No. 11166, also known as the Philippine HIV and AIDS Policy Act, to ensure the delivery of comprehensive, equitable, and uninterrupted HIV prevention, treatment, care, and support services nationwide.

Central to the national HIV response is the assurance of uninterrupted access to prevention commodities, screening and diagnostic supplies, and antiretroviral therapy (ART), particularly for key populations. These commodities are often characterized by limited suppliers, short manufacturing shelf-life, and longer procurement lead times. These challenges are further compounded by the ongoing crisis in the Middle East, affecting raw material and active pharmaceutical ingredient (API) importation from various countries to the manufacturing sites, necessitating more adaptive strategies to prevent treatment disruption and adverse clinical outcomes.

The primary objective of this guide is to provide healthcare facilities with standardized, and evidence-based guidance in ensuring continuity of ART among PLHIV amidst continuing procurement and delivery delays for first-line drug Tenofovir/Lamivudine/Dolutegravir (TLD) 300/300/50mg. Accordingly, all institutional stakeholders, facility heads, and frontline healthcare staff are hereby directed to formally adopt and adhere to the provisions set forth in the attached guidelines.

By Authority of the Secretary of Health:


GLORIA J. BALBOA, MD, MPH, MHA, CEO VI, CESO III
Undersecretary of Health



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



19 June 2026

DEPARTMENT MEMORANDUM

No. 2026 - 0315

SUBJECT: Interim Guidelines on Maintaining Continuity of Antiretroviral Therapy (ART) Amid Temporary Supply Constraints of Tenofovir/Lamivudine/Dolutegravir (TLD) 300/300/50mg

I. BACKGROUND

The Philippines continues to face a rapidly expanding Human Immunodeficiency Virus (HIV) epidemic, with sustained increases in new infections and a growing cohort of People Living With HIV (PLHIV) requiring lifelong treatment and care. The National AIDS and STI Prevention and Control Program (NASPCP) of the Department of Health (DOH), through the Disease Prevention and Control Bureau (DPCB), is mandated under Republic Act No. 11166, also known as the Philippine HIV and AIDS Policy Act, to ensure the delivery of comprehensive, equitable, and uninterrupted HIV prevention, treatment, care, and support services nationwide.

Central to the national HIV response is the assurance of uninterrupted access to prevention commodities, screening and diagnostic supplies, and antiretroviral therapy (ART), particularly for key populations. These commodities are often characterized by limited suppliers, short manufacturing shelf-life, and longer procurement lead times. These challenges are further compounded by the ongoing crisis in the Middle East, affecting raw material and active pharmaceutical ingredient (API) importation from various countries to the manufacturing sites, necessitating more adaptive strategies to prevent treatment disruption and adverse clinical outcomes.

In view of the continuing procurement and delivery delays affecting Tenofovir/Lamivudine/Dolutegravir (TLD) 300/300/50mg and to mitigate the risk of treatment interruptions, all HIV treatment facilities are advised to implement measures to ensure continuity of ART among PLHIV. The current procurement and delivery constraints indicate that additional central-level deliveries may not be feasible until September 2026, as indicated in the memorandum released last January 28, 2026.

II. OBJECTIVE

This DM provides interim guidelines on maintaining continuity of ART during temporary supply constraints affecting Tenofovir/Lamivudine/Dolutegravir (TLD) 300/300/50 mg to HIV treatment facilities, Centers for Health Development (CHDs), and the Ministry of Health (MOH)–BARMM.

III. SCOPE OF APPLICATION

This DM shall apply to HIV treatment hubs, primary care clinics, Centers of Health Development (CHDs), Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), local government units (LGUs), and all service providers, coordinators, heads, or managers of facilities offering antiretroviral treatment in public and private settings, including community-based organizations (CBOs) or key population-led facilities.

IV. GENERAL GUIDELINES

- A. HIV treatment facilities shall prioritize the uninterrupted provision of ART and implement all feasible measures to prevent treatment interruption among PLHIV.
- B. HIV treatment facilities are encouraged to utilize the available Outpatient HIV/AIDS Treatment (OHAT) Package funds and other lawful funding sources to procure buffer stocks of TLD and other essential antiretroviral medicines, in accordance with existing government procurement and financial management policies.
- C. HIV treatment facilities experiencing actual or anticipated shortages of TLD shall immediately coordinate with their respective CHD HIV/AIDS coordinators and the NASPCP regarding stock status, projected requirements, and anticipated treatment needs.
- D. The NASPCP, in coordination with CHDs and MOH-BARMM, shall facilitate the consolidation of stock inventories, projected commodity requirements, redistribution activities, stock-sharing arrangements, borrowing mechanisms, and other supply mitigation measures, where feasible.
- E. Prior to implementing regimen modifications, HIV treatment facilities shall first explore available mitigation measures, including local procurement, redistribution, stock sharing, and borrowing arrangements.
- F. Treatment interruption should be avoided at all times. Facilities are strongly advised against partial regimens, monotherapy, alternate-day dosing, or other non-standard treatment approaches that may increase the risk of treatment failure and HIV drug resistance.
- G. Any regimen modification undertaken pursuant to this DM shall be based on current national HIV treatment guidelines, individual patient assessment, available commodities, and clinical judgment of the attending physician.
- H. PLHIV with advanced HIV disease, treatment failure, high viral load, pregnancy, or other clinically significant conditions should be prioritized for the most effective available ART regimen and appropriate clinical monitoring.

V. SPECIFIC GUIDELINES

- A. Consistent with Administrative Order No. 2022-0024-A and prevailing national HIV treatment guidelines, the following options may be considered in order of preference:
 1. **For PLHIV currently receiving first-line TLD (TDF/3TC/DTG):**
 - a. Continue TLD, subject to the availability of stocks, until replenishment arrives.
 - b. Continue a Dolutegravir-based regimen using available components, including Dolutegravir plus two (2) available NRTIs (e.g., TDF + 3TC, TDF + FTC, TAF + FTC, or other clinically appropriate NRTI backbones). Given the clinical equivalence and interchangeability of Lamivudine (3TC) and Emtricitabine (FTC), available FTC-containing products may be utilized where appropriate. Facilities are encouraged to coordinate with their respective CHDs regarding the utilization of available FTC-containing commodities.

- c. Utilize EFV-based regimens, such as TDF + 3TC + EFV or TDF + FTC + EFV, where Dolutegravir-containing regimens are unavailable, as long as there is no prior resistance to NNRTIs (i.e. the reason for shifting to a Dolutegravir-based regimen is resistance to NNRTIs). For patients who were previously stable on LTE/TLE and transitioned to TLD without documented virologic failure or NNRTI resistance, temporary transition back to LTE/TLE may be considered where clinically appropriate and stocks are available.
- d. For selected virally suppressed patients, clinicians may consider a two-drug Dolutegravir-based maintenance regimen:
 - i. Clinicians may consider maintenance regimens such as Dolutegravir + Lamivudine (3TC) in accordance with AO No. 2022-0024-A and after assessment of Hepatitis B co-infection status, drug resistance history, and other clinical considerations.
 - ii. For virally suppressed patients with no HBV co-infection, clinicians may consider Dolutegravir + Rilpivirine where rilpivirine is available.
 - iii. Prior to shifting to a two-drug regimen, patients should be assessed for Hepatitis B co-infection, treatment history, and potential drug resistance. These regimens are generally not recommended for patients with known HBV co-infection, advanced HIV disease, ongoing viremia, or documented treatment failure.
- e. In exceptional circumstances where the above options are not feasible and treatment interruption is imminent, clinicians may consider other clinically appropriate antiretroviral regimens based on individual patient assessment, treatment history, co-morbidities, potential drug interactions, and available ARV commodities. This may include protease inhibitor-based regimens, where appropriate.

2. For PLHIV currently receiving TLD as a second-line regimen following treatment failure:

- a. Continue TLD, subject to the availability of stocks, until replenishment arrives.
- b. Maintain a Dolutegravir-based regimen using available components, including Dolutegravir and two (2) available NRTIs (e.g., TDF + 3TC, TDF + FTC, TAF + FTC, or other clinically appropriate NRTI backbones), where feasible.
- c. Where maintaining a Dolutegravir-based regimen with two NRTIs is not possible, clinicians may consider a protease inhibitor (PI) - based regimen in accordance with current treatment guidelines and individual patient assessment. This may include:
 - i. Dolutegravir and a boosted protease inhibitor, where available; or
 - ii. Two NRTIs and a boosted protease inhibitor, taking into consideration prior treatment history, suspected or documented resistance, co-morbidities, and available ARV commodities.
 - iii. Patients receiving second-line therapy following treatment failure should be prioritized for the most effective available regimen and close clinical follow-up. Transition to NNRTI-based regimens is generally not recommended in the presence of known or suspected treatment failure on previous NNRTI-containing regimens.

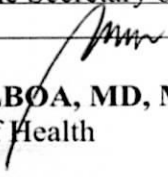
3. For PLHIV currently receiving second-line protease inhibitor (PI) - based regimens:

- a. Continue the current regimen whenever possible.

- b. Where clinically indicated and appropriate, clinicians may consider transitioning to a Dolutegravir-based regimen in accordance with current treatment guidelines and individual patient assessment.
- B. Consistent with Administrative Order No. 2022-0024-A and prevailing national HIV treatment guidelines, HIV treatment facilities shall undertake appropriate monitoring, reporting, and follow-up activities to assess treatment outcomes, ensure continuity of care, and guide clinical management following any regimen modification.
 - 1. Monitoring and Follow-up
 - a. All patients shifted to a new or an alternative ART regimen should receive appropriate adherence counseling and clinical monitoring.
 - b. HIV viral load testing should be performed within three (3) to six (6) months following regimen modification, subject to availability of testing services, to assess treatment response and guide further management.
 - c. PLHIV with advanced HIV disease, high viral load, treatment failure, or significant co-morbidities should be prioritized for the most effective available three-drug regimen and close clinical follow-up.
- C. Facilities are reminded that routine switching of clinically stable and virally suppressed clients solely for commodity conservation purposes should be minimized whenever feasible. Treatment interruption should be avoided at all times.

For strict implementation.

By Authority of the Secretary of Health:


GLORIA J. BALBOA, MD, MPH, MHA, CEO VI, CESO III
Undersecretary of Health