# PhilHealth Advisory

No. 05-04-2015

# ALL PHILHEALTH REGIONAL OFFICES, Tsekap PROVIDERS AND ALL OTHERS CONCERNED

Erratum on the PhilHealth Circular 2-2015 regarding Governing Policies on the Expanded Coverage of the Primary Care Benefit Package: *Tamang Serbisyo sa Kalusugan ng Pamilya* (Tsekap).

| Annex | Page | From | To |
|---|---|---|---|
| F | 2 | 1.3.1.1. Visual inspection with acetic (VIA): _____(Php 00.00 - 00.00) | 1.3.1.1. Visual inspection with acetic (VIA): _____(Php 50.00 - 100.00) |
| F | 2 | 1.3.1.2. Paps smear (in lieu of VIA): _____(Php 00.00 - 00.00) | 1.3.1.2. Pap smear (in lieu of VIA): _____(Php 100.00 - 200.00) |
| I | 7 | Item in the signatories | For deletion and replace by blank |
| J | 3 | Aspirin ** | Aspirin |
| J | 3 | Drug #6 is blank | -insert Trimethoprim/ Sulfamethoxazole (Cotrimoxazole) to corresponding row in Medicine Generic Name column |
| J | 3 | Erythromycin ** | Erythromycin |
| J | 3 | Hydrochlorothiazide ** | Hydrochlorothiazide |
| J | 3 | Isosorbide Dinitrate 1mg/mL; 10 ampule | -for deletion- |
| J | 4 | Metformin Hydrochloride ** | Metformin Hydrochloride |
| J | 4 | Ofloxacin 0.30% 5 ml bottle | -for deletion- |
| J | 4 | Ofloxacin 2mg/ml 100 mL vial | -for deletion- |

Thank you for your support to the National Health Insurance Program.

**ALEXANDER A. PADILLA**
President and CEO