



CECILIO G. BAUTISTA,
Appellant,

-versus-

ECC CASE No. GL-19513-0615-16

**GOVERNMENT SERVICE
INSURANCE SYSTEM (GSIS),**
Appellee.

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D E C I S I O N

This appeal seeks to review the decision of the Government Service Insurance System (GSIS) denying the appellant's claim for medical reimbursement, under the Employees' Compensation Law (P.D. No. 626, as amended), of his expenses for *Lipitor* (Generic name: *Atorvastatin*) and *Minidiab* (Generic name: *Glipizide*) on the ground that the said medicines are not included in the Philippine National Drug Formulary (PNDF). Further, the GSIS states that *Minidiab* is a medicine for the treatment of Diabetes and not relevant to the work-connected illness, Coronary Artery Disease, of the appellant.

The appellant, Atty. Cecilio G. Bautista, was employed as Department Manager of the Manila International Airport Authority (MIAA). Records reveal that between 2000 and 2009, the GSIS approved the grant of EC Temporary Total Disability (TTD) benefits to the appellant due to Coronary Artery Disease with Cardiomyopathy S/P (status-post) Anterior Wall Myocardial Infarction S/P Coronary Artery Bypass Graft. Records further reveal that the GSIS facilitated the reimbursement of his expenses for medicines until January 2016 when the GSIS disapproved the same by invoking Executive Order No. 49 ("Directing the Mandatory Use of the Philippine National Drug Formulary [PNDF] Volume I as the Basis for Procurement of Drug Products by the Government). Further, the GSIS states that *Minidiab* is for the treatment of Diabetes Mellitus.

The appellant wrote a letter to the GSIS requesting for reconsideration of the denial of the claim. In his letter, the appellant states that "*Lipitor* and *Minidiab* are only two of the eleven medicines I was prescribed to take on a daily basis for hypertension and to control blood pressure in order to avoid recurrence of a heart attack."

The GSIS-Office of the Senior Vice-President (GSIS-OSVP) NCR Operations Group elevated the records to this Commission for review purposes.

On June 22, 2016, this case was submitted to the Technical Review Committee (Committee) for initial deliberation. Majority of the members of the Committee decided to elevate this case to the Commission with the following recommendations:

TRC Recommendation	Claimed Medicines
For denial	<p style="text-align: center;"><i>Minidiab</i> (generic name: <i>Glipizide</i>)</p> <p>Reason for denial:</p> <p>Medical findings have established that <i>Minidiab</i> (<i>Glipizide</i>) is used to treat type 2 Diabetes; not relevant to the work-connected sickness of the appellant.</p>
For award	<p style="text-align: center;"><i>Lipitor</i></p> <p>Basis for Award:</p> <p>The EC reimbursement of expenses for medicines is not a disbursement on procurement. Thus, the EC reimbursement does not run counter to E.O. No. 49 (Directing the Mandatory Use of the Philippine National Drug Formulary[PNDF] in relation to R.A. No. 9502 [Universally Accessible Cheaper Quality Medicines Act of 2008]), which disallows disbursements for procurement of drugs and medicines which are not within the PNDF.</p>

The appeal is partly meritorious.

Medical Benefits for Persons with Work-Related Disability (PWRD)

Article 191 [185] of P.D. No. 626, as amended, provides:

“Art. 185. Medical services.-Immediately after an employee contracts sickness or sustains an injury, he shall be provided by the System during the subsequent period of his disability with such medical services and appliances as the nature of his sickness or injury and progress of his recovery may require, subject to the expense limitation prescribed by the Commission.”

Extent of Medical Services

Persons with Work-Related Disability are entitled to ward services, subsequent domiciliary care, and reimbursement of expenses for medical consultations including medicines relevant and necessary for the treatment of work-connected sickness or injury. (Rule VIII, Section 3 in relation to Annex “C” of the Amended Rules on Employees’ Compensation.)

Duration of Medical Services

Section 2, Rule VIII of the Amended Rules on Employees' Compensation provides:

“RULE VIII- Medical Services, Appliances and Supplies

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“Section 2. Period of Entitlement.-The medical services, appliances and supplies shall be provided to the afflicted employee beginning on the first day of the injury or sickness, during the subsequent period of his disability, and as the progress of his recovery may require...”

The obligation to provide medical services lasts for as long as the employee is sick because the liability for medical care lasts during the “period of disability.” Medical attendance shall be provided as long as the employee is sick of a compensable illness, and this duty is not ended when employment terminates. (*Itogon Suyoc Mines, Inc. v. Dulay, et. al.* L-18974, Sept. 30, 1963)

Reimbursement of expenses for relevant and necessary medicines

In denying the claim of the appellant for reimbursement of his expenses for *Minidiab (Glipizide)*, the GSIS states that the same is for the treatment of Diabetes Mellitus. Thus, the said medicine is not relevant and necessary for the appellant's work-connected heart ailment.

Medical findings describe the nature of *Minidiab (Glipizide)* in this manner, to wit:

- ***“Minidiab is used in addition to diet and exercise to control blood sugar in patients with Type II diabetes mellitus ... (emphasis supplied)***
- ***“Minidiab is used when diet and exercise are not enough to control blood sugar (glucose). MINIDIAB can be used alone, or together with insulin or other medicines, for treating diabetes.***

Reference:

<http://www.nps.org.au/medicines/hormonal-and-metabolic-system/diabetes-medicines-non-insulins/glipizide/minidiab-tablets>

“Glipizide (glip' i zide)

“Why is this medication prescribed?”

“Glipizide is used along with diet and exercise, and sometimes with other medications, to treat type 2 diabetes (condition in which the body does not use insulin normally and, therefore, cannot control the amount of sugar in the blood). Glipizide is in a class of medications called sulfonylureas. Glipizide lowers blood sugar by causing the pancreas to produce insulin (a natural substance that is needed to break down sugar in the body) and helping the body use insulin efficiently. This medication will only help lower blood sugar in people whose bodies produce insulin naturally. Glipizide is not used to treat type 1 diabetes (condition in which the body does not produce insulin and, therefore, cannot control the amount of sugar in the blood) or diabetic ketoacidosis (a serious condition that may occur if high blood sugar is not treated).” (emphasis supplied)

Source:

<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a684060.html>

Thus, *Minidiab (Glipizide)* does not qualify under Art. 191 [185] of P.D. No. 626, as amended, considering that the same is for the treatment of Diabetes. Further, the Philippine National Drug Formulary (PNDF) Volume I, 7th Edition (2008) has classified the said medicine in this manner, to wit:

"14.8. Insulins and other Anti-Diabetic Medicines

"14.8.2 Oral hypoglycemics

"Sulfonylureas

"Glipizide Oral: 2.5 mg and 5 mg tablet"

Source:

http://www.philhealth.gov.ph/partners/providers/pdf/PNDFvol1ed7_2008.pdf

This Commission now proceeds to rule on the compensability of the appellant's *Lipitor* (Generic name: *Atorvastatin*).

Medical findings describe the nature of *Lipitor (Atorvastatin)* in this manner, to wit:

“Why is this medication prescribed?”

- *“Atorvastatin is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease ...*

Reference:

<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a600045.html>

- *“Lipitor is also used to help reduce the risk of having a heart attack or stroke in people who have high blood pressure and coronary heart disease (CHD) or who are at risk of CHD. Examples of risk factors for CHD include diabetes, a history of stroke, or small blood vessel disease...”*

Reference:

<http://www.nps.org.au/medicines/heart-blood-and-blood-vessels/cholesterol-and-lipid-medicines/atorvastatin/lipitor-tablets>

Having found out that *Lipitor (Atorvastatin)* is relevant and necessary to the work-connected heart ailment, Coronary Artery Disease, of the appellant, the said medicine may be the subject of reimbursement of medical expenses of the appellant.

EC reimbursement does not run counter to E.O. No. 49 (Directing the Mandatory Use of the Philippine National Drug Formulary[PNUF], in relation to R.A. No. 9502 [Universally Accessible Cheaper Quality Medicines Act of 2008]), which disallows disbursements for procurement of drugs and medicines which are not within the PNUF

The GSIS has denied the claim for medical reimbursement due to E.O. No. 49. However, the EC reimbursement of expenses for medicines is not a disbursement on procurement. Thus, the EC reimbursement does not run counter to E.O. No. 49 (Directing the Mandatory Use of the Philippine National Drug Formulary [PNUF] in relation to R.A. No. 9502 [Universally Accessible Cheaper Quality Medicines Act of 2008]).

P.D. No. 626, as amended, is essentially a social legislation which grants reimbursement to drugs and medicines that are necessary and relevant to the work-connected sickness or injury of the PWRD. As long as the PWRDs need the medicine for the treatment of their work-related sickness or injury, even after retirement, they are entitled to reimbursement of out of pocket medical expenses for medicines. P.D. No. 626 makes neither distinction nor limitation on the medical services, including medicines, and appliances that may be had and reimbursed subject only that the nature of the sickness or injury and progress of recovery may require and the observance of such applicable expense limitations that may have been prescribed by the Commission. By limiting the reimbursement to a definitive, narrow list would defeat the very purpose of the law.

WHEREFORE, the appeal is **PARTIALLY GRANTED** and the decision of the **GSIS** is **MODIFIED**. The **GSIS** is ordered to **GRANT** to the appellant the prayed EC medical reimbursement of his expenses for *Lipitor (Atorvastatin)* subject to the applicable limitations prescribed by the Commission. However, the claim for reimbursement of expenses for *Minidiab (Glipizide)* is hereby **DENIED** considering that the said medicine is not relevant to the work-connected heart ailment of the appellant.

SO ORDERED.

**CITY OF MAKATI,
July 08, 2016.**