

**PHILHEALTH CIRCULAR**

No. 2025-0013

**TO : ALL DRUG DISPENSING FACILITIES, HEALTHCARE INSTITUTIONS/PROVIDERS, AND ALL OTHERS CONCERNED**

**SUBJECT : Nationwide Implementation of PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (PhilHealth GAMOT)**

**I. RATIONALE**

In compliance with the Universal Health Care (UHC) Act<sup>1</sup>, PhilHealth shall implement an outpatient drug benefit to reduce the burden of pharmaceutical expenses upon Filipino families by covering outpatient medications, and expanding access points through the engagement of pharmaceutical service entities to be part of a comprehensive outpatient benefit.

PhilHealth Circular (PC) No. 2023-0029: Implementing Guidelines for the Outpatient Drug Benefit Package enables the implementation of the PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (PhilHealth GAMOT) through drug dispensing facilities under a contracted Health Care Provider Network (HCPN).

By virtue of PhilHealth Board Resolution No. 3019 s. 2025, this policy allows the implementation of PhilHealth GAMOT by directly engaging drug dispensing facilities throughout the country. PhilHealth GAMOT shall be a component of the comprehensive outpatient care coverage in support of achieving UHC.

**II. OBJECTIVES**

This Circular aims to outline guidelines for directly engaging drug dispensing facilities.

- A. Identify qualified beneficiaries and define benefit coverage.
- B. Provide specific guidelines on engaging the providers, availing the benefit, provider payment mechanisms, risk sharing arrangements, and monitoring of the GAMOT facility's performance.

<sup>1</sup>Sec. 6(b), Republic Act No. 11223

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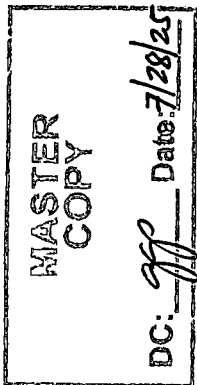
### III. SCOPE

This Circular encompasses the rules governing access to outpatient drugs through directly engaged drug dispensing facilities. This policy identifies drugs subject to PhilHealth coverage.

### IV. DEFINITION OF TERMS

For the purpose of this Circular, the operational definition of terms used in this issuance are the following:

- A. **Authorized Physician** - accredited physician with a PhilHealth GAMOT Application account.
- B. **Drug Dispensing Facility** - any establishment carrying on the retail business of sale of drugs and medicines to customers with a license to operate (LTO) as a drug retailer from the Food and Drug Administration (FDA) or the Department of Health (DOH).
- C. **Fixed Fee Schedule** - a set of standard rates per specific drug preparation to be dispensed and shall be the basis of a prescription's cost.
- D. **GAMOT Application (GAMOT App)** - a software that can be interoperable with existing operating systems, used to prescribe medications, validate prescriptions, record dispensing, and monitor performance of GAMOT Facilities, as applicable.
- E. **GAMOT Availment Slip (GAS)** - a form that is automatically generated for each transaction which contains information on the dispensed medications, amount covered by PhilHealth, and remaining benefit coverage under this benefit.
- F. **GAMOT Facility** - a drug dispensing facility that is engaged by PhilHealth to provide the contents of the outpatient drug benefit package.
- G. **GAMOT List** - a list of essential medications, as referenced from the latest edition of the Philippine National Formulary (PNF) unless explicit exception<sup>2</sup> is granted by the Corporation for specific drugs, used in the outpatient management of conditions.
- H. **Molecules** - the chemical or generic name of a particular drug or medication.
- I. **Outpatient Drugs** - the drugs or medications used in the management of outpatient disease conditions.
- J. **Pharmacy Chain** - drug dispensing facilities with multiple branches, managed and organized by partnerships or corporations.
- K. **PhilHealth GAMOT** - PhilHealth's outpatient drug benefit package which covers select medications used in the outpatient case management and shall function as the pharmaceutical service delivery arm of PhilHealth's



<sup>2</sup>Section 37, Republic Act No. 7875: National Health Insurance Act of 1995

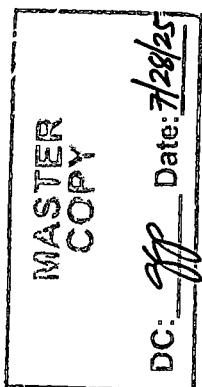
function as the pharmaceutical service delivery arm of PhilHealth's outpatient benefits. It shall be referred to as PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment or PhilHealth GAMOT.

- L. Outpatient Services** - health services that do not require the overnight or 24-hour admission/confinement of patients in a health facility for case management.
- M. Standalone Drug Dispensing Facility** - a health facility whose sole function is to dispense medications and is not part of another health facility such as a hospital or primary care facility and/or not yet accredited for other PhilHealth benefits.
- N. Unique Prescription Security Code (UPSC)** - a computer-generated code which provides a unique identifier to a GAMOT prescription issued by an authorized physician.

## **V. POLICY STATEMENTS**

### **A. Benefit Package**

1. All Filipinos by virtue of the UHC Act and member-foreign nationals with qualifying contributions, and their duly qualified dependents shall be eligible to avail of PhilHealth GAMOT.
  - a. Filipinos and qualified foreign nationals not yet registered to PhilHealth may register at any Local Health Insurance Office (LHIO) or PhilHealth Express outlet nationwide.
  - b. A PhilHealth Identification Number (PIN) shall be the basis for verification of PhilHealth membership, as well as recording and tracking of the consumption of the benefit.
2. PhilHealth GAMOT shall cover select medications used in the outpatient management of various health conditions.
  - a. The GAMOT List shall enumerate the specific medications covered under PhilHealth GAMOT (Annex A.1: GAMOT List).
  - b. Each medication preparation included in the GAMOT List shall correspond to a fixed fee (Annex A.2: GAMOT Fixed Fee Schedule).
  - c. The GAMOT List and its fixed fee schedule may be subject to revision as the benefit expands or as deemed necessary. Each revision of the GAMOT List shall be publicly disseminated through a supplemental PhilHealth Circular.
3. PhilHealth GAMOT shall NOT cover the following:
  - a. Medications intended for consumption during the period of confinement and during outpatient emergency care;

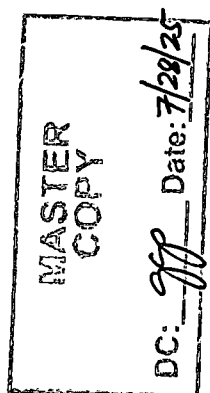


- b. Branded medications preferred by the beneficiary that are priced above the GAMOT fixed fee schedule unless the GAMOT Facility shall dispense these medications at the agreed-upon fixed fee;
- c. Medications covered by other outpatient benefits; and
- d. Medications included in PNF but NOT included in GAMOT List, unless explicit exception is granted by the Corporation.

## B. Provider Engagement

### 1. Accreditation of GAMOT Facilities

- a. The following FDA and/or DOH-licensed facilities as drug retailer shall be eligible to apply for PhilHealth accreditation to operate as a GAMOT Facility:
  - a.1. Retail drug stores or pharmacies;
  - a.2. Hospital pharmacies;
  - a.3. Primary care facilities with drug dispensing capacity; and
  - a.4. Any other drug dispensing facilities.
- b. Currently accredited health facilities that opt to apply as a GAMOT Facility shall submit an application for re-accreditation (additional service) with complete documentary requirements for GAMOT Facility as enumerated in the succeeding section.
- c. Pre-accreditation survey for applicant drug dispensing facility shall not be required.
- d. GAMOT Facilities shall be required to install and regularly maintain PhilHealth signage compliant with the specifications set by the Corporation in PC No. 0013, s. 2009 (New PhilHealth Signage) and its subsequent amendments, as further reinforced through PhilHealth Advisory No. 2023-0020 (Installation and Maintenance of PhilHealth Signages in All Accredited Facilities).
- e. During their period of accreditation, GAMOT facilities shall ensure the availability of all committed molecules and preparations at all times. The GAMOT Facility shall post a list of available medicines in a conspicuous area within its premise and in any other available channels owned by the facility.
- f. Select GAMOT Facility may be required to participate in retail price surveys and other costing activities, as needed. They are enjoined to participate to the fullest extent of their capabilities.
- g. All other accreditation processes not specifically detailed in this Circular shall follow indicated procedures outlined in the PC No. 2023-0012 (Omnibus Guidelines on the Accreditation of Health Facilities [HFs] to the National Health Insurance Program) and its subsequent amendments, and other related issuances.

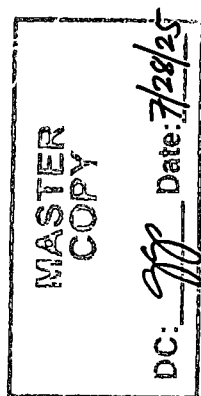


2. Documentary Requirements of GAMOT Facilities

- a. Interested drug dispensing facilities shall submit the following documentary requirements to the nearest PhilHealth Regional Office (PRO) or LHIO for initial accreditation, re-accreditation, and renewal:
  - a.1. Checklist of Documentary Requirements for GAMOT Facility (Annex B: Checklist of Documentary Requirements for GAMOT Facility);
  - a.2. Provider Data Record (PDR) for Health Facilities for GAMOT Facility (posted on the official PhilHealth website: <https://www.philhealth.gov.ph/>);
  - a.3. Notarized Performance Commitment for Health Facilities as a GAMOT Facility (posted on the official PhilHealth website: <https://www.philhealth.gov.ph/>);
  - a.4. Copy of valid FDA/DOH LTO as drugstore/hospital pharmacy/ institutional pharmacy;
  - a.5. Certification of Availability of GAMOT signed by Head of the Facility (Annex C: Certification of Availability of GAMOT Template);
  - a.6. Certification of Compliance to IT Requirements signed by Head of the Facility. The specifications are prescribed in the Annex D: Information System Requirements and Specifications; and
  - a.7. Additional requirements for facilities owned by partnerships and/or Corporations: Copy of the latest General Information Sheet and Certified True Copy of Articles of Incorporation.
- b. When applying for accreditation, GAMOT Facilities shall indicate the molecules and preparations they are capable of dispensing (Annex C: Certification of Availability of GAMOT Template).
- c. For any changes to the molecules and preparations the GAMOT Facility is capable of dispensing, the GAMOT Facilities shall inform their respective PROs by submitting an updated Certification of Availability of GAMOT.
- d. Pharmacy Chains shall be allowed to submit the documentary requirements for all its facilities and branches to the PRO that has jurisdiction over its main headquarters.

3. Validity of Accreditation of GAMOT Facilities

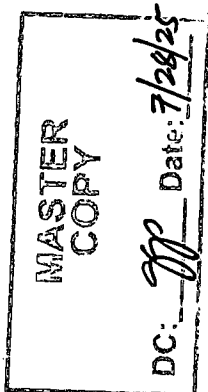
- a. The accreditation shall be in consonance with the DOH or FDA LTO.



- b. Continuous accreditation, with a maximum of three (3) calendar years, may be granted unless earlier terminated, temporarily withdrawn, suspended or revoked by the Corporation.
- c. Initial application, re-accreditation, and renewal of accreditation of the GAMOT Facilities shall follow provisions of PC No. 2023-0012 and its subsequent amendments. The following concerns regarding accreditation validity shall follow the rules of the same PhilHealth Circular:
  - c.1. Revocation of LTO
  - c.2. PhilHealth-imposed suspension
  - c.3. Decisions on application
  - c.4. Appeals and motions for reconsideration
  - c.5. Grounds for grant or denial of accreditation, provisional accreditation and temporary withdrawal of accreditation.

C. Benefit Availment

- 1. Both authorized physicians and GAMOT Facility shall have access to the GAMOT Application (GAMOT App) to prescribe and dispense medications under PhilHealth GAMOT, respectively.
- 2. Authorized physicians and pharmacy managers shall apply to gain access to the GAMOT App by either submitting user account creation forms to their respective PROs (Annex E: GAMOT User Account Creation Form) or utilize the self-registration module of the GAMOT App.
  - a. PhilHealth-accredited primary care physicians shall indicate the Name and PhilHealth Accreditation Number of their affiliated primary care benefit package provider when applying to gain access to the GAMOT App.
  - b. Interested PhilHealth-accredited physicians can apply to gain access to the GAMOT App.
  - c. The pharmacy manager shall register its pharmacist(s) to the GAMOT App.
    - c.1. Pharmacist account creation shall be subject to the approval of the respective PRO of the GAMOT Facility.
- 3. Only medications prescribed by authorized physicians through the GAMOT App shall be covered by this benefit.
- 4. Prescription of Medications by Authorized Physicians
  - a. The authorized physician shall confirm the beneficiary's identity by requesting the beneficiary's PhilHealth Identification Number (PIN) or any valid government-issued identification (ID) card prior to prescribing medications.

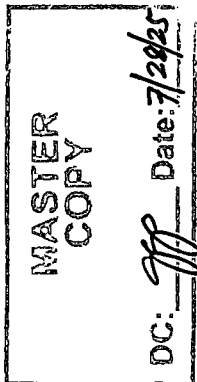


- b. The authorized physician shall abide by International Classification of Diseases 10th Edition coding standard and shall accurately encode the appropriate diagnosis(es) for each prescription.
- c. The authorized physician shall prescribe medications through the GAMOT App, and each prescription shall contain the following information:
  - c.1. Date of prescription;
  - c.2. Unique Prescription Security Code (UPSC) generated by GAMOT App;
  - c.3. Beneficiary Name (Surname, Given Name, Middle Name, Extension);
  - c.4. Age, Sex, and Address;
  - c.5. Medications: Generic name (in accordance with the RA 6675 or the Generics Act of 1988), dosage strength, dosage form, quantity, and directions for medication use;
  - c.6. Follow-up Date (if applicable); and
  - c.7. Physician's Name, Physician's signature, and license number.
- d. Any revisions or cancellation of an existing prescription shall be accomplished through the GAMOT App.
- e. The authorized physician shall provide a copy of the prescription, containing all the above-mentioned information, to the beneficiary. This shall be done by either directly printing the prescription from the GAMOT App, manually (handwritten) replicating the prescription, or the authorized physician shall send a digital copy of the prescription to the beneficiary (Annex F: GAMOT App-Generated Prescription Template).
- f. The following medications shall be prescribed only up to maximum quantity, unless explicit exemption is granted by the Corporation:

Medicine	Maximum Quantity That Can Be Prescribed
Maintenance medications	Three (3) months
Non-steroidal anti-inflammatory drugs (NSAIDs)	One (1) week
Other medications	Prevailing clinical practice guidelines (CPGs) approved by the DOH and quality standards established by the Corporation, as applicable or available

Table 1: Maximum Prescription Quantity

- g. Authorized physicians may prescribe medication refills when necessary.
- h. Prior to issuing any new prescription, authorized physicians shall check for any existing active prescriptions for the beneficiary and carefully review all included molecules and preparations.



h.1. In cases wherein there are no active prescriptions, the authorized physician can prescribe the intended medications.

h.2. If active prescriptions exist, the authorized physician shall review the prescription where:

h.2.1. If the active prescription already includes molecule(s) with the appropriate dosage or preparation, the authorized physician shall honor the existing active prescription.

h.2.2. If the active prescription includes molecule(s) but requires different dosage or preparation and has not yet been partially availed, the authorized physician shall revise the active prescription to reflect the new dosage or preparation. If the active prescription has already been partially availed, then the authorized physician shall cancel the active prescription and issue a new one.

h.2.3. If the active prescription does not include molecule(s) intended for prescription, the authorized physician can issue a new prescription for the unlisted molecule(s).

i. Authorized physicians shall abide by the highest standards of medical care. Physicians found engaging in unethical or fraudulent activities shall be subject to sanctions in accordance with applicable guidelines and regulations of PhilHealth, Professional Regulation Commission, and other regulatory bodies.

5. Dispensing of Medications by GAMOT Facilities

a. GAMOT Facilities shall serve all PhilHealth beneficiaries availing of PhilHealth GAMOT subject to availment rules.

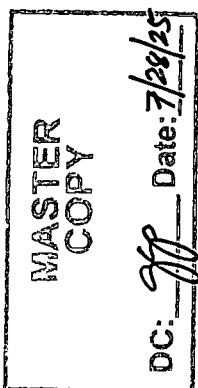
b. Beneficiaries can avail medications covered under PhilHealth GAMOT at any GAMOT Facility.

c. A GAMOT Facility's refusal to serve any beneficiary shall be grounds for investigation. PhilHealth beneficiaries shall notify PhilHealth for any instance of refusal through official channels.

d. Prior to dispensing medications, GAMOT Facility shall verify the authenticity of transaction through any government-issued ID card and the prescription.

d.1. In cases when the consultation is conducted remotely and the beneficiary does not possess a physical copy of the prescription, the beneficiary shall provide the UPSC and any government-issued ID card to the GAMOT Facility.

d.2. In cases when the beneficiary cannot personally claim the prescription, duly authorized representatives on behalf of the



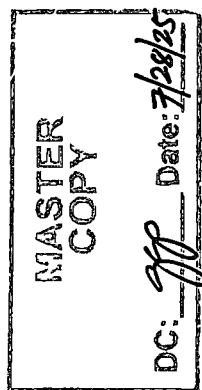


beneficiary may be allowed to claim, provided that an authorization letter shall be presented, along with the UPSC, and a valid government-issued ID card of the representative and the beneficiary.

- e. If any form of inconsistencies to the prescription is present, the pharmacist may seek confirmation with the authorized physician regarding the authenticity of the prescription. At the same time, the pharmacist reserves the right to withhold the dispensing of any inappropriate medications that have been prescribed (e.g. drug interactions, allergic reactions) and instruct the beneficiary to return to the authorized physician for appropriate action.
- f. GAMOT Facility shall dispense prescribed anti-infectious and other medications within two (2) days and two (2) weeks, respectively, from the date of GAMOT prescription issuance to the beneficiary. Beyond the claiming period, the medications can still be dispensed by the pharmacy but paid out of pocket. The GAMOT prescription shall be updated by the authorized physician if the medications remain medically necessary.
  - f.1. Upon initial claiming of the medication, the GAMOT prescription shall remain valid for coverage in the GAMOT App for 90 days from the date of prescription.
  - f.2. All GAMOT prescriptions shall automatically be cancelled in the GAMOT App after 90 days from the date of prescription.
- g. The GAMOT Facility shall dispense the prescribed medication(s) to the beneficiary either as partial or complete course of medication.
  - g.1. A maximum of one (1) monthly provision for at least one (1) *maintenance* medication in the same prescription can be dispensed.
  - g.2. The GAMOT Facility may dispense the succeeding one (1) month provision of maintenance medication, two (2) weeks from the date of the previous dispensing.
  - g.3. If there are still remaining un-dispensed medications, the GAMOT prescription shall remain valid for subsequent visits to any GAMOT Facility until full quantity is dispensed.
  - g.4. Anti-infectious medications shall always be dispensed in full, within the claiming period, if not previously availed.

#### D. Payment Mechanism

1. PhilHealth GAMOT shall be reimbursed to the GAMOT Facility following the fixed fee schedule (Annex A.2: GAMOT Fixed Fee Schedule).



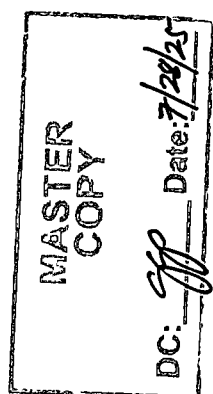
2. PhilHealth GAMOT shall apply an annual benefit limit (ABL) amounting to Twenty Thousand Pesos (Php 20,000.00).
  - a. Beneficiaries shall not incur out-of-pocket (OOP) payment until the ABL is fully consumed.
  - b. The ABL may be adjusted subsequently as approved by the PhilHealth Board through a supplemental PhilHealth Circular.

E. Risk Sharing Arrangement

1. Upon the full consumption of the ABL, the cost of the medicines shall be shouldered by the beneficiary. The GAMOT Facility shall charge the beneficiary in accordance with the fixed fee, unless the beneficiary prefers branded medications that are priced above the GAMOT fixed fee schedule.
2. Beneficiaries shall be informed of the remaining balance of their ABL through the GAMOT Availment Slip (GAS) (refer to Annex G: GAMOT Availment Slip Sample). GAMOT Facility shall provide the beneficiary with GAS at each dispensing instance.
3. The ABL shall be reset to the maximum amount every start of the calendar year on the 1st day of January. Any unused balance from the previous year shall not be added to the ABL upon reset.
4. The GAS shall be signed by the pharmacist and beneficiary (or the authorized representative). A copy of the GAS shall be retained by the GAMOT Facility.

F. Reimbursement Rules

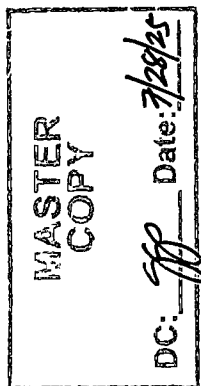
1. All accredited GAMOT Facilities shall comply with the Auto-Credit Payment Scheme (ACPS) as detailed through PC No. 2017-0020 (Implementation of Auto-Credit Payment Scheme [ACPS] to All Health Care Institutions) and its succeeding revisions.
  - a. Each GAMOT Facility shall submit the specified requirements to its respective PRO after the issuance of Certificate of Accreditation.
  - b. PhilHealth shall issue an Auto-Credit Payment Notice (ACPN) containing the breakdown of the paid claims to the GAMOT Facility. The ACPN may be used to reconcile paid claims against the filed claims.
  - c. GAMOT Facilities shall issue an invoice or any equivalent document (e.g. official receipt) for every reimbursement credited to their designated deposit account(s), following the deadline and rules stipulated in PC No. 2017-0020 and its succeeding revisions.
2. PhilHealth shall reimburse GAMOT Facilities for dispensed medications based on the published fixed fee schedule.



3. GAMOT Facility shall apply all existing<sup>3</sup> and prospective laws providing mandatory discounts and value-added tax exemption once the ABL is fully consumed and for all transactions paid by the beneficiary as OOP.
4. Every duly signed GAS, containing the dispensed medication(s) and their corresponding fixed fee, shall be automatically filed as a reimbursement claim through the GAMOT App.
5. PhilHealth shall process the reimbursement claims and its corresponding payments in accordance with the existing procedures of the Corporation.
6. Any payment made to GAMOT Facilities shall be subjected to applicable taxes.
7. PhilHealth reserves the right to subject any or all claims to billing audit before and/or after payment to GAMOT Facility, following existing rules.
8. All payments disbursed for PhilHealth GAMOT shall be subject to PC No. 2021-0001 (PhilHealth Payment Recovery [PPR] Policy) and its subsequent revisions.

G. Monitoring and Evaluation

1. Monitoring activities shall be conducted by PhilHealth at least once a year. PhilHealth may conduct facility assessments to evaluate the operationalization of the PhilHealth GAMOT, particularly the availability of medicines and the implementation of cost-sharing mechanisms.
2. PhilHealth shall continuously monitor and investigate grievance reports filed by beneficiaries following existing guidelines of the Corporation.
  - a. Beneficiaries may file reports or complaints through official channels of PhilHealth. These complaints will be handled in accordance with the quasi-judicial process of PhilHealth, as needed.
  - b. The authorized physicians and GAMOT facilities may likewise file any sort of complaint or issue through the official channels of PhilHealth.
3. The GAMOT Facilities shall be evaluated based on their compliance with the commitments of being a service provider. One of the sources of information include performance reports generated from the GAMOT App (Annex H: Performance Evaluation Report).



<sup>3</sup>RA No. 9994 (Expanded Senior Citizens Act of 2010), RA No. 10754 (Act Expanding the Benefits and Privileges of Persons with Disability); Joint Administrative Order No. 2020-0001 (Operational Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-Incapacitated Patients Pursuant to Republic Act No. 11463 also known as Malasakit Act of 2019).

4. This policy issuance shall be regularly reviewed and enhanced, as necessary.

#### H. List of Annexes

Annex A.1: GAMOT List  
Annex A.2: GAMOT Fixed Fee Schedule  
Annex B: Checklist of Documentary Requirements for GAMOT Facility  
Annex C: Certification of Availability of GAMOT Template  
Annex D: Information System Requirements and Specifications  
Annex E: GAMOT User Account Creation Form  
Annex F: GAMOT App-Generated Prescription Template  
Annex G: GAMOT Availment Slip Sample  
Annex H: Performance Evaluation Report

### VI. PENALTY CLAUSE

Any violation of this Circular, terms and conditions of the Performance Commitment, and all existing related PhilHealth issuances shall be dealt with and penalized following the pertinent provisions of RA 7875, as amended by RA 9241 and RA 10606 [National Health Insurance Act of 2013] and RA 11223 [Universal Health Care Act], and their respective Implementing Rules and Regulations.

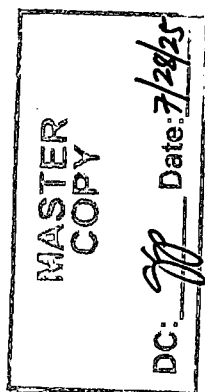
### VII. TRANSITORY CLAUSE

The PhilHealth GAMOT implementation will undergo transition in compliance with the mandates of the UHC Act. These transitions shall cover provider requirements, terms of engagement, benefit expansion, participation in an HCPN, and benefit implementation.

- A. The 21 medications under enhanced PhilHealth YAKAP (formerly Konsulta)<sup>4</sup> shall be temporarily disabled in GAMOT App for CY 2025 or until further notice by the Corporation.
- B. All 21 medications under the enhanced PhilHealth YAKAP (formerly Konsulta)<sup>5</sup>, including its dispensing and payments, shall be subsumed under the PhilHealth GAMOT. The PhilHealth YAKAP (formerly Konsulta) shall be evaluated as necessary for adjustment of covered services and payment rates.
- C. The accreditation fee shall be waived for the first three (3) years of implementation. This shall also apply to the implementation of HCPN.
- D. For initial implementation, the accreditation of GAMOT Facilities shall be valid for three (3) years subject to resubmission of FDA/DOH LTO.
- E. The GAMOT List, fixed fee schedule, and accreditation requirements provided in this policy, and its succeeding revisions, shall automatically apply to the implementation of HCPN.

<sup>4</sup> PC No. 2024-0013 (Enhancement of the PhilHealth Konsulta Benefit Package)

<sup>5</sup> Ibid.



F. Temporary signages shall be provided by PhilHealth to GAMOT Facilities.

G. In the case of a fortuitous event, PhilHealth may release a supplemental issuance detailing temporary guidelines and/or revisions, as deemed necessary and appropriate.

#### **VIII. SEPARABILITY CLAUSE**

If any provision of this Circular shall be declared invalid, unconstitutional, or unenforceable, the validity of the remaining provisions shall not in any way be affected and shall remain enforceable.

#### **IX. REPEALING CLAUSE**

The Circular shall repeal the provisions of PhilHealth Circular No. 2023-0029 entitled "Implementing Guidelines for the PhilHealth Outpatient Drug Benefit Package" that are inconsistent with this issuance. Additionally, all other previous issuances containing provisions that are inconsistent with this Circular are hereby amended, modified, or repealed accordingly.

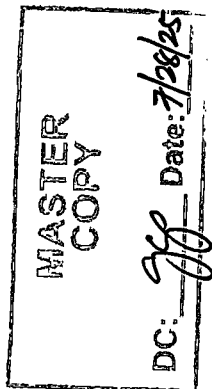
#### **X. DATE OF EFFECTIVITY**

This Circular shall be published in any newspaper of general circulation and shall take effect twenty-two (22) days after its publication. Further, this Circular shall be subsequently deposited with the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.

  
**EDWIN M. MERCADO, MD, MHA, MMSc**  
Acting President and Chief Executive Officer

Date signed: 07/28/2025

**Nationwide Implementation of PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (PhilHealth GAMOT)**



## ANNEX A.1: GAMOT List

GAMOT LIST		
<b><u>Anti-infectious</u></b> 1. Albendazole 2. Amoxicillin <sup>a</sup> 3. Azithromycin 4. Cefixime 5. Cefuroxime 6. Ciprofloxacin <sup>a</sup> 7. Clarithromycin <sup>a</sup> 8. Clindamycin 9. Clotrimazole 10. Cloxacillin 11. Co-amoxiclav <sup>a</sup> 12. Co-trimoxazole (Sulfamethoxazole + Trimethoprim) <sup>a</sup> 13. Doxycycline 14. Erythromycin 15. Fluconazole 16. Ketoconazole 17. Mebendazole 18. Metronidazole 19. Nitrofurantoin <sup>a</sup> 20. Oseltamivir 21. Tobramycin  <b><u>Anti-thrombotics</u></b> 22. Clopidogrel 23. Aspirin <sup>a</sup>  <b><u>Anti-asthma and COPD</u></b> 24. Budesonide + Formoterol 25. Fluticasone + Salmeterol <sup>a</sup> 26. Ipratropium 27. Montelukast 28. Prednisone <sup>a</sup> 29. Salbutamol <sup>a</sup> 30. Ipratropium + Salbutamol 31. Tiotropium	<b><u>Supportive/Other Therapy</u></b> 32. Aluminum Hydroxide + Magnesium Hydroxide 33. Butamirate 34. Celecoxib 35. Cetirizine 36. Colchicine 37. Chlorphenamine <sup>a</sup> 38. Diphenhydramine 39. Ferrous Salt (Iron Preparations) 40. Folic acid + Iron Ferrous 41. Ibuprofen 42. Lagundi (Vitex Negundo) 43. Loratadine 44. Mefenamic Acid 45. Naproxen 46. Omeprazole 47. Oral Rehydration Salts <sup>a</sup> 48. Paracetamol <sup>a</sup> 49. Zinc  <b><u>Anti-diabetics</u></b> 50. Dapagliflozin 51. Gliclazide <sup>a</sup> 52. Metformin <sup>a</sup>  <b><u>Anti-dyslipidemia</u></b> 53. Atorvastatin 54. Fenofibrate 55. Rosuvastatin 56. Simvastatin <sup>a</sup>	<b><u>Anti-hypertensive and Cardiology</u></b> 57. Amlodipine <sup>a</sup> 58. Atenolol 59. Captopril 60. Clonidine 61. Diltiazem 62. Enalapril <sup>a</sup> 63. Enalapril + Hydrochlorothiazide 64. Hydrochlorothiazide <sup>a</sup> 65. Isosorbide Dinitrate 66. Isosorbide Mononitrate 67. Losartan <sup>a</sup> 68. Methyldopa 69. Metoprolol <sup>a</sup> 70. Tamsulosin 71. Telmisartan 72. Telmisartan + Hydrochlorothiazide 73. Valsartan 74. Valsartan + Hydrochlorothiazide  <b><u>Nervous System</u></b> 75. Gabapentin

<sup>a</sup>21 drugs included PhilHealth Konsulta (covered under PhilHealth Konsulta for CY 2025)

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## ANNEX A.2: GAMOT Fixed Fee Schedule

No.	Molecule	Preparation	fixed fee
1	Albendazole	400 mg chewable tablet	P9.75
2	Aluminum Hydroxide + Magnesium Hydroxide	200 mg + 100 mg tablet	P8.50
3	Aluminum Hydroxide + Magnesium Hydroxide	225 mg + 200 mg/5 mL suspension in 60 mL	P50.50
4	Aluminum Hydroxide + Magnesium Hydroxide	225 mg + 200 mg/5 mL suspension in 120 mL	P104.00
5	Amlodipine <sup>a</sup>	5 mg (as besilate/camsylate) tablet	P4.50
6	Amlodipine <sup>a</sup>	10 mg (as besilate/camsylate) tablet	P6.50
7	Amoxicillin <sup>a</sup>	250 mg (as trihydrate) capsule	P4.00
8	Amoxicillin <sup>a</sup>	500 mg (as trihydrate) capsule	P5.25
9	Amoxicillin <sup>a</sup>	100 mg/mL (as trihydrate) granules/powder for drops in 15 mL	P58.25
10	Amoxicillin <sup>a</sup>	250 mg/5 mL (as trihydrate) granules/powder for suspension in 60 mL	P92.50
11	Amoxicillin + Clavulanic acid (Co-Amoxiclav) <sup>a</sup>	500 mg (as trihydrate) + 125 mg (as potassium clavulanate) tablet	P25.75
12	Amoxicillin + Clavulanic acid (Co-Amoxiclav) <sup>a</sup>	875 mg (as trihydrate) + 125 mg (as potassium clavulanate) tablet	P41.25
13	Amoxicillin + Clavulanic acid (Co-Amoxiclav) <sup>a</sup>	200 mg (as trihydrate) + 28.5 mg (as potassium clavulanate) per 5 mL granules/powder for suspension in 70 mL	P244.50
14	Amoxicillin + Clavulanic acid (Co-Amoxiclav) <sup>a</sup>	400 mg (as Trihydrate) + 57 mg (as Potassium clavulanate) per 5 mL granules/powder for suspension in 70 mL	P312.00
15	Amoxicillin + Clavulanic acid (Co-Amoxiclav) <sup>a</sup>	600 mg (as Trihydrate) + 42.9 mg (as Potassium clavulanate) per 5 mL granules/powder for suspension in 70 mL	P230.00
16	Aspirin <sup>a</sup>	80 mg tablet	P2.75
17	Aspirin <sup>a</sup>	100 mg tablet	P1.75
18	Atenolol	50 mg tablet	P5.50
19	Atenolol	100 mg tablet	P11.75
20	Atorvastatin	10 mg (as calcium) tablet	P10.00
21	Atorvastatin	20 mg (as calcium) tablet	P12.25
22	Atorvastatin	40 mg (as calcium) tablet	P17.25
23	Atorvastatin	80 mg (as calcium) tablet	P25.00
24	Azithromycin	250 mg (as base/dihydrate) capsule	P35.00
25	Azithromycin	250 mg (as base/dihydrate/ monohydrate) tablet	P100.00
26	Azithromycin	500 mg (as base/dihydrate/ monohydrate) tablet	P74.25
27	Azithromycin	200 mg/5 mL (as base/dihydrate/ monohydrate) powder for suspension in 15 mL	P270.00
28	Azithromycin	200 mg/5 mL (as base/dihydrate/ monohydrate) powder for suspension in 60 mL	P262.50
29	Budesonide + Formoterol	80 mcg + 4.5 mcg (as fumarate dihydrate) x 60 doses DPI with appropriate accompanying dispenser	P853.25
30	Budesonide + Formoterol	160 mcg + 4.5 mcg (as fumarate dihydrate) x 60 doses DPI with appropriate accompanying dispenser	P1,105.00
31	Budesonide + Formoterol	320 mcg + 9 mcg (as fumarate) x 60 doses DPI with appropriate accompanying dispenser	P1,533.50

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No.	Molecule	Preparation	fixed fee
32	Budesonide + Formoterol	80 mcg + 4.5 mcg (as fumarate dihydrate) x 120 doses MDI with appropriate accompanying dispenser	P590.50
33	Budesonide + Formoterol	160 mcg + 4.5 mcg (as fumarate dihydrate) x 120 doses MDI with appropriate accompanying dispenser	P719.75
34	Butamirate	50 mg (as citrate) modified release tablet	P8.50
35	Butamirate	7.5 mg/5 mL (as citrate) syrup in 120 mL	P121.75
36	Captopril	25 mg tablet	P5.25
37	Captopril	50 mg tablet	P28.00
38	Cefixime	200 mg capsule	P63.00
39	Cefixime	400 mg capsule	P127.25
40	Cefixime	20 mg/mL granules for suspension (drops) in 10 mL	P298.75
41	Cefixime	100 mg/5 mL granules for suspension in 60 mL	P317.50
42	Cefuroxime	500 mg (as axetil) tablet	P37.25
43	Cefuroxime	125 mg/5 mL (as axetil) granules for suspension in 70 mL	P309.00
44	Cefuroxime	250 mg/5 mL granules for suspension in (50 mL content) in 120 mL Bottle	P320.25
45	Celecoxib	100 mg capsule	P31.00
46	Celecoxib	200 mg capsule	P21.00
47	Celecoxib	400 mg capsule	P39.50
48	Cetirizine	10 mg (as dihydrochloride) tablet	P11.25
49	Cetirizine	2.5 mg/mL (as dihydrochloride) syrup (drops) in 10 mL	P126.50
50	Cetirizine	10 mg/mL (as dihydrochloride) drops in 10 ml	P110.25
51	Cetirizine	1 mg/mL (as dihydrochloride) solution in 30 mL	P91.00
52	Cetirizine	1 mg/mL (as dihydrochloride) solution in 60 mL	P119.50
53	Cetirizine	5 mg/5 mL (as dihydrochloride) syrup 30 mL	P122.50
54	Chlorphenamine <sup>a</sup>	4 mg (as maleate) tablet	P4.00
55	Chlorphenamine <sup>a</sup>	2.5 mg/5 mL (as maleate) syrup in 60 mL	P37.75
56	Ciprofloxacin <sup>a</sup>	250 mg (as hydrochloride) tablet	P32.00
57	Ciprofloxacin <sup>a</sup>	500 mg (as hydrochloride) tablet	P25.00
58	Clarithromycin <sup>a</sup>	250 mg (as base) tablet	P48.25
59	Clarithromycin <sup>a</sup>	500 mg (as base) tablet	P56.00
60	Clarithromycin <sup>a</sup>	125 mg/5 mL granules/powder for suspension in 50 mL	P277.00
61	Clarithromycin <sup>a</sup>	250 mg/5 mL granules/powder for suspension in 50 mL	P632.50
62	Clindamycin	150 mg (as hydrochloride) capsule	P14.75
63	Clindamycin	300 mg (as hydrochloride) capsule	P29.75
64	Clindamycin	75 mg/5 mL (as palmitate hydrochloride) granules for suspension in 60 mL	P568.75
65	Clonidine	75 mcg (as hydrochloride) tablet	P16.50
66	Clonidine	150 mcg (as hydrochloride) tablet	P21.50
67	Clopidogrel	75 mg tablet	P20.25
68	Clotrimazole	1% Cream in 3 g Aluminum collapsible tube	P63.00
69	Clotrimazole	1% Cream in 10 g Aluminum collapsible tube	P118.25
70	Clotrimazole	1% Cream in 20 g Aluminum collapsible tube	P80.75
71	Cloxacillin	500 mg (as sodium) capsule	P7.75
72	Cloxacillin	250 mg/5 mL (as sodium) powder for solution in 60 mL	P74.50
73	Colchicine	500 mcg tablet	P3.25
74	Dapagliflozin	10 mg film-coated tablet	P25.75

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No.	Molecule	Preparation	fixed fee
75	Diltiazem	60 mg (as hydrochloride) modified release capsule	P15.75
76	Diltiazem	120 mg (as hydrochloride) modified release capsule	P96.50
77	Diltiazem	180 mg (as hydrochloride) modified release capsule	P115.75
78	Diltiazem	60 mg (as hydrochloride) tablet	P21.00
79	Diltiazem	120 mg (as hydrochloride) modified release tablet	P96.50
80	Diltiazem	180 mg (as hydrochloride) modified release tablet	P115.75
81	Diphenhydramine	25 mg (as hydrochloride) capsule	P14.75
82	Diphenhydramine	50 mg (as hydrochloride) capsule	P12.75
83	Diphenhydramine	12.5 mg/mL (as hydrochloride) syrup in 30 mL	P77.25
84	Diphenhydramine	12.5 mg/ 5mL (as hydrochloride) syrup in 60 mL	P108.00
85	Doxycycline	100 mg (as hyclate) capsule	P23.75
86	Enalapril <sup>a</sup>	5 mg (as maleate) tablet	P6.00
87	Enalapril <sup>a</sup>	20 mg (as maleate) tablet	P11.00
88	Enalapril + Hydrochlorothiazide	20 mg + 12.5 mg tablet	P16.00
89	Erythromycin	500 mg (as stearate) tablet	P10.75
90	Erythromycin	200 mg/5 mL (as ethyl succinate) for suspension in 60 mL	P318.50
91	Erythromycin	0.5% ophthalmic ointment in 3.5 g tube	P167.50
92	Erythromycin	0.5% Ophthalmic ointment in 5 g Tube	P153.50
93	Fenofibrate	200 mg capsule	P15.75
94	Fenofibrate	160 mg tablet	P27.25
95	Fluconazole	50 mg capsule	P186.75
96	Fluconazole	150 mg capsule	P375.00
97	Fluconazole	200 mg capsule	P693.00
98	Fluticasone + Salmeterol <sup>a</sup>	50 mcg (as propionate) + 25 mcg (as xinafoate) x 120 actuations MDI with dose counter	P429.25
99	Fluticasone + Salmeterol <sup>a</sup>	125 mcg (as propionate) + 25 mcg (as xinafoate) x 120 actuations MDI with dose counter	P569.25
100	Fluticasone + Salmeterol <sup>a</sup>	250 mcg (as propionate) + 25 mcg (as xinafoate) x 120 actuations MDI with dose counter	P737.00
101	Fluticasone + Salmeterol <sup>a</sup>	100 mcg (as propionate) + 50 mcg (as xinafoate) x 28 doses DPI with appropriate accompanying dispenser	P1,084.50
102	Fluticasone + Salmeterol <sup>a</sup>	100 mcg (as propionate) + 50 mcg (as xinafoate) x 60 doses DPI with appropriate accompanying dispenser	P1,084.50
103	Fluticasone + Salmeterol <sup>a</sup>	250 mcg (as propionate) + 50 mcg (as xinafoate) x 28 doses DPI with appropriate accompanying dispenser	P1,500.75
104	Fluticasone + Salmeterol <sup>a</sup>	250 mcg (as propionate) + 50 mcg (as xinafoate) x 60 doses DPI with appropriate accompanying dispenser	P1,156.25
105	Fluticasone + Salmeterol <sup>a</sup>	500 mcg (as propionate) + 50 mcg (as xinafoate) x 28 doses DPI with appropriate accompanying dispenser	P798.50
106	Fluticasone + Salmeterol <sup>a</sup>	500 mcg (as propionate) + 50 mcg (as xinafoate) x 60 doses DPI with appropriate accompanying dispenser	P1,981.75
107	Folic Acid + Iron Ferrous	60 mg (elemental iron) + 400 mcg capsule	P8.75
108	Folic Acid + Iron Ferrous	60 mg (elemental iron) + 400 mcg tablet	P8.75
109	Folic Acid + Iron Ferrous	60 mg (elemental iron) + 400 mcg film-coated tablet	P8.75
110	Gabapentin	100 mg capsule	P25.75
111	Gabapentin	300 mg capsule	P32.50
112	Gliclazide <sup>a</sup>	30 mg modified release tablet	P6.75
113	Gliclazide <sup>a</sup>	60 mg modified release tablet	P27.00

No.	Molecule	Preparation	fixed fee
114	Gliclazide <sup>a</sup>	80 mg tablet	P2.50
115	Hydrochlorothiazide <sup>a</sup>	12.5 mg tablet	P3.50
116	Hydrochlorothiazide <sup>a</sup>	25 mg tablet	P4.00
117	Ibuprofen	200 mg tablet	P5.00
118	Ibuprofen	400 mg tablet	P8.75
119	Ibuprofen	100 mg/5 mL syrup/suspension in 60 mL	P67.75
120	Ibuprofen	200 mg/5 mL syrup/suspension in 60 mL	P103.75
121	Ipratropium	250 mcg/mL (as bromide) respiratory solution in 2 mL unit dose (for nebulization)	P29.75
122	Ipratropium + Salbutamol	500 mcg (as bromide anhydrous) + 2.5 mg (as base) respiratory solution in 2.5 mL unit dose (for nebulization)	P45.25
123	Ipratropium + Salbutamol	20 mcg (as bromide) + 100 mcg x 200 doses x 10 mL MDI	P1,083.00
124	Iron (Ferrous Salt)	Equivalent to 60 mg elemental iron tablet	P1.25
125	Iron (Ferrous Salt)	Equivalent to 15 mg elemental iron per 0.6 mL solution (drops) in 15 mL	P31.50
126	Iron (Ferrous Salt)	Equivalent to 15 mg elemental iron per 0.6 mL solution (drops) in 30 mL	P252.00
127	Iron (Ferrous Salt)	Equivalent to 30 mg elemental iron per 5 mL solution (syrup) in 60 mL	P259.00
128	Isosorbide Dinitrate	5 mg (as dinitrate) sublingual tablet	P18.00
129	Isosorbide Dinitrate	10 mg (as dinitrate) tablet	P15.75
130	Isosorbide Dinitrate	20 mg (as dinitrate) tablet	P4.75
131	Isosorbide Dinitrate	20 mg (as dinitrate) modified release tablet	P18.50
132	Isosorbide Mononitrate	40 mg (as 5-mononitrate) tablet	P8.25
133	Isosorbide Mononitrate	30 mg (as 5-mononitrate) modified release capsule	P14.50
134	Isosorbide Mononitrate	60 mg (as 5-mononitrate) modified release capsule	P20.75
135	Isosorbide Mononitrate	30 mg (as 5-mononitrate) modified release tablet	P17.00
136	Isosorbide Mononitrate	60 mg (as 5-mononitrate) modified release tablet	P37.50
137	Ketoconazole	2% (20 mg/g) cream in 3.5 g aluminum collapsible tube	P118.75
138	Ketoconazole	2% (20 mg/g) cream in 15 g aluminum collapsible tube	P91.50
139	Ketoconazole	2% (20 mg/g) shampoo in 6 mL foil sachet	P51.75
140	Ketoconazole	2% (20 mg/g) shampoo in 60 mL bottle	P242.25
141	Ketoconazole	2% (20 mg/g) shampoo in 100 mL bottle	P433.50
142	Loratadine	10 mg tablet	P4.25
143	Loratadine	10 mg film-coated tablet	P4.25
144	Loratadine	5 mg/5 mL syrup in 30 mL	P208.50
145	Losartan <sup>a</sup>	50 mg (as potassium) tablet	P9.00
146	Losartan <sup>a</sup>	100 mg (as potassium) tablet	P12.00
147	Losartan + Hydrochlorothiazide	50 mg + 12.5 mg tablet	P9.50
148	Mebendazole	100 mg tablet	P6.00
149	Mebendazole	100 mg capsule	P6.00
150	Mebendazole	500 mg tablet	P41.50
151	Mebendazole	500 mg chewable tablet	P11.25
152	Mebendazole	50 mg/mL suspension in 10 mL	P127.00
153	Mebendazole	100 mg/5 mL suspension in 30 mL	P305.00
154	Mebendazole	100 mg/5 mL suspension in 60 mL	P40.75
155	Mefenamic Acid	250 mg capsule	P3.00

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No.	Molecule	Preparation	fixed fee
156	Mefenamic Acid	500 mg capsule	P3.50
157	Mefenamic Acid	250 mg tablet	P3.00
158	Mefenamic Acid	500 mg tablet	P3.50
159	Metformin <sup>a</sup>	500 mg (as hydrochloride) film-coated tablet	P4.75
160	Metformin <sup>a</sup>	500 mg (as hydrochloride) tablet	P4.75
161	Metformin <sup>a</sup>	850 mg (as hydrochloride) tablet	P5.25
162	Methyldopa	250 mg tablet	P11.00
163	Metoprolol <sup>a</sup>	50 mg (as tartrate) tablet	P2.25
164	Metoprolol <sup>a</sup>	100 mg (as tartrate) tablet	P3.50
165	Metronidazole	250 mg tablet	P11.00
166	Metronidazole	500 mg tablet	P13.25
167	Metronidazole	125 mg/5 mL (as base) or 200 mg/mL (as benzoate) suspension in 60 mL	P81.50
168	Montelukast	4 mg (as sodium) granules in Sachet	P22.00
169	Montelukast	4 mg (as sodium) chewable tablet	P20.50
170	Montelukast	5 mg (as sodium) chewable tablet	P15.50
171	Montelukast	10 mg (as sodium) tablet	P28.75
172	Naproxen	275 mg (as sodium) or 250 mg (base) tablet	P7.00
173	Naproxen	550 mg (as sodium) or 200 mg (base) tablet	P12.50
174	Nitrofurantoin <sup>a</sup>	50 mg (as macrocrystals) capsule	P35.75
175	Nitrofurantoin <sup>a</sup>	100 mg (as macrocrystals) capsule	P17.00
176	Omeprazole	20 mg capsule	P19.00
177	Omeprazole	40 mg capsule	P27.50
178	Oral Rehydration Salts (ORS 75-replacement) <sup>a</sup>	<p>Composition (gram per L of water):  Sodium chloride = 2.6 g  Trisodium citrate dihydrate = 2.9 g  Potassium chloride = 1.5 g  Glucose anhydrous = 13.5 g  Total weight = 20.5 g</p> <p>Composed of (mmol/L):  Sodium = 75  Chloride = 65  Potassium = 20  Citrate = 10  Glucose anhydrous = 75  Total osmolarity = 245</p>	P12.00
179	Oseltamivir	75 mg (as phosphate) capsule	P110.00
180	Paracetamol <sup>a</sup>	300 mg tablet	P3.00
181	Paracetamol <sup>a</sup>	500 mg tablet	P2.25
182	Paracetamol <sup>a</sup>	100 mg/mL drops (alcohol-free) in 15 mL	P49.50
183	Paracetamol <sup>a</sup>	120 mg/5 mL (125 mg/5 mL) syrup (alcohol-free) in 30 ml	P95.00
184	Paracetamol <sup>a</sup>	120 mg/5 mL (125 mg/5 mL) suspension (alcohol-free) in 30 ml	P95.00
185	Paracetamol <sup>a</sup>	120 mg/5 mL (125 mg/5 mL) syrup (alcohol-free) in 60 mL	P35.00
186	Paracetamol <sup>a</sup>	120 mg/5 mL (125 mg/5 mL) suspension (alcohol-free) in 60 mL	P35.00
187	Paracetamol <sup>a</sup>	120 mg/5 mL (125 mg/5 mL) syrup (alcohol-free) in 120 ml	P138.75

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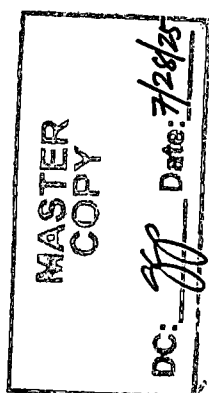
No.	Molecule	Preparation	fixed fee
188	Paracetamol <sup>a</sup>	120 mg/5 mL (125 mg/5 mL) suspension (alcohol-free) in 120 ml	P138.75
189	Paracetamol <sup>a</sup>	250 mg/5 mL syrup (alcohol-free) in 30 ml	P77.75
190	Paracetamol <sup>a</sup>	250 mg/5 mL suspension (alcohol-free) in 30 ml	P77.75
191	Paracetamol <sup>a</sup>	250 mg/5 mL syrup (alcohol-free) in 60 mL	P52.50
192	Paracetamol <sup>a</sup>	250 mg/5 mL suspension (alcohol-free) in 60 mL	P52.50
193	Paracetamol <sup>a</sup>	250 mg/5 mL syrup (alcohol-free) in 120 ml	P255.00
194	Paracetamol <sup>a</sup>	250 mg/5 mL suspension (alcohol-free) in 120 ml	P255.00
195	Paracetamol <sup>a</sup>	125 mg suppository	P6.75
196	Paracetamol <sup>a</sup>	250 mg suppository	P29.25
197	Prednisone <sup>a</sup>	5 mg tablet	P1.75
198	Prednisone <sup>a</sup>	10 mg tablet	P3.25
199	Prednisone <sup>a</sup>	20 mg tablet	P6.50
200	Prednisone <sup>a</sup>	10 mg/5 mL suspension in 60 mL	P134.25
201	Rosuvastatin	10 mg (as calcium) tablet	P16.25
202	Rosuvastatin	20 mg (as calcium) tablet	P23.25
203	Salbutamol <sup>a</sup>	2 mg/5 mL (as sulfate) syrup in 60 mL	P60.00
204	Salbutamol <sup>a</sup>	1 mg/mL (as sulfate) respiratory solution in 2.5 mL unit dose (for nebulization)	P18.00
205	Salbutamol <sup>a</sup>	2 mg/mL (as sulfate) respiratory solution in 2.5 mL unit dose (for nebulization)	P32.00
206	Salbutamol <sup>a</sup>	200 mcg/dose (as sulfate) DPI with appropriate accompanying dispenser	P7.00
207	Salbutamol <sup>a</sup>	100 mcg/dose (as sulfate) x 200 actuations MDI	P195.50
208	Simvastatin <sup>a</sup>	20 mg tablet	P6.50
209	Simvastatin <sup>a</sup>	40 mg tablet	P10.00
210	Sulfamethoxazole + Trimethoprim (Co-trimoxazole) <sup>a</sup>	400 mg + 80 mg tablet	P3.00
211	Sulfamethoxazole + Trimethoprim (Co-trimoxazole) <sup>a</sup>	800 mg + 160 mg tablet	P9.50
212	Sulfamethoxazole + Trimethoprim (Co-trimoxazole) <sup>a</sup>	200 mg + 40 mg/5 mL suspension in 70 mL	P56.00
213	Sulfamethoxazole + Trimethoprim (Co-trimoxazole) <sup>a</sup>	200 mg + 40 mg/5 mL suspension in 120 mL	P53.25
214	Sulfamethoxazole + Trimethoprim (Co-trimoxazole) <sup>a</sup>	400 mg + 80 mg/5 mL suspension in 60 mL	P139.00
215	Tamsulosin	200 mcg (as hydrochloride) capsule	P47.00
216	Tamsulosin	200 mcg orally disintegrating tablet	P10.50
217	Tamsulosin	400 mcg prolonged release film coated tablet	P30.50
218	Telmisartan	40 mg tablet	P10.00
219	Telmisartan	80 mg tablet	P13.75
220	Telmisartan + Hydrochlorothiazide	40 mg + 12.5 mg tablet	P11.75
221	Tiotropium	18 mcg/dose (as bromide) DPI with appropriate accompanying dispenser	P52.50

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No.	Molecule	Preparation	fixed fee
222	Tobramycin	0.3% ophthalmic drop solution in 5 mL bottle	P345.00
223	Tobramycin	0.3% ophthalmic ointment in 3.5 g tube	P519.50
224	Tobramycin + Dexamethasone	0.3% + 0.1% ophthalmic drop suspension in 5 mL bottle	P164.50
225	Tobramycin + Dexamethasone	0.3% + 0.1% ophthalmic ointment in 3.5 g tube	P491.00
226	Valsartan	80 mg tablet	P14.50
227	Valsartan	160 mg tablet	P17.50
228	Valsartan	80 mg film-coated tablet	P14.50
229	Valsartan	160 mg film-coated tablet	P17.50
230	Valsartan + Hydrochlorothiazide	80 mg + 12.5 mg tablet	P16.75
231	Vitex Negundo (Lagundi)	300 mg tablet	P4.00
232	Vitex Negundo (Lagundi)	600 mg tablet	P5.25
233	Vitex Negundo (Lagundi)	300 mg/5 mL syrup in 60 mL	P79.00
234	Vitex Negundo (Lagundi)	300 mg/5 mL syrup in 120 mL	P128.00
235	Vitex Negundo (Lagundi)	600 mg/5 mL syrup in 60 mL	P97.50
236	Vitex Negundo (Lagundi)	600 mg/5 mL syrup in 120 mL	P139.75
237	Zinc	Equivalent to 10 mg elemental zinc (as gluconate) chewable tablet	P3.25
238	Zinc	Equivalent to 30 mg elemental zinc (as gluconate trihydrate) tablet	P5.00
239	Zinc	Equivalent to 10 mg elemental zinc per mL (as sulfate monohydrate) drops in 15 mL	P51.50
240	Zinc	Equivalent to 20 mg elemental zinc per 5 mL (as sulfate monohydrate) syrup in 60 mL	P85.00
241	Zinc	70 mg/5 mL (equivalent to 10 mg elemental zinc) (as gluconate) syrup in 60 mL	P93.00
242	Zinc	70 mg/5 mL (equivalent to 10 mg elemental zinc) (as gluconate) syrup in 120 mL	P88.50

<sup>a</sup>21 drugs included PhilHealth Konsulta (covered under PhilHealth Konsulta for CY 2025)



## ANNEX B: Checklist of Documentary Requirements for GAMOT Facility

**Name of Pharmacy:** \_\_\_\_\_  
**Name of Pharmacy Manager/Representative:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_  
**Date of Submission:** \_\_\_\_\_

Instruction: Put a (✓) in the box if the document/requirement is complied with or (X) if not.

Requirements	Pharmacy	PhilHealth	Remarks
1. Provider Data Record for Health Facility			
2. Notarized Performance Commitment for Health Facility			
3. Updated copy of FDA LTO/DOH LTO/			
4. Certification of Availability of GAMOT			
5. Certification of Compliance to IT Requirements			
6. Copy of the latest General Information Sheet (GIS) (For facilities owned by partnerships and/or Corporations)**			
7. Certified true copy of Articles of Incorporation (For facilities owned by partnerships and/or Corporations) Write NA if not applicable.			
8. Payment Receipt of Accreditation Fee for standalone drug dispensing facilities*			

\* For initial application and change in ownership

\*\*Waived during the first 3 years of implementation.

**Accomplished by:**

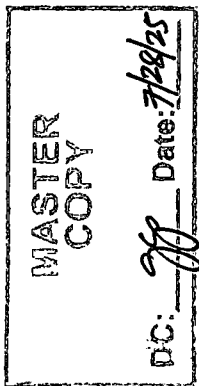
**Received by:**

\_\_\_\_\_  
 (Name and Signature of the Pharmacy  
 Head/Representative)  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 (Name and Signature)  
 Date: \_\_\_\_\_

**Reviewed by:**

\_\_\_\_\_  
 (Name and Signature of the Member of the Accreditation Evaluation Team)  
 Date: \_\_\_\_\_



## ANNEX C: Certification of Availability of GAMOT Template



[Name of Pharmacy]  
[Address of Pharmacy]  
[Contact Number of Pharmacy]

This certifies that **[Name of Drug Dispensing Facility]** currently stocks the molecules and preparations listed below. Furthermore, **[Name of Drug Dispensing Facility]** commits to maintaining the availability of these specific molecules and preparations at all times, upon engagement with PhilHealth.

No.	Molecule	Preparation	Available (Yes or No)	Brand(s)
1	Albendazole	400 mg chewable tablet		
2	Aluminum Hydroxide + Magnesium Hydroxide	200 mg + 100 mg tablet		
3	Aluminum Hydroxide + Magnesium Hydroxide	225 mg + 200 mg/5 mL suspension in 60 mL		
4	Aluminum Hydroxide + Magnesium Hydroxide	225 mg + 200 mg/5 mL suspension in 120 mL		
5	Amlodipine	5 mg (as besilate/camsylate) tablet		
6	Amlodipine	10 mg (as besilate/camsylate) tablet		
7	Amoxicillin	250 mg (as trihydrate) capsule		
8	Amoxicillin	500 mg (as trihydrate) capsule		
9	Amoxicillin	100 mg/mL (as trihydrate) granules/powder for drops in 15 mL		
10	Amoxicillin	250 mg/5 mL (as trihydrate) granules/powder for suspension in 60 mL		
11	Amoxicillin + Clavulanic acid (Co-Amoxiclav)	500 mg (as trihydrate) + 125 mg (as potassium clavulanate) tablet		
12	Amoxicillin + Clavulanic acid (Co-Amoxiclav)	875 mg (as trihydrate) + 125 mg (as potassium clavulanate) tablet		
13	Amoxicillin + Clavulanic acid (Co-Amoxiclav)	200 mg (as trihydrate) + 28.5 mg (as potassium clavulanate) per 5 mL granules/powder for suspension in 70 mL		
14	Amoxicillin + Clavulanic acid (Co-Amoxiclav)	400 mg (as Trihydrate) + 57 mg (as Potassium clavulanate) per 5 mL granules/powder for suspension in 70 mL		
15	Amoxicillin + Clavulanic acid (Co-Amoxiclav)	600 mg (as Trihydrate) + 42.9 mg (as Potassium clavulanate) per 5 mL granules/powder for suspension in 70 mL		
16	Aspirin	80 mg tablet		
17	Aspirin	100 mg tablet		
18	Atenolol	50 mg tablet		
19	Atenolol	100 mg tablet		
20	Atorvastatin	10 mg (as calcium) tablet		
21	Atorvastatin	20 mg (as calcium) tablet		
22	Atorvastatin	40 mg (as calcium) tablet		

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No.	Molecule	Preparation	Available (Yes or No)	Brand(s)
23	Atorvastatin	80 mg (as calcium) tablet		
24	Azithromycin	250 mg (as base/dihydrate) capsule		
25	Azithromycin	250 mg (as base/dihydrate/ monohydrate) tablet		
26	Azithromycin	500 mg (as base/dihydrate/ monohydrate) tablet		
27	Azithromycin	200 mg/5 mL (as base/dihydrate/ monohydrate) powder for suspension in 15 mL		
28	Azithromycin	200 mg/5 mL (as base/dihydrate/ monohydrate) powder for suspension in 60 mL		
29	Budesonide + Formoterol	80 mcg + 4.5 mcg (as fumarate dihydrate) x 60 doses DPI with appropriate accompanying dispenser		
30	Budesonide + Formoterol	160 mcg + 4.5 mcg (as fumarate dihydrate) x 60 doses DPI with appropriate accompanying dispenser		
31	Budesonide + Formoterol	320 mcg + 9 mcg (as fumarate) x 60 doses DPI with appropriate accompanying dispenser		
32	Budesonide + Formoterol	80 mcg + 4.5 mcg (as fumarate dihydrate) x 120 doses MDI with appropriate accompanying dispenser		
33	Budesonide + Formoterol	160 mcg + 4.5 mcg (as fumarate dihydrate) x 120 doses MDI with appropriate accompanying dispenser		
34	Butamirate	50 mg (as citrate) modified release tablet		
35	Butamirate	7.5 mg/5 mL (as citrate) syrup in 120 mL		
36	Captopril	25 mg tablet		
37	Captopril	50 mg tablet		
38	Cefixime	200 mg capsule		
39	Cefixime	400 mg capsule		
40	Cefixime	20 mg/mL granules for suspension (drops) in 10 mL		
41	Cefixime	100 mg/5 mL granules for suspension in 60 mL		
42	Cefuroxime	500 mg (as axetil) tablet		
43	Cefuroxime	125 mg/5 mL (as axetil) granules for suspension in 70 mL		
44	Cefuroxime	250 mg/5 mL granules for suspension in (50 mL content) in 120 mL Bottle		
45	Celecoxib	100 mg capsule		
46	Celecoxib	200 mg capsule		
47	Celecoxib	400 mg capsule		
48	Cetirizine	10 mg (as dihydrochloride) tablet		
49	Cetirizine	2.5 mg/mL (as dihydrochloride) syrup (drops) in 10 mL		
50	Cetirizine	10 mg/mL (as dihydrochloride) drops in 10 mL		
51	Cetirizine	1 mg/mL (as dihydrochloride) solution in 30 mL		
52	Cetirizine	1 mg/mL (as dihydrochloride) solution in 60 mL		
53	Cetirizine	5 mg/5 mL (as dihydrochloride) syrup 30 mL		
54	Chlorphenamine	4 mg (as maleate) tablet		
55	Chlorphenamine	2.5 mg/5 mL (as maleate) syrup in 60 mL		
56	Ciprofloxacin	250 mg (as hydrochloride) tablet		
57	Ciprofloxacin	500 mg (as hydrochloride) tablet		

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No.	Molecule	Preparation	Available (Yes or No)	Brand(s)
58	Clarithromycin	250 mg (as base) tablet		
59	Clarithromycin	500 mg (as base) tablet		
60	Clarithromycin	125 mg/5 mL granules/powder for suspension in 50 mL		
61	Clarithromycin	250 mg/5 mL granules/powder for suspension in 50 mL		
62	Clindamycin	150 mg (as hydrochloride) capsule		
63	Clindamycin	300 mg (as hydrochloride) capsule		
64	Clindamycin	75 mg/5 mL (as palmitate hydrochloride) granules for suspension in 60 mL		
65	Clonidine	75 mcg (as hydrochloride) tablet		
66	Clonidine	150 mcg (as hydrochloride) tablet		
67	Clopidogrel	75 mg tablet		
68	Clotrimazole	1% Cream in 3 g Aluminum collapsible tube		
69	Clotrimazole	1% Cream in 10 g Aluminum collapsible tube		
70	Clotrimazole	1% Cream in 20 g Aluminum collapsible tube		
71	Cloxacillin	500 mg (as sodium) capsule		
72	Cloxacillin	250 mg/5 mL (as sodium) powder for solution in 60 mL		
73	Colchicine	500 mcg tablet		
74	Dapagliflozin	10 mg film-coated tablet		
75	Diltiazem	60 mg (as hydrochloride) modified release capsule		
76	Diltiazem	120 mg (as hydrochloride) modified release capsule		
77	Diltiazem	180 mg (as hydrochloride) modified release capsule		
78	Diltiazem	60 mg (as hydrochloride) tablet		
79	Diltiazem	120 mg (as hydrochloride) modified release tablet		
80	Diltiazem	180 mg (as hydrochloride) modified release tablet		
81	Diphenhydramine	25 mg (as hydrochloride) capsule		
82	Diphenhydramine	50 mg (as hydrochloride) capsule		
83	Diphenhydramine	12.5 mg/mL (as hydrochloride) syrup in 30 mL		
84	Diphenhydramine	12.5 mg/ 5mL (as hydrochloride) syrup in 60 mL		
85	Doxycycline	100 mg (as hyclate) capsule		
86	Enalapril	5 mg (as maleate) tablet		
87	Enalapril	20 mg (as maleate) tablet		
88	Enalapril + Hydrochlorothiazide	20 mg + 12.5 mg tablet		
89	Erythromycin	500 mg (as stearate) tablet		
90	Erythromycin	200 mg/5 mL (as ethyl succinate) for suspension in 60 mL		
91	Erythromycin	0.5% ophthalmic ointment in 3.5 g tube		
92	Erythromycin	0.5% Ophthalmic ointment in 5 g Tube		
93	Fenofibrate	200 mg capsule		
94	Fenofibrate	160 mg tablet		
95	Fluconazole	50 mg capsule		
96	Fluconazole	150 mg capsule		
97	Fluconazole	200 mg capsule		

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No.	Molecule	Preparation	Available (Yes or No)	Brand(s)
98	Fluticasone + Salmeterol	50 mcg (as propionate) + 25 mcg (as xinafoate) x 120 actuations MDI with dose counter		
99	Fluticasone + Salmeterol	125 mcg (as propionate) + 25 mcg (as xinafoate) x 120 actuations MDI with dose counter		
100	Fluticasone + Salmeterol	250 mcg (as propionate) + 25 mcg (as xinafoate) x 120 actuations MDI with dose counter		
101	Fluticasone + Salmeterol	100 mcg (as propionate) + 50 mcg (as xinafoate) x 28 doses DPI with appropriate accompanying dispenser		
102	Fluticasone + Salmeterol	100 mcg (as propionate) + 50 mcg (as xinafoate) x 60 doses DPI with appropriate accompanying dispenser		
103	Fluticasone + Salmeterol	250 mcg (as propionate) + 50 mcg (as xinafoate) x 28 doses DPI with appropriate accompanying dispenser		
104	Fluticasone + Salmeterol	250 mcg (as propionate) + 50 mcg (as xinafoate) x 60 doses DPI with appropriate accompanying dispenser		
105	Fluticasone + Salmeterol	500 mcg (as propionate) + 50 mcg (as xinafoate) x 28 doses DPI with appropriate accompanying dispenser		
106	Fluticasone + Salmeterol	500 mcg (as propionate) + 50 mcg (as xinafoate) x 60 doses DPI with appropriate accompanying dispenser		
107	Folic Acid + Iron Ferrous	60 mg (elemental iron) + 400 mcg capsule		
108	Folic Acid + Iron Ferrous	60 mg (elemental iron) + 400 mcg tablet		
109	Folic Acid + Iron Ferrous	60 mg (elemental iron) + 400 mcg film-coated tablet		
110	Gabapentin	100 mg capsule		
111	Gabapentin	300 mg capsule		
112	Gliclazide	30 mg modified release tablet		
113	Gliclazide	60 mg modified release tablet		
114	Gliclazide	80 mg tablet		
115	Hydrochlorothiazide	12.5 mg tablet		
116	Hydrochlorothiazide	25 mg tablet		
117	Ibuprofen	200 mg tablet		
118	Ibuprofen	400 mg tablet		
119	Ibuprofen	100 mg/5 mL syrup/suspension in 60 mL		
120	Ibuprofen	200 mg/5 mL syrup/suspension in 60 mL		
121	Ipratropium	250 mcg/mL (as bromide) respiratory solution in 2 mL unit dose (for nebulization)		
122	Ipratropium + Salbutamol	500 mcg (as bromide anhydrous) + 2.5 mg (as base) respiratory solution in 2.5 mL unit dose (for nebulization)		
123	Ipratropium + Salbutamol	20 mcg (as bromide) + 100 mcg x 200 doses x 10 mL MDI		
124	Iron (Ferrous Salt)	Equivalent to 60 mg elemental iron tablet		
125	Iron (Ferrous Salt)	Equivalent to 15 mg elemental iron per 0.6 mL solution (drops) in 15 mL		
126	Iron (Ferrous Salt)	Equivalent to 15 mg elemental iron per 0.6 mL solution (drops) in 30 mL		
127	Iron (Ferrous Salt)	Equivalent to 30 mg elemental iron per 5 mL solution (syrup) in 60 mL		
128	Isosorbide Dinitrate	5 mg (as dinitrate) sublingual tablet		
129	Isosorbide Dinitrate	10 mg (as dinitrate) tablet		

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No.	Molecule	Preparation	Available (Yes or No)	Brand(s)
130	Isosorbide Dinitrate	20 mg (as dinitrate) tablet		
131	Isosorbide Dinitrate	20 mg (as dinitrate) modified release tablet		
132	Isosorbide Mononitrate	40 mg (as 5-mononitrate) tablet		
133	Isosorbide Mononitrate	30 mg (as 5-mononitrate) modified release capsule		
134	Isosorbide Mononitrate	60 mg (as 5-mononitrate) modified release capsule		
135	Isosorbide Mononitrate	30 mg (as 5-mononitrate) modified release tablet		
136	Isosorbide Mononitrate	60 mg (as 5-mononitrate) modified release tablet		
137	Ketoconazole	2% (20 mg/g) cream in 3.5 g aluminum collapsible tube		
138	Ketoconazole	2% (20 mg/g) cream in 15 g aluminum collapsible tube		
139	Ketoconazole	2% (20 mg/g) shampoo in 6 mL foil sachet		
140	Ketoconazole	2% (20 mg/g) shampoo in 60 mL bottle		
141	Ketoconazole	2% (20 mg/g) shampoo in 100 mL bottle		
142	Loratadine	10 mg tablet		
143	Loratadine	10 mg film-coated tablet		
144	Loratadine	5 mg/5 mL syrup in 30 mL		
145	Losartan	50 mg (as potassium) tablet		
146	Losartan	100 mg (as potassium) tablet		
147	Losartan + Hydrochlorothiazide	50 mg + 12.5 mg tablet		
148	Mebendazole	100 mg tablet		
149	Mebendazole	100 mg capsule		
150	Mebendazole	500 mg tablet		
151	Mebendazole	500 mg chewable tablet		
152	Mebendazole	50 mg/mL suspension in 10 mL		
153	Mebendazole	100 mg/5 mL suspension in 30 mL		
154	Mebendazole	100 mg/5 mL suspension in 60 mL		
155	Mefenamic Acid	250 mg capsule		
156	Mefenamic Acid	500 mg capsule		
157	Mefenamic Acid	250 mg tablet		
158	Mefenamic Acid	500 mg tablet		
159	Metformin	500 mg (as hydrochloride) film-coated tablet		
160	Metformin	500 mg (as hydrochloride) tablet		
161	Metformin	850 mg (as hydrochloride) tablet		
162	Methyldopa	250 mg tablet		
163	Metoprolol	50 mg (as tartrate) tablet		
164	Metoprolol	100 mg (as tartrate) tablet		
165	Metronidazole	250 mg tablet		
166	Metronidazole	500 mg tablet		
167	Metronidazole	125 mg/5 mL (as base) or 200 mg/mL (as benzoate) suspension in 60 mL		
168	Montelukast	4 mg (as sodium) granules in Sachet		
169	Montelukast	4 mg (as sodium) chewable tablet		
170	Montelukast	5 mg (as sodium) chewable tablet		
171	Montelukast	10 mg (as sodium) tablet		

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No.	Molecule	Preparation	Available (Yes or No)	Brand(s)
172	Naproxen	275 mg (as sodium) or 250 mg (base) tablet		
173	Naproxen	550 mg (as sodium) or 200 mg (base) tablet		
174	Nitrofurantoin	50 mg (as macrocrystals) capsule		
175	Nitrofurantoin	100 mg (as macrocrystals) capsule		
176	Omeprazole	20 mg capsule		
177	Omeprazole	40 mg capsule		
178	Oral Rehydration Salts (ORS 75-replacement)	<p>Composition (gram per L of water):  Sodium chloride = 2.6 g  Trisodium citrate dihydrate = 2.9 g  Potassium chloride = 1.5 g  Glucose anhydrous = 13.5 g  Total weight = 20.5 g</p> <p>Composed of (mmol/L):  Sodium = 75  Chloride = 65  Potassium = 20  Citrate = 10  Glucose anhydrous = 75  Total osmolarity = 245</p>		
179	Oseltamivir	75 mg (as phosphate) capsule		
180	Paracetamol	300 mg tablet		
181	Paracetamol	500 mg tablet		
182	Paracetamol	100 mg/mL drops (alcohol-free) in 15 mL		
183	Paracetamol	120 mg/5 mL (125 mg/5 mL) syrup (alcohol-free) in 30 mL		
184	Paracetamol	120 mg/5 mL (125 mg/5 mL) suspension (alcohol-free) in 30 mL		
185	Paracetamol	120 mg/5 mL (125 mg/5 mL) syrup (alcohol-free) in 60 mL		
186	Paracetamol	120 mg/5 mL (125 mg/5 mL) suspension (alcohol-free) in 60 mL		
187	Paracetamol	120 mg/5 mL (125 mg/5 mL) syrup (alcohol-free) in 120 mL		
188	Paracetamol	120 mg/5 mL (125 mg/5 mL) suspension (alcohol-free) in 120 mL		
189	Paracetamol	250 mg/5 mL syrup (alcohol-free) in 30 mL		
190	Paracetamol	250 mg/5 mL suspension (alcohol-free) in 30 mL		
191	Paracetamol	250 mg/5 mL syrup (alcohol-free) in 60 mL		
192	Paracetamol	250 mg/5 mL suspension (alcohol-free) in 60 mL		
193	Paracetamol	250 mg/5 mL syrup (alcohol-free) in 120 mL		
194	Paracetamol	250 mg/5 mL suspension (alcohol-free) in 120 mL		
195	Paracetamol	125 mg suppository		
196	Paracetamol	250 mg suppository		
197	Prednisone	5 mg tablet		
198	Prednisone	10 mg tablet		
199	Prednisone	20 mg tablet		
200	Prednisone	10 mg/5 mL suspension in 60 mL		
201	Rosuvastatin	10 mg (as calcium) tablet		
202	Rosuvastatin	20 mg (as calcium) tablet		
203	Salbutamol	2 mg/5 mL (as sulfate) syrup in 60 mL		

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No.	Molecule	Preparation	Available (Yes or No)	Brand(s)
204	Salbutamol	1 mg/mL (as sulfate) respiratory solution in 2.5 mL unit dose (for nebulization)		
205	Salbutamol	2 mg/mL (as sulfate) respiratory solution in 2.5 mL unit dose (for nebulization)		
206	Salbutamol	200 mcg/dose (as sulfate) DPI with appropriate accompanying dispenser		
207	Salbutamol	100 mcg/dose (as sulfate) x 200 actuations MDI		
208	Simvastatin	20 mg tablet		
209	Simvastatin	40 mg tablet		
210	Sulfamethoxazole + Trimethoprim (Co-trimoxazole)	400 mg + 80 mg tablet		
211	Sulfamethoxazole + Trimethoprim (Co-trimoxazole)	800 mg + 160 mg tablet		
212	Sulfamethoxazole + Trimethoprim (Co-trimoxazole)	200 mg + 40 mg/5 mL suspension in 70 mL		
213	Sulfamethoxazole + Trimethoprim (Co-trimoxazole)	200 mg + 40 mg/5 mL suspension in 120 mL		
214	Sulfamethoxazole + Trimethoprim (Co-trimoxazole)	400 mg + 80 mg/5 mL suspension in 60 mL		
215	Tamsulosin	200 mcg (as hydrochloride) capsule		
216	Tamsulosin	200 mcg orally disintegrating tablet		
217	Tamsulosin	400 mcg prolonged release film coated tablet		
218	Telmisartan	40 mg tablet		
219	Telmisartan	80 mg tablet		
220	Telmisartan + Hydrochlorothiazide	40 mg + 12.5 mg tablet		
221	Tiotropium	18 mcg/dose (as bromide) DPI with appropriate accompanying dispenser		
222	Tobramycin	0.3% ophthalmic drop solution in 5 mL bottle		
223	Tobramycin	0.3% ophthalmic ointment in 3.5 g tube		
224	Tobramycin + Dexamethasone	0.3% + 0.1% ophthalmic drop suspension in 5 mL bottle		
225	Tobramycin + Dexamethasone	0.3% + 0.1% ophthalmic ointment in 3.5 g tube		
226	Valsartan	80 mg tablet		
227	Valsartan	160 mg tablet		
228	Valsartan	80 mg film-coated tablet		
229	Valsartan	160 mg film-coated tablet		
230	Valsartan + Hydrochlorothiazide	80 mg + 12.5 mg tablet		
231	Vitex Negundo (Lagundi)	300 mg tablet		
232	Vitex Negundo (Lagundi)	600 mg tablet		
233	Vitex Negundo (Lagundi)	300 mg/5 mL syrup in 60 mL		
234	Vitex Negundo (Lagundi)	300 mg/5 mL syrup in 120 mL		
235	Vitex Negundo (Lagundi)	600 mg/5 mL syrup in 60 mL		
236	Vitex Negundo (Lagundi)	600 mg/5 mL syrup in 120 mL		
237	Zinc	Equivalent to 10 mg elemental zinc (as gluconate) chewable tablet		

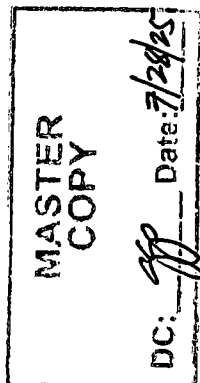
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No.	Molecule	Preparation	Available (Yes or No)	Brand(s)
238	Zinc	Equivalent to 30 mg elemental zinc (as gluconate trihydrate) tablet		
239	Zinc	Equivalent to 10 mg elemental zinc per mL (as sulfate monohydrate) drops in 15 mL		
240	Zinc	Equivalent to 20 mg elemental zinc per 5 mL (as sulfate monohydrate) syrup in 60 mL		
241	Zinc	70 mg/5 mL (equivalent to 10 mg elemental zinc) (as gluconate) syrup in 60 mL		
242	Zinc	70 mg/5 mL (equivalent to 10 mg elemental zinc) (as gluconate) syrup in 120 mL		

This certificate is being issued to PhilHealth as part of the requirements for accreditation as a GAMOT Facility.

(Name and Signature of the Pharmacy Head / Representative)  
Date: \_\_\_\_\_



## ANNEX D: Information System Requirements and Specifications

### A. Laptop or Desktop

Item	Recommended	Minimum
Operating System	Windows 10 or higher	Windows 2008/Vista
Web Browser	No Recommendation	The latest release of each of the latest two supported major versions of: - Google Chrome - Firefox - Safari - Microsoft Edge - Opera
Memory	16GB or higher	8GB
Bandwidth	5 megabits per second or higher	Not less than 3 megabits per second

### B. Smartphones

Item	Recommended	Minimum
Operating System	Android 5.1 (Lollipop) or higher, iOS 16 or higher	Android 4.4, iOS 11
Web Browser	No Recommendation	The latest release of each of the latest two supported major versions of: - Google Chrome - Firefox - Safari - Microsoft Edge - Opera
Memory	8GB or higher	Not less than 4GB
Bandwidth	5 megabits per second or higher	Not less than 3 megabits per second

### C. Printer

Item	Recommended	Minimum
Page size support	No Recommendation	A4 or 80mm receipt width
Standard print resolution	No Recommendation	203 dpi for labels, 300 dpi for documents
Miscellaneous	No Recommendation	- Browser compatibility (can be accessed via standard OS print dialog) - Driver support for Windows/macOS (no proprietary-only drivers) - With USB or network connectivity

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## ANNEX E: GAMOT User Account Creation Form



### PhilHealth GAMOT User Account Creation Form

*Instruction: Select your user type with a check (✓). Provide the requested information for your user type, and use "N/A" for any non-applicable fields.*

User	<input type="checkbox"/>	Physician
	<input type="checkbox"/>	Pharmacy Manager
	<input type="checkbox"/>	Pharmacist

Full Name	
Phone Number	
Email Address	
Birthdate	
PRC Number (for physicians and pharmacists)	
PRC Validity	
Name of the GAMOT Facility	
PhilHealth Accreditation Number of GAMOT Facility	
Name of Primary Care Benefit Provider and Facility PhilHealth Accreditation Number [if the physician is affiliated with a Primary Care Benefit Provider]	

Under penalty of law, I hereby attest that the information provided is true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification, and other data sharing purpose under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law, and;
- Adequate security measures are employed to protect my information.

**Accomplished by:**

**Submitted by:**

\_\_\_\_\_  
(Name and Signature of the Applicant User)  
Date: \_\_\_\_\_

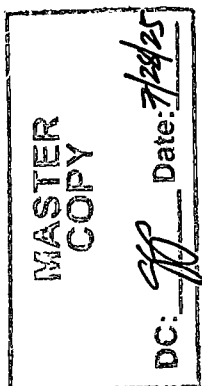
\_\_\_\_\_  
(Name and Signature)  
Date: \_\_\_\_\_

**Reviewed by:**

**Processed by:**

\_\_\_\_\_  
(Name and Signature)  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Name and Signature)  
Date: \_\_\_\_\_





## ANNEX F: GAMOT App-Generated Prescription Template



**PhilHealth**  
Your Partner in Health

[Authorized Physician's KPP Affiliation if available]  
[Address of KPP Facility]  
[Contact Number of KPP Facility]

[Name of Authorized Physician]  
[Contact Number of Authorized Physician]

### PhilHealth GAMOT Prescription

Date: \_\_\_\_\_  
UPSC: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

Rx

1. (Generic Name), (Dosage Strength), (Dosage Form) Sig. (Intake Instructions)	(Quantity)
Example: 1. Paracetamol 500 mg tablet..... Sig. Take 1 tablet every 4 hours for fever	#30
2. (Generic Name), (Dosage Strength), (Dosage Form) Sig. (Intake Instructions)	(Quantity)
3. (Generic Name), (Dosage Strength), (Dosage Form) Sig. (Intake Instructions)	(Quantity)

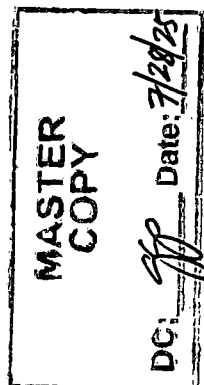
-----Nothing Follows-----

Follow-up Date: \_\_\_\_\_ (As applicable)

\_\_\_\_\_  
**SIGNATURE**  
(Physician Name)  
(Physician License Number)

**Note:**

- This prescription may be claimed at any accredited PhilHealth GAMOT Facility (Maaaring makuha ang mga nakaresetang gamot sa alinmang PhilHealth GAMOT Facility).
- Prescribed anti-infectious medicines may only be claimed within 2 days from the date of prescription (Ang iniresetang mga gamot kontra impeksyon ay maaari lamang kunin sa loob ng 2 araw mula sa pagreseta ng doktor).
- Prescribed medicines other than anti-infectious medicines shall only be claimed within 2 weeks from the date of prescription (Ang iniresetang mga gamot maliban sa kontra impeksyon ay maaari lamang kunin sa loob ng 2 linggo mula sa pagreseta ng doktor).



## ANNEX G: GAMOT Availment Slip Sample

### PhilHealth GAMOT Availment Slip

GAMOT Facility Name: \_\_\_\_\_  
Accreditation Number: \_\_\_\_\_ Transaction Number: \_\_\_\_\_  
UPSC: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
PIN: \_\_\_\_\_ Contact No.: \_\_\_\_\_

List of medications availed under PhilHealth GAMOT:

	Generic Name, Dosage Strength, Drug Formulation	Unit Price	Quantity Dispensed	Price
1				
2				
3				
4				
5				
6				
7				
TOTAL				
Amount Covered by PhilHealth (Halagang binayaran ng PhilHealth)				
Remaining Benefit Coverage (Natitirang balanse sa benepisyo)				

I, **[Pharmacist Full Name]**, a duly registered pharmacist, have verified the dispensing of the above mentioned drugs, their dosage and quantity needed from the provided prescription for the patient name above. I attest that all information presented is true and correct.

SIGNATURE

(Pharmacist Name)  
(License Number)

To be filled out by the PhilHealth member  
(Sasagutin ng PhilHealth member)

Did you pay any out-of-pocket? If yes, how much?

(May binayaran ka ba mula sa sariling bulsa? Kung oo, magkano)

☐

No/Wala

☐

Yes/Meron

How much? Magkano? \_\_\_\_\_

Comments/Suggestions/Complaints:

May komento, suhestiyon, o reklamo ka ba? Isulat sa ibaba.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MASTER  
COPY

DC: \_\_\_\_\_

Date: 7/28/25

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**Under the penalty of law, I attest that I**

*Sa ilalim ng parusa ng batas, pinatotohanan ko na ako ay*

☐ **received**  
*nakatanggap*

☐ **did not receive**  
*hindi nakatanggap*

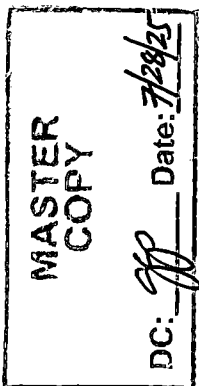
**the medications listed above. Further, I agree that I may be contacted by**  
*ng mga nakalistang gamot. Sumasang-ayon din ako na makipag-ugnayan sa akin ang*

**PhilHealth for the purpose of verification of this transaction.**

*PhilHealth para sa pagpapatunay ng transaksyong ito.*

**Signature over printed name of PhilHealth member or authorized representative**

*Pirma sa itaas ng pangalan ng PhilHealth member o kinatawan*



## ANNEX H: Performance Evaluation Report

### PhilHealth GAMOT Auto-Generated Performance Evaluation Form

GAMOT Facility: \_\_\_\_\_

Date of Form Generation: \_\_\_\_\_ (automated)

#### GAMOT Coverage Performance

No. of Beneficiaries	
No. of Dispensing Instance	
No. of Dispensing Instance with Out-of-pocket (OOP)	

#### GAMOT Drug Performance

Molecule	Preparation	Total Quantity Dispensed

Arranged from highest to lowest

#### Compliance to Committed GAMOT List

<b>Frequency of stock-outs of committed GAMOT preparations</b> [Percentage frequency = number of prescription with undispensed committed GAMOT preparations/number of prescription with committed GAMOT preparations]	
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This shall be auto-generated through the GAMOT Application

