Republic of the Philippines
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PHILHEALTH CIRCULAR
No. 2023-0029

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

SUBJECT : **Implementing Guidelines for the Outpatient Drug Benefit Package**

I. RATIONALE

The Universal Health Care (UHC) Act of 2019 states that "PhilHealth shall implement a comprehensive outpatient benefit, including outpatient drug benefit and emergency medical services" [Sec. 6(b), Republic Act No. 11223]. The UHC Law also specifies the role of PhilHealth to provide coverage for individual-based services.

In 2021, household out-of-pocket (OOP) payments amounted to PhP 451 billion or 41.5% of Current Health Expenditure (CHE). Almost a fifth of CHE (PhP 208.7B or 19.2%) is for pharmaceuticals, making it the third highest contributor to health spending in the country.[1]

In compliance with the UHC Act, a PhilHealth outpatient drug benefit shall be implemented to reduce the burden of pharmaceutical expenses upon Filipino families by covering outpatient medication, while expanding access points through the engagement of pharmaceutical service entities to be part of the comprehensive outpatient benefit or Konsulta+.

II. OBJECTIVES

This PhilHealth Circular aims to:

A. Outline the policies and guidelines for the rollout of an outpatient drug benefit package or the PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (GAMOT).
   1. Identify qualified beneficiaries, providers, and suitable provider payment mechanisms.
   2. Provide specific guidelines on availing the benefit, engaging providers, and monitoring the GAMOT facility's performance.

B. Outline transitory guidelines on how the PhilHealth GAMOT shall eventually form part of the comprehensive outpatient benefit, Konsulta+.

[1] Philippine Statistics Authority. (2022). 2021 Philippine National Health Accounts. Macroeconomic Accounts Service, Philippine Statistics Authority.

III. SCOPE

This PhilHealth Circular encompasses the implementing guidelines of the PhilHealth GAMOT which provides coverage to essential medications, through network-contracted public and/or private drug dispensing facilities.

The guidelines for the contracting of providers within a healthcare provider network shall be released in a separate issuance

IV. DEFINITION OF TERMS

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

A. **Basic Medication List (BML)** - a list of medications used in the management of the top contributing causes of morbidities as referenced from the Department of Health's Omnibus Health Guidelines per Lifestage.

B. **Contract Amount** - the amount as agreed between a provider network and the GAMOT Facility to dispense medications covered under the benefit and is bound to the computation set forth within this policy.

C. **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 pharmacy from the Food and Drug Administration (FDA).

D. **Essential medicines** - medicines that satisfy the priority health care needs of the population, which are selected based on the evidence of their efficacy, safety, and comparative cost-effectiveness [Department of Health Administrative Order (DOH AO) No. 2020-0043] and are also listed in the Philippine National Formulary.

E. **Feedback Management Response** - an avenue for beneficiaries and benefit providers to give feedback, seek clarifications, and report any issue and/or complaint related to PhilHealth, including the PhilHealth GAMOT, to be coursed through the official channels posted in PhilHealth website. This shall also serve as a monitoring tool wherein concerns are received, gathered, reviewed, and acted upon, as necessary.

F. **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.

G. **FOURmula One Plus Botika ng Bayan (BNB)** - the pharmacy outlets in Rural Health Units, Health Centers, Government Hospitals, National and Local Government Centers, and Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) health facilities with Medical Assistance Program where the medicine supplies are funded by the

Department of Health (DOH) to be provided for free to all priority patients [DOH AO No. 2019-0036].

H. GAMOT Application (GAMOT App) - a web-based application that is interoperable with existing systems, used by physicians and facilities to prescribe medication, validate prescriptions, record dispensing, and monitor GAMOT facilities, as applicable.

I. GAMOT Facility - a retail drug outlet/pharmacy with valid LTO from the FDA that is contracted by the Managing Board to provide the contents of the outpatient drug benefit package.

J. Global budget - a type of prospective provider payment in which a fixed amount is dispensed for a specified period to cover aggregate expenditures to provide an agreed-upon set of services.

K. Healthcare Provider Network (HCPN) - a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of healthcare within the network [Republic Act (RA) No. 11223 IRR].

L. Konsulta+ - a comprehensive set of primary care and outpatient services within the capacity of the primary level and outpatient facilities that are part of a healthcare provider network, with the PhilHealth Konsulta being the chief facility among its affiliates, in accordance with PhilHealth Circular (PC) No. 2022-0032 [Governing Policies of the Konsulta+].

M. Managing Board - the province- or city-wide management committee that provides oversight function to the provider network. The Managing Board shall be composed of the Local Health Board (LHB) for a network of public healthcare providers, and a self-assembled managing body for a private or mix of public and private primary care providers within the health system or network of jurisdiction.

N. Molecules - the chemical or generic name of a particular drug or medication.

O. Outpatient Drugs - the drugs or medications used in the management of outpatient disease conditions.

P. Outpatient Drug Benefit (ODB) - one of PhilHealth's standalone outpatient benefit packages which covers select essential medicines used in the outpatient management of cases and shall function as the pharmaceutical service delivery arm within a provider network. It shall be referred to as PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment or PhilHealth GAMOT.

Q. Outpatient Services - health services that do not require the overnight or 24-hour admission/confinement of patients in a health facility for case management.

R. Primary Care Formulary - a list of essential medicines that is used in the primary care level that is prepared and periodically updated by the DOH [DOH AO No. 2021-0035].

S. Service Level Agreement (SLA) - the contracting instrument executed between two parties for the delivery of individual-based health services.

T. Standalone Outpatient Packages - the disease- or intervention-specific bundles of services that are provided in an outpatient manner.

U. Unique Prescription Security Code (UPSC) - a computer-generated code which provides a unique identifier to a prescription.

V. POLICY STATEMENTS

A. Benefit Design

1. The PhilHealth GAMOT is a standalone outpatient benefit package with its own benefit rate and payment scheme.
   a. PhilHealth GAMOT shall cover select essential medicines used in the outpatient management of cases.
   b. PhilHealth GAMOT shall not cover drugs received as inpatient.

2. This benefit shall eventually form part of the Konsulta+ as one of its standalone outpatient packages.

B. Eligible Beneficiaries

1. All Filipinos shall be eligible to avail of the PhilHealth GAMOT benefit.
   a. By virtue of the UHC Act, all Filipinos have automatic coverage and membership under the National Health Insurance Program (NHIP). Individuals not yet registered to PhilHealth may register at any Local Health Insurance Office (LHIO) or PhilHealth Express outlet nationwide.
   b. The PhilHealth LHIO and other PhilHealth affiliated offices shall assist with registration to the NHIP and other registration/membership concerns including, but not limited to, unsettled premium payments, unverified membership status, and erroneous data, among others.
   c. A PhilHealth Identification Number (PIN) shall be the basis for verification of PhilHealth membership, as well as recording and tracking of individuals availing of the benefit.

2. A foreign national may avail of the benefit package provided that he/she is registered to the NHIP and is compliant to the required qualifying contributions as provided in existing pertinent policies on program eligibility. Necessary premium adjustment may be made accordingly as expressed in succeeding PhilHealth issuances.

C. Cost Sharing Mechanism

1. Medications dispensed under the PhilHealth GAMOT shall be fully covered for the first nine thousand pesos (PhP 9,000.00) consumed by each individual per calendar year.
   a. After full utilization of the benefit coverage, beneficiaries shall purchase medications through out-of-pocket but shall still be able to avail the medications listed in the Basic Medication List (BML) at prices following the fixed fee schedule or with store prices, whichever is lower or preferred by the beneficiary. (see Annex A.1: Basic Medication List and Annex A.2: Summary of Basic Medication List Molecules)

2. Beneficiaries may view their benefit consumption upon logging in at the My PhilHealth Portal of the PhilHealth official website.

D. Benefit Availment Process

1. To prescribe and dispense for PhilHealth GAMOT, both the drug dispensing facilities and the physicians must have access to the GAMOT Application (GAMOT App).

2. Only physicians tagged by PhilHealth as rendering healthcare services through the PhilHealth Konsultasyong Sulit at Tama (Konsulta) benefit package can prescribe medications for availment of this benefit.

3. Prescription of medications by Konsulta Physicians

   a. The Konsulta Physician shall request for the PIN or any valid government identification card of the beneficiary for verification.
   b. The Konsulta Physician shall interview, examine, diagnose, and prescribe laboratories and medications, as necessary.
   c. Medications are to be prescribed through the GAMOT App and must contain the following information:
      c.1. Date of prescription
      c.2. Unique prescription security code (UPSC)
         c.2.1 UPSC shall be automatically generated electronically once the Konsulta physician finalizes the prescription.
      c.3. PhilHealth Identification Number (PIN)
      c.4. Beneficiary Name (Surname, Given Name, Middle Name)
      c.5. Birthdate, Sex, and Address
      c.6. Diagnosis/es
      c.7. Medications: Generic name, dosage strength, dosage form, quantity, and directions for medication use
         c.7.1 In accordance with the RA 6675 or the Generics Act of 1988, all prescriptions must include the generic name of medications.
      c.8. Follow-up Date (as applicable)
      c.9. Physician's Name, Physician's signature, and license number

d. Konsulta Physicians shall also provide a physical copy of the prescription to the beneficiary, which contains all the above-mentioned information, either by directly printing the prescription from the GAMOT App, or through a replicate handwritten prescription. If the consultation was done remotely, Konsulta Physicians shall send the digital copy of the prescription to the patient. (see Annex B: GAMOT App-Generated Prescription Template)
e. Konsulta Physicians may include all medications necessary for case management but PhilHealth GAMOT's coverage would only apply to medications identified within the BML.
f. Konsulta Physicians may only prescribe up to a maximum quantity for three (3) months per medication of maintenance drugs and the complete course of antibiotics for infections. The patient may then revisit the Konsulta physician for a follow up check-up and/or refill of medications.

4. Claiming of Medication from GAMOT Facilities

a. GAMOT Facilities shall cater to all PhilHealth members availing the PhilHealth GAMOT package, regardless of disease condition, location or address, and origin of the prescription.
   a.1. A GAMOT Facility's refusal to serve any beneficiary is grounds for investigation if a complaint was filed to PhilHealth or coursed through the Feedback Management Response.
b. Beneficiaries shall present the UPSC, PIN, and any government issued identification card to the GAMOT Facility.
   b.1. In circumstances wherein the consult was done remotely and the beneficiary does not have a physical copy of the prescription, the beneficiary may request the GAMOT Facility to print the prescription upon due verification of the UPSC and identity.
   b.2. In circumstances wherein the beneficiary cannot personally claim the prescription, any authorized representative on behalf of the beneficiary may be allowed to claim, given that an authorization letter shall be presented, along with the UPSC and a valid government ID of the representative.
c. The pharmacist or pharmacy assistant must input both the UPSC and PIN of the beneficiary to be able to view the digital prescription.
d. Upon access to the digital prescription, the pharmacist or pharmacy assistant shall counter check it with other information presented such as the ID and/or the physical prescription to verify the authenticity. Any form of inconsistency to the prescription shall automatically render it void.
e. Once prescriptions have been authenticated, the pharmacist or pharmacy assistant shall verify through the GAMOT App the eligibility for coverage and applicable cost sharing with payments to be made, as applicable based on the cost-sharing provisions of this PhilHealth Circular.

f. The pharmacist or pharmacy assistant must annotate the quantity dispensed, quantity remaining, and the date of dispensing of claimed medications on the prescription through the GAMOT App and to the physical prescription.
g. The GAMOT Facility shall then dispense the prescribed medication/s to the beneficiary with a maximum of one (1) month provision for maintenance medications or the complete course for antibiotics.
    g.1. Medications received by the contracted GAMOT Facilities in the form of donations or subsidies from the government, and non-government agencies shall not be charged or dispensed for the benefit.
h. After each transaction, the GAMOT Facility shall provide an availment receipt with information on the medications dispensed and balance of the cost sharing mechanism of this benefit.
    h.1. A copy of the availment receipt must be signed by the beneficiary or the authorized representative to be kept by the GAMOT Facility. (see Annex C: GAMOT Availment Slip)
i. Time difference of greater than five (5) minutes from the GAMOT Facility's upload of the completed transaction until appearance at the system's database shall merit review and validation of the Managing Board prior to being charged to the contract amount and to the PhP 9,000 beneficiary coverage.

E. Facility Engagement

1. Accreditation of GAMOT Facilities

    a. The following FDA-licensed drug dispensing facilities shall be eligible to apply for PhilHealth accreditation as a requirement to become a PhilHealth GAMOT Facility:
        a.1. Retail drug stores/pharmacies
        a.2. Hospital pharmacies
        a.3. Primary care facilities with drug dispensing capacity
        a.4. FOURmula One Plus Botika ng Bayan (BNB) outlets of the DOH
        a.5. Other healthcare facilities with FDA-LTO as a drug dispensing facility
    b. Healthcare providers for the PhilHealth GAMOT shall be accredited by PhilHealth prior to being contracted by the provider networks.
        b.1. Accredited GAMOT Facilities shall be contracted by the provider networks through a Service Level Agreement (SLA). (see Annex D: Service Level Agreement Template)
    c. Drug dispensing facilities should be able to comply with the following input requirements prior to their accreditation as a GAMOT Facility:
        c.1. All the contents of the BML must be provided and must be available at the price point, or less, following the fixed fee

schedule set within this benefit. (see Annex A.1: Basic Medication List and Annex A.2: Summary of Basic Medication List Molecules)

c.1.1. Contents of the BML may change as the benefit expands or as deemed necessary based on burden of disease and the Omnibus Health Guidelines per Life Stages of the DOH. These changes shall be announced through appropriate PhilHealth issuances.

c.2. Prior to accreditation, the GAMOT Facility is expected to comply with the necessary hardware, internet connectivity, and all specified IT system requirements, either through direct adoption of the GAMOT Application or through adaptation using similar existing IT systems.

c.3. The contracted GAMOT Facility shall continuously dispense medications under the benefit until the duration of its engagement with the Managing Board.

d. All other accreditation processes not specifically mentioned in this Circular shall follow indicated procedures from the PC No. 2023-0012: Omnibus Guidelines on the Accreditation of Health Facilities (HFs) to the National Health Insurance Program, its subsequent amendments, and other related issuances.

2. Documentary Requirements of GAMOT Facilities

a. Interested drug dispensing facilities shall fully accomplish the following documentary requirements to be submitted to the nearest PhilHealth Regional Office (PRO) or LHIO:

a.1. Provider Data Record (posted on the official PhilHealth website at www.philhealth.gov.ph)

a.2. Notarized Performance Commitment (posted on the official PhilHealth website at www.philhealth.gov.ph)

a.3. Completed Self - Assessment Tool (see Annex E: Self Assessment Tool for Service Delivery of GAMOT Facilities)

a.4. Payment Receipt of Accreditation Fee (PhP 1,000.00)

a.5. Copy of FDA LTO

a.6. Documentation of years of operation

a.6.1. Non-BNB Facilities

a.6.1.1. Historical Sales Report of the most recent three (3) years signed by head of the pharmacy/facility (Annex F.1: Historical Sales Form Format)

a.6.1.2. Annual Income Tax Return (BIR Form 1702-RT) along with the receipt of tax payments corresponding to the years submitted with the historical sales report. These shall not be applicable for BNBs.

a.6.2. BNB Facilities

a.6.2.1. Signed copy of the FOURmula One Plus BNB Memorandum of Agreement (MOA) between the DOH and local government unit (LGU) shall be requested.

a.6.2.2. Medication dispensing records. (Annex F.2. Dispensing Report for the FOURmula One Plus Botika ng Bayan)

3. Validity of Accreditation of GAMOT Facilities

   a. The validity of the accreditation of the GAMOT Facility shall be one (1) year, starting from the date of compliance to the mandatory requirements for accreditation until the 31st of December of the applicable year, unless earlier withdrawn, suspended, or revoked based on the rules set by the Corporation.
   b. The validity of contractual engagements between the accredited GAMOT Facilities and the HCPNs made through entering into SLAs is one (1) calendar year, commencing every first day of January and shall be until the 31st of December of the same year.
   c. The following specific subjects on accreditation validity shall follow provisions within the Omnibus Guidelines on the Accreditation of Health Facilities (HFs) and its subsequent amendments:
      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

F. Rate Setting and Costing

1. Fixed fee schedules shall be set per medication included in the PhilHealth GAMOT.
   a. Rate setting for the fee schedule of medications will reference data collected from the DOH.
   b. Updates on the fee schedule shall be released through a PhilHealth Advisory.
   c. List of updated fee schedules shall be released through a PhilHealth Advisory within the 3rd quarter of each year reflecting the most updated rates. (see Annex G: Fixed Fee Schedule for Implementation)
   d. This benefit package shall be subject to existing national policies on mandatory discounts, such as senior citizen or PWD discounts.

2. Re-costing shall be done every three (3) to five (5) years and shall be the basis for the fee schedule for implementation thereon.
   a. PhilHealth GAMOT fee schedules shall be updated annually to account for price inflations.
   b. New medications for the benefit expansion shall be subject to applicable costing standards that are being implemented.

G. Payment Mechanism

1. Funds for this package shall be taken from the Special Health Fund

(SHF) for public networks and the pooled fund for private or mixed networks. Further guidelines on the release of PhilHealth prospective payments to the healthcare provider network shall be detailed on a separate issuance.

2. GAMOT Facilities shall be paid through a mixed payment system, with a global budget contract amount based on the PhilHealth GAMOT fixed fee schedules.
   a. The global budget is computed by multiplying all the medication's fixed fee schedule with its average volume of sales for the most recent three years. (see Annex H: Contract Amount Sample Computation)

3. PhilHealth GAMOT fixed fee schedules will be charged to the global budget that will be downloaded to the GAMOT Facilities contracted by the provider network.
   a. The contract amount for one year will be front loaded by PhilHealth to the provider network in three (3) tranches.
   b. Fund disbursement to the GAMOT Facilities shall be done in tranches following evaluation of sales performance..

Tranches	**First**	**Second**	**Final**
Max Amount	**60% of Contract Amount**	**30% of Contract Amount**	**10% of Contract Amount**
Trigger	N/A	Can be requested as early as **80% consumption of the first tranche**	Can be requested as early as **80% consumption of the given first and second tranche**
Formula	First Tranche Amount = (Contract Amount x 0.6)	Second Tranche Amount = (Contract Amount x 0.3) x (Days left in contract / 109.5) Note: Second Tranche Amount cannot exceed 30% of the contract amount	Final Tranche Amount = (Contract Amount x 0.10) x (Days left in contract / 36.5) Note: Final Tranche Amount may not exceed 10% of contract amount

Table 1. GAMOT Tranches

4. The historical sales of drugs included in the benefit, as shown in the Basic Medication List, shall be the basis in determining the contract amount and shall be disbursed in tranches to GAMOT Facilities. (see Annex H: Contract Amount Sample Computation)

a. The contract amount of the GAMOT Facility shall be stipulated within the SLA after submission of required historical sales or dispensing of the pharmacy.
b. There will be a maximum of three (3) tranches for all GAMOT Facilities.
c. To request release of the second tranche, GAMOT Facilities shall submit the Fund Request Form (FRF) to the Managing Board of the provider network once eighty percent (80%) of the first tranche amount has been utilized. (see Annex I: Fund Request Form)
    c.1. Prior to second disbursement, facilities will be subjected to a performance evaluation and must submit a Performance Evaluation Report (PER). (see Annex J: Performance Evaluation Report)
    c.2. Amount to be disbursed on the second tranche will be thirty percent (30%) of the contract amount, as dependent on sales performance and time frame of consumption from the previous tranche (see Annex K: Sample Tranche Computation)
d. For the third tranche, GAMOT Facilities may only request an additional amount once eighty percent (80%) of the downloaded first and second tranche has been consumed.
    d.1. An FRF and PER shall be submitted to the Managing Board, which shall be subject to evaluation prior to disbursement.
    d.2. Maximum amount to be disbursed for the final threshold will be ten percent (10%) of the full contract amount, as dependent on sales performance and time frame of consumption from the previous tranche.
e. GAMOT Facilities shall continue medication dispensing for the remainder of the commitment period regardless of depletion of the third tranche.
    e.1. Medications dispensed beyond the three tranches shall be charged to either the Managing Board or the beneficiary.
        e.1.1. The contracted HCPN shall reimburse to the GAMOT Facility the amount beyond the three tranches that were consumed by beneficiaries who have not fully utilized their PhP 9,000.00 benefit limit.
        e.1.2. If the beneficiary has fully utilized the coverage of PhP 9,000.00, the cost shall be charged to the beneficiary as stated in the section on Cost Sharing Mechanism.
f. All tranche payments to be given to health facilities may be subject to fund pooling rules set within relevant PhilHealth payment policies.
g. Any unutilized amount shall be returned to PhilHealth within fifteen (15) working days from termination of engagement following guidelines stipulated in the PhilHealth Payment Recovery (PPR) Policy.
h. Releases made to the pooled fund of the private provider network account shall be subjected to applicable taxes.
i. The Bureau of Local Government Finance (BLGF) may issue a guideline on the submission of financial reports and financial

analysis by the province/city while the Bureau of Internal Revenue (BIR) may issue a taxation guideline on the Network and Provider transactions.

H. Monitoring and Evaluation

1. Monitoring and evaluation activities shall be conducted by PhilHealth at least once a year and as necessary based on performance and feedback reports and evaluation from site visits.

2. Benefit implementation shall be assessed through the provided steps.
   a. PhilHealth shall conduct facility assessments to evaluate the operationalization and implementation of the PhilHealth GAMOT.
   b. The GAMOT Facilities shall generate and submit performance and feedback reports on the following occasions: (see Annex J: Performance Evaluation Report)
      b.1. Fund requests for tranches
      b.2. Upon termination of engagement, and
      b.3. As required by PhilHealth or the Managing Board
   c. Performance and feedback reports shall be submitted to the managing unit of the provider network and shall be collected prior to the submission to the PRO.

3. The GAMOT Facilities will be evaluated based on their compliance with the commitments of being a service provider.
   a. The GAMOT Facility shall be monitored for the sufficiency of medication inventory which shall not deplete below 30% of the committed historical volume of each medication specified in the BML. PhilHealth may request for the transaction receipts for the medications being dispensed for the benefit.
   b. The GAMOT Facility shall ensure that all cost sharing rules are applied and charged appropriately. GAMOT Facilities shall always check and charge the necessary rates when applicable.
   c. PhilHealth shall continuously monitor and investigate grievance reports filed by beneficiaries following existing guidelines of the Corporation.
      c.1. Beneficiaries may file reports or complaints through the Feedback Management Response of PhilHealth. These complaints will be handled in accordance with the quasi-judicial process of PhilHealth, as needed.
      c.2. GAMOT physicians and facilities may likewise file any sort of complaint or issue through the Feedback Management Response.

4. Non-compliance with the performance commitment or other PhilHealth rules and regulations shall be penalized as prescribed in RA 11223 and RA 7875, as amended, and their respective Implementing Rules and Regulations.

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

I. Benefit Expansion

1. The initial rollout for this Policy shall include select medications from the latest edition of the Primary Care Formulary basic medications as indicated in the BML.

2. The succeeding expansion shall be designed to also increase coverage for outpatient drugs used in specialty care.

3. Drug coverage expansion of the PhilHealth GAMOT benefit package shall be made public through a PhilHealth Circular prior to its implementation.

4. The expansion of the PhilHealth GAMOT shall be implemented within the next three (3) years following the publication of this policy, subject to fund viability as determined by the PhilHealth Office for Actuarial Services & Risk Management Sector.

J. Annexes (to be posted on the official PhilHealth website)

1. Annex A.1: Basic Medication List
2. Annex A.2: Summary of Basic Medication List Molecules
3. Annex B: GAMOT App-Generated Prescription Template
4. Annex C: GAMOT Availment Slip
5. Annex D: Service Level Agreement Template
6. Annex E: Self Assessment Tool for Service Delivery of GAMOT Facilities
7. Annex F.1: Historical Sales Form Format
8. Annex F.2: Dispensing Report for the FOURmula One Plus Botika ng Bayan
9. Annex G: Fixed Fee Schedule for Implementation
10. Annex H: Contract Amount Sample Computation
11. Annex I: Fund Request Form
12. Annex J: Performance Evaluation Report
13. Annex K: Sample Tranche Computation

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment, and all existing related PhilHealth circulars 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 outpatient drug benefit will be initially implemented within integrated sandbox sites. Changes to the engagements or schedule of its implementation shall be addressed in a separate issuance.

Further, it will undergo transition in compliance with the mandates of the Universal Health Care Act. These transitions shall cover provider requirements, terms of engagement, benefit expansion, participation in a healthcare provider network, and benefit implementation.

A. As a component of the comprehensive outpatient benefit package (Konsulta+), the PhilHealth GAMOT shall transition and comply with standards set in the implementing guidelines of the comprehensive outpatient benefit and other related issuances.

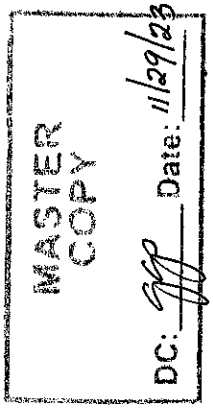
B. Prior to the full implementation of the Konsulta+, the PhilHealth GAMOT shall continue to provide coverage for medications included in the DOH Devolution Transition Plan.

C. GAMOT Facilities shall be required to comply with the provided inventory requirements and protocols, such as but not limited to automated inventory management, as stipulated in the UHC Act starting as early as CY 2025.

D. Provider networks implementing the PhilHealth GAMOT shall have all medications from their affiliated PhilHealth Konsulta provider covered by this package.
   1. Prior to the full implementation of the Konsulta+, the outpatient drug benefit shall only be implemented in the following iterations of the PhilHealth Konsulta:
      a. PhilHealth Konsulta with SDG Benefits Package within integrated sandbox sites.
      b. PhilHealth Konsulta through the PCPN Sandbox, following the revision of its policy which aligns with PhilHealth GAMOT's coverage of the 21 medications.
      c. The prescription of medications shall be exclusive for PhilHealth Konsulta providers for the given two iterations of the primary care benefit.

   2. Molecules to be dispensed for the benefit shall be procured either by the provider network through its Managing Board or by the individual GAMOT Facilities. Any form of donations or items received from the DOH or any other agency or organization shall not be charged to the benefit.

E. The implementation of this PhilHealth Circular is subject to the issuance of the Commission on Audit (COA) recording and reporting guidelines on prospective payment mechanisms and a separate PhilHealth advisory on the operationality of the benefit's information systems.



F. 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 PhilHealth 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

All previous issuances that are inconsistent with any provision of this PhilHealth Circular are hereby amended, modified, or repealed accordingly.

X. DATE OF EFFECTIVITY

This PhilHealth Circular shall be published in any newspaper of general circulation and shall take effect after fifteen (15) days of its publication. Further, this PhilHealth Circular shall also be deposited with the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.

EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

Date signed: 11/24/2023

MASTER COPY
DC: Date: 11/29/23

ANNEX A.1: Basic Medication List

	MOLECULE	PREPARATION
1	Amlodipine	5 mg (as Besilate/ Camsylate) Tablet
2	Amlodipine	10 mg (as Besilate/Camsylate) Tablet
3	Amoxicillin	250 mg (as Trihydrate) Capsule
4	Amoxicillin	500 mg (as Trihydrate) Capsule
5	Amoxicillin	100 mg/mL (as Trihydrate) Granules/powder for drops in 15 mL
6	Amoxicillin	250 mg/5 mL (as Trihydrate) Granules/powder for suspension in 60 mL
7	Amoxicillin + Clavulanic acid	500 mg (as Trihydrate) + 125 mg (as Potassium clavulanate) Tablet
8	Amoxicillin + Clavulanic acid	875 mg (as Trihydrate) + 125 mg (as Potassium clavulanate) Tablet
9	Amoxicillin + Clavulanic acid	200 mg (as Trihydrate) + 28.5 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70 mL
10	Amoxicillin + Clavulanic acid	400 mg (as Trihydrate) + 57 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70 mL
11	Amoxicillin + Clavulanic acid	600 mg (as Trihydrate) + 42.9 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension
12	Aspirin	80 mg Tablet
13	Aspirin	100 mg Tablet
14	Atenolol	50 mg Tablet
15	Atenolol	100 mg Tablet
16	Atorvastatin	10 mg (as Calcium) Tablet
17	Atorvastatin	20 mg (as Calcium) Tablet
18	Atorvastatin	40 mg (as Calcium) Tablet
19	Atorvastatin	80 mg (as Calcium) Tablet
20	Azithromycin	250 mg (as Base*/dihydrate) Capsule
21	Azithromycin	250 mg (as Base*/dihydrate/ monohydrate) Tablet
22	Azithromycin	500 mg (as Base*/dihydrate/ monohydrate) Tablet
23	Azithromycin	200 mg/5 mL (as Base*/dihydrate/ monohydrate) Powder for suspension in 15 mL
24	Azithromycin	200 mg/5 mL (as Base*/dihydrate/ monohydrate) Powder for suspension in 60 mL
25	Captopril	25 mg Tablet
26	Cefixime	200 mg Capsule
27	Cefixime	20 mg/mL in 10 mL (drops)
28	Cefixime	100 mg/5 mL Granules for Suspension in 60 mL

	MOLECULE	PREPARATION
29	Cefuroxime	500 mg (as Axetil) Tablet
30	Cefuroxime	125 mg/5 mL (as Axetil) Granules for Suspension in 70 mL
31	Cefuroxime	250 mg/5 mL Granules for Suspension in 50 mL and 120 mL Bottle
32	Celecoxib	100 mg Capsule
33	Celecoxib	200 mg Capsule
34	Celecoxib	400 mg Capsule
35	Chlorphenamine	4 mg Tablets
36	Chlorphenamine	2.5 mg / 5 mL syrup / 60 mL
37	Ciprofloxacin	250 mg (as Hydrochloride) Tablet
38	Ciprofloxacin	500 mg (as Hydrochloride) Tablet
39	Clarithromycin	250 mg Tablet (Base)
40	Clarithromycin	500 mg Tablet (Base)
41	Clarithromycin	125 mg/5 mL Granules/Powder for suspension in 50 mL
42	Clarithromycin	250 mg/5 mL Granules/Powder for suspension in 50 mL
43	Clindamycin	150 mg (as Hydrochloride) Capsule
44	Clindamycin	300 mg (as Hydrochloride) Capsule
45	Clindamycin	75 mg/5 mL (as Palmitate hydrochloride) Granules for suspension in 60 mL
46	Clotrimazole	1% Cream in 10 g Aluminum collapsible tube
47	Cloxacillin	500 mg (as Sodium) Capsule
48	Cloxacillin	250 mg/5 mL (as Sodium) Powder for solution in 60 mL
49	Diltiazem	60 mg (as Hydrochloride) Tablet
50	Diltiazem	60 mg (as Hydrochloride) Modified Release (MR) capsule
51	Diltiazem	120 mg (as Hydrochloride) Modified Release (MR) capsule
52	Diltiazem	180 mg (as Hydrochloride) Modified Release (MR) capsule
53	Diltiazem	120 mg (as Hydrochloride) Modified Release (MR) tablet
54	Diltiazem	180 mg (as Hydrochloride) Modified Release (MR) tablet
55	Diltiazem	30 mg (as Hydrochloride) Tablet
56	Diphenhydramine	25 mg (as Hydrochloride) Capsule
57	Diphenhydramine	50 mg (as Hydrochloride) Capsule
58	Diphenhydramine	12.5 mg/ 5mL (as Hydrochloride) Syrup in 30 mL
59	Diphenhydramine	12.5 mg/ 5mL (as Hydrochloride) Syrup in 60 mL
60	Doxycycline	100 mg (as Hyclate) Capsule
61	Enalapril	5 mg (as Maleate) Tablet
62	Enalapril	20 mg (as Maleate) Tablet
63	Erythromycin	0.5% Ophthalmic ointment in 3.5 g Tube
64	Erythromycin	500 mg (as Stearate) Tablet

	MOLECULE	PREPARATION
65	Erythromycin	200 mg/5 mL (as Ethyl succinate) for suspension in 60 mL
66	Fluticasone + Salmeterol	100 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
67	Fluticasone + Salmeterol	100 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser
68	Fluticasone + Salmeterol	250 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
69	Fluticasone + Salmeterol	250 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser
70	Fluticasone + Salmeterol	500 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
71	Fluticasone + Salmeterol	500 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser
72	Folic Acid + Iron Ferrous	60 mg (elemental iron) + 400 mcg Tablet/Capsule/Film-coated tablet
73	Gabapentin	100 mg Capsule
74	Gabapentin	300 mg Capsule
75	Gliclazide	30 mg Modified Release (MR) tablet
76	Gliclazide	80 mg Tablet
77	Hydrochlorothiazide	12.5 mg Tablet
78	Hydrochlorothiazide	25 mg Tablet
79	Ibuprofen	200 mg Tablet
80	Ibuprofen	400 mg Tablet
81	Ibuprofen	100 mg/5 mL Syrup/Suspension in 60 mL
82	Ipratropium Bromide	250 mcg/mL (as Bromide) Respiratory solution in 2 mL Unit dose (For nebulization)
83	Ipratropium Bromide + Salbutamol	500 mcg (as Bromide anhydrous) + 2.5 mg (as Base) in 2.5 mL Unit dose (For nebulization)
84	Iron Ferrous	(equiv. to 60 mg elemental iron) Tablet (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
85	Iron Ferrous	(equiv. to 15 mg elemental iron per 0.6 mL) Solution in 15 mL (Drops) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)

	MOLECULE	PREPARATION
86	Iron Ferrous	(equiv. to 15 mg elemental iron per 0.6 mL) Solution in 30 mL (Drops) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
87	Iron Ferrous	(equiv. to 30 mg elemental iron per 5 mL) Solution in 60 ml (syrup) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
88	Isosorbide Dinitrate	10 mg (as Dinitrate) Tablet
89	Isosorbide Dinitrate	20 mg (as Dinitrate) Tablet
90	Isosorbide Dinitrate	20 mg (as Dinitrate) Modified Release (MR) tablet/Capsule
91	Isosorbide Dinitrate	5 mg (as Dinitrate) Sublingual (SL) tablet
92	Isosorbide Mononitrate	30 mg (as 5-Mononitrate) Modified Release (MR) tablet/Capsule
93	Isosorbide Mononitrate	60 mg (as 5-Mononitrate) Modified Release (MR) tablet/Capsule
94	Losartan	50 mg (as Potassium) Tablet
95	Losartan	100 mg (as Potassium) Tablet
96	Losartan + Hydrochlorothiazide	50 mg losartan + 12.5 mg hydrochlorothiazide Tablet
97	Mefenamic Acid	250 mg Tablet /Capsule
98	Mefenamic Acid	500 mg Tablet /Capsule
99	Metformin	500 mg (as Hydrochloride) Tablet/Film-coated tablet
100	Metformin	850 mg (as Hydrochloride) Tablet
101	Methyldopa	250 mg Tablet
102	Metoprolol	50 mg (as Tartrate) Tablet
103	Metoprolol	100 mg (as Tartrate) Tablet
104	Metronidazole	250 mg Tablet
105	Metronidazole	500 mg Tablet
106	Metronidazole	125 mg/5 mL (as Base) Suspension in 60 mL
107	Montelukast	4 mg (as Sodium) Chewable tablet
108	Montelukast	5 mg (as Sodium) Chewable tablet
109	Montelukast	10 mg (as Sodium) Tablet

	MOLECULE	PREPARATION
110	Naproxen	275 mg (as Sodium) Tablet
111	Naproxen	550 mg (as Sodium) Tablet
112	Nitrofurantoin	50 mg Capsule as Macrocrystals
113	Nitrofurantoin	100 mg Capsule as Macrocrystals
114	Oral Rehydration Salts (ORS 75-replacement)	(L of water) composed of: 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 (mmol/L) composed of: Sodium = 75 Chloride = 65 Potassium = 20 Citrate = 10 Glucose anhydrous = 75 Total osmolarity = 245 (WHO recommended) (N.B.: Reconstitute with clean potable water)
115	Oseltamivir	75 mg (as Phosphate) Capsule
116	Paracetamol	300 mg Tablet
117	Paracetamol	500 mg Tablet
118	Paracetamol	100 mg/mL Drops in 15 mL (Alcohol-free)
119	Paracetamol	120 mg/5 mL (125 mg/5 mL) Syrup/Suspension (Alcohol-free) in 60 ml
120	Paracetamol	250 mg/5 mL Syrup/Suspension (Alcohol-free) in 60 mL
121	Paracetamol	125 mg Suppository
122	Paracetamol	250 mg Suppository
123	Prednisone	5 mg Tablet
124	Prednisone	10 mg Tablet
125	Prednisone	20 mg Tablet
126	Prednisone	10 mg/5 mL Suspension in 60 mL
127	Rosuvastatin	10 mg (as Calcium) Tablet
128	Rosuvastatin	20 mg (as Calcium) Tablet
129	Salbutamol (as Sulfate) + Ipratropium	Resp. Soln. (for nebulization): 500 micrograms ipratropium (as bromide anhydrous) + 2.5 mg salbutamol (as base) x 2.5 mL (unit dose)
130	Salbutamol	100 mcg/dose x 200 (as Sulfate)
131	Salbutamol	1 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (For nebulization)
132	Salbutamol	2 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (For nebulization)

	MOLECULE	PREPARATION
133	Salbutamol	2 mg/5 mL (as Sulfate) Syrup in 60 mL
134	Simvastatin	20 mg Tablet
135	Simvastatin	40 mg Tablet
136	Sulfamethoxazole + Trimethoprim	400 mg + 80 mg Tablet/Capsule
137	Sulfamethoxazole + Trimethoprim	800 mg (as Sulfate) + 160 mg Tablet
138	Sulfamethoxazole + Trimethoprim	200 mg + 40 mg/5 mL Suspension in 70 mL
139	Sulfamethoxazole + Trimethoprim	200 mg + 40 mg/5 mL Suspension in 120 mL
140	Sulfamethoxazole + Trimethoprim	400 mg + 80 mg/5 mL Suspension in 60 mL
141	Tamsulosin	200 mcg (as Hydrochloride) Capsule
142	Tobramycin	0.3% Ophthalmic drop solution in 5 mL Bottle
143	Tobramycin	0.3% Ophthalmic ointment in 3.5 g Tube
144	Tobramycin + Dexamethasone	0.3% tobramycin + 0.1% dexamethasone Ophthalmic drop suspension in 5 mL Bottle
145	Tobramycin + Dexamethasone	0.3% tobramycin + 0.1% dexamethasone Ophthalmic ointment in 3.5 g Tube
146	Vitex Negundo	300 mg Tablet
147	Vitex Negundo	600 mg Tablet
148	Vitex Negundo	300 mg/5 mL Syrup in 60 mL
149	Vitex Negundo	300 mg/5 mL Syrup in 120 mL
150	Zinc	(equiv. to 10 mg elemental zinc) (as Gluconate) Chewable tablet
151	Zinc	(equiv. to 10 mg elemental zinc per mL) (as Sulfate monohydrate) Drops in 15 mL
152	Zinc	(equiv. to 20 mg elemental zinc per 5 mL) (as Sulfate monohydrate) Syrup in 60 mL
153	Zinc	70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 60 mL
154	Zinc	70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 120 mL

ANNEX A.2: Summary of Basic Medication List Molecules

BASIC MEDICATION LIST

Anti-infectious

1. Amoxicillin
2. Azithromycin
3. Cefixime
4. Cefuroxime
5. Ciprofloxacin
6. Clarithromycin
7. Clindamycin
8. Clotrimazole
9. Cloxacillin
10. Co-amoxiclav
11. Co-trimoxazole (Sulfamethoxazole + Trimethoprim)
12. Doxycycline
13. Erythromycin
14. Metronidazole
15. Nitrofurantoin
16. Oseltamivir
17. Tobramycin

Anti-thrombotics

18. Aspirin

Anti-asthma and COPD

19. Fluticasone + Salmeterol
20. Ipratropium
21. Montelukast
22. Prednisone
23. Salbutamol

Supportive/Other Therapy

24. Celecoxib
25. Chlorphenamine
26. Diphenhydramine
27. Elemental Iron
28. Folic acid + Iron Ferrous
29. Ibuprofen
30. Mefenamic Acid
31. Naproxen
32. Oral Rehydration Salts
33. Paracetamol
34. Vitex Negundo (Lagundi)
35. Zinc

Anti-diabetics

36. Gliclazide
37. Metformin

Anti-dyslipidemia

38. Atorvastatin
39. Rosuvastatin
40. Simvastatin

Anti-hypertensive and Cardiology

41. Amlodipine
42. Atenolol
43. Captopril
44. Diltiazem
45. Enalapril
46. Hydrochlorothiazide
47. Isosorbide Dinitrate
48. Isosorbide Mononitrate
49. Losartan
50. Methyldopa
51. Metoprolol
52. Tamsulosin

Nervous System

53. Gabapentin

ANNEX B: GAMOT App-Generated Prescription Template

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8441-7442 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

PhilHealth GAMOT Prescription

Date: _____
UPSC: _____

Name: _____ **Age:** _____ **Sex:** ____
Address: _____
PhilHealth Identification Number: _____
Diagnosis: _____

Rx

Medication #1: (Generic Name), (Dosage Strength), (Dosage Form), (Quantity)
(Intake Instructions)

Medication #2: (Generic Name), (Dosage Strength), (Dosage Form), (Quantity)
(Intake Instructions)

Medication #3: (Generic Name), (Dosage Strength), (Dosage Form), (Quantity)
(Intake Instructions)

Follow-up Date: _____ (As applicable)

MASTER COPY
DC: Date: 11/29/23

SIGNATURE
(Physician Name)
(Physician License Number)

ANNEX C: GAMOT Availment Slip

PhilHealth GAMOT Availment Slip

GAMOT Facility Name:_____
Transaction No:_____ GAMOT Facility Code: _____
UPSC: _____ Date:_____
Patient Name: _____ Age: _____ Sex: _____
PIN: _____ Contact No.: _____

List of medications availed under PhilHealth GAMOT:

	Generic Name, Dosage Strength, Dosage Form	Quantity Dispensed	Price
1			
2			
3			
4			
5			
6			
7			
	TOTAL		
	Amount Covered by PhilHealth		
	Amount Paid by the Beneficiary		
	Remaining Benefit Coverage		

To be filled out by the beneficiary:

Comments/Suggestions/Complaints:

_____
_____
_____

Under the penalty of law, I attest that I (☐ received, ☐ did not receive) the medications listed above. Further, I agree that I may be contacted by PhilHealth for the sole purpose of verification of this transaction.

MASTER COPY
DC: _____ Date: 11/29/23

_____
Signature over printed name of beneficiary
or authorized representative

ANNEX D: Service Level Agreement Template

Republic of the Philippines) s.s.
Contract No. _____

SERVICE LEVEL AGREEMENT

KNOW ALL MEN BY THESE PRESENT:
This Agreement made and entered into by and between:

[PROVINCE/CITY-WIDE HEALTH SYSTEM NAME] an/a (LGU/Province/City-owned network, authorized through a Sanggunian Resolution No. _____) issued on *[Date]* and existing under the laws of the Republic of the Philippines, with principal address at *[Address]* represented herein by its *[Position of Representative]*, ***[NAME]***, (hereinafter called "**NETWORK**")

or

[PROVINCE/CITY-WIDE HEALTH SYSTEM NAME], managing the ***[PRIMARY CARE PROVIDER NETWORK NAME]*** a **NETWORK**, organized and registered with the Securities and Exchange Commission under Company Reg. No. _____ and/or Joint Venture Agreement No. _____,)] issued on _____ and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its [Position of Representative], [**NAME**], (hereinafter called "**NETWORK**")

-and-

[***PHARMACY NAME]***, a health care facility duly organized and existing under and by virtue of the laws of the Republic of the Philippines, with principal office address at [***ADDRESS]***, duly represented herein by [***NAME]***, its [***POSITION OF REPRESENTATIVE]***, (hereinafter called "**GAMOT FACILITY**")

(each a "**Party**", and collectively, the "**Parties**").

WITNESSETH THAT:

WHEREAS, Republic Act No. 11223, otherwise known as the Universal Health Care (UHC) Act, guarantees equitable access to quality health services for all Filipinos;

WHEREAS, Section 6(b) under Chapter II of the same Act mandates PhilHealth to implement, a comprehensive outpatient benefit, including an outpatient drug benefit;

WHEREAS, Section 18(a) under Chapter IV of the same Act mandates PhilHealth to contract public, private, or mixed health care provider networks for the delivery of individual-based health services;

WHEREAS, the UHC Act mandates province-wide or city-wide health system to pool and manage, all resources intended for health services to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers;

WHEREAS, the Philippine Health Insurance Corporation (PhilHealth) shall be financing individual based health services through a combination of closed-end, prospective provider payment mechanisms, as stipulated in the Implementing Rules and Regulations of the UHC Act;

WHEREAS, PhilHealth has published the Implementing Guidelines of the Outpatient Drug Benefit Package in compliance with their mandate to develop an outpatient drug benefit alongside the comprehensive outpatient benefit;

WHEREAS, PhilHealth shall be contracting a **NETWORK** to engage with pharmacies to act as **GAMOT FACILITIES;**

WHEREAS, the **NETWORK** is a group of health care providers, facilities, and professionals with defined competencies, organized to deliver health care services in a coordinated and integrated manner;

WHEREAS, the **GAMOT FACILITY** is a health facility with drug dispensing capacity with a valid and legitimate license to operate from the Food and Drug Administration and shall continuously abide by all stated guidelines and regulations expected from FDA-licensed pharmacies;

WHEREAS, the **NETWORK** shall engage the **GAMOT FACILITY** through this Service Level Agreement to serve as a healthcare provider fulfilling the Corporation's vision to improve access and provide coverage to select outpatient medications;

GAMOT FACILITY OBLIGATIONS

For and in consideration of the above-premises, the **GAMOT FACILITY** irrevocably and unconditionally undertakes, commits, and agrees to the following–

(a) The **GAMOT FACILITY** hereby acknowledges and agrees to fulfill its role as a duly-licensed drug outlet capable of delivering the services expected from a PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (GAMOT) Facility.

(b) The **GAMOT FACILITY** acknowledges the contract amount of (state amount in words) _____, (PhP_____) and shall continuously dispense medication, apply cost

sharing mechanisms, and abide by all necessary rules and regulations as stated in the PhilHealth Circular on the Policy and Procedural Guidelines for the Implementation of the Outpatient Drug Benefit Package and all other related circulars, issuances, orders, and advisories issued by the PhilHealth.

(c) The **GAMOT FACILITY** shall continuously serve as a provider for the outpatient drug benefit providing its contents as stipulated in its implementing guidelines until the 31st December unless there has been an agreed upon pre-termination of contract.

(d) The **GAMOT FACILITY** shall strictly abide by the fixed fee schedule prescribed within the policy and shall make medications available based on the given fee schedule to beneficiaries who have consumed their benefit coverage.

(e) The **GAMOT FACILITY** acknowledges the receipt of partial payment of its service coverage by the **NETWORK** in the amount of (state amount in words) _____, (P _____), subject to the auditing rules prescribed by PhilHealth in accordance with the guidelines issued by the Commission on Audit (COA), and application of the appropriate withholding taxes, as may be applicable.

(f) The **GAMOT FACILITY** undertakes to issue an official receipt for said partial payment and all subsequent tranche payments to be sent to the **NETWORK** within five (5) days for the electronic copy, and fifteen (15) days for original copy, from crediting of said amount in its identified account with its depository bank.

(g) The **GAMOT FACILITY** undertakes that despite receipt of said payment, it shall return to the **NETWORK** within five (5) days from receipt of demand letter any amount in excess of what it is entitled to, unutilized, or corresponding to the claims eventually found to be erroneous, fraudulent, or invalid.

(h) The **GAMOT FACILITY** represents, warrants, and commits that upon failure to deliver the required documents on the date specified herein for any reason whatsoever, or that claims have been found to be malicious to the **NETWORK**, the same shall give the **NETWORK** the right to avail of any and all remedies to which it is entitled under the law and contract, or any other collateral documents, including the right to recover damages from the **GAMOT FACILITY** and the right to deny or withdraw its engagement with the **NETWORK**.

(i) In case the **GAMOT FACILITY** cannot, for whatever reason, refund the subject amount, its officers and directors shall be severally and jointly liable to the **NETWORK** for its payment, which includes but not limited to the following:
President/Manager/Business Owner/Authorized Legal Representative:

_____

(j) That the **GAMOT FACILITY** shall be liable for the payment of liquidated damages in the amount of one percent (1%) of the foregoing amount of partial payment for every day of delay from receipt of demand.

(k) In case of suits or actions arising out of or in connection with this Undertaking, actions shall be lodged with the proper courts where the parties are situated, and the parties hereby waive other applicable venues.

MASTER COPY
DC: ___ Date: 11/29/23

(l) The duly-signed Service Level Agreement and the Certificate of Accreditation of the **GAMOT FACILITY** submitted to PhilHealth shall form an integral part of this Deed.

(m) The **GAMOT FACILITY** shall refrain from committing acts prejudicial to the interest of the **PHILHEALTH** and the National Health Insurance Program.

NETWORK OBLIGATIONS

(a) The **NETWORK** shall pay the **GAMOT FACILITY** with the corresponding schedule of payment and conditions for payment releases specified in the Payment Mechanism of PhilHealth Circular (PC) No. 2023-_____ or the Implementing Guidelines for the Outpatient Drug Benefit.

(b) The **NETWORK** shall be responsible for computing the money value of the tranche payments based on the accomplishment of the **GAMOT FACILITY.**

(c) The **NETWORK** shall ensure the timely release of funds to the **GAMOT FACILITY** within fifteen (15) days upon confirmation of submission of complete requirements.

(d) The **NETWORK** shall pay the **GAMOT FACILITY** through reimbursement of all benefit claims beyond the consumption of all three (3) tranches for PhilHealth beneficiaries who have yet to completely utilize their benefit coverage, provided that the **GAMOT FACILITY** follows all benefit rules within the Implementing Guidelines for the Outpatient Drug Benefit.

(e) The **NETWORK** shall address the concerns of the **GAMOT FACILITY** and issue clarifications as needed to facilitate benefit implementation.

(f) The **NETWORK** shall provide the **GAMOT FACILITY** with regular updates and orientation on PhilHealth's policies and guidelines.

(g) The **NETWORK** shall assist the **GAMOT FACILITY** to ensure interoperability and connectivity with PhilHealth's databases to support innovations and initiatives.

TERM AND TERMINATION

The Term of this Agreement shall be valid from _____ to _____.

The **Parties** may agree to pre-terminate this Agreement prior to its expiration in the event of:

- Abuse in the operations of the **GAMOT FACILITY**,
- Fraud committed by the **GAMOT FACILITY**,
- Request from the **GAMOT FACILITY** to pre-terminate the implementation due to unsustainable and/or unfeasible benefit implementation

All pre-terminations shall be subject to a 30-day prior notice, except when a shorter period is agreed upon by the **Parties.**

SEPARABILITY CLAUSE

If any part of this Agreement is declared unenforceable or void, the rest of the Agreement shall nevertheless remain in full force and effect.

ASSIGNABILITY

No assignment of rights, duties or obligations under this Agreement shall be made by either **Party** without the prior written approval of the other **Party**.

WAIVER

Neither the failure nor any delay on the part of either **Party** to exercise any right, power, or privilege hereunder shall operate as a waiver.

PROPRIETARY INFORMATION

The **Parties** agree that the terms and conditions of this Agreement and its Attachments are proprietary, and agree to take all reasonable precautions to prevent the unauthorized disclosure of the terms.

NON- DISCLOSURE AGREEMENT (NDA)

The **GAMOT FACILITY** shall comply with the submission of the NDA to the **NETWORK** and PhilHealth in compliance with the Data Privacy Law and rules.

GOVERNING LAW AND VENUE OF ACTION

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines, all PhilHealth circulars and issuances on the matter shall form an integral part of this Agreement. Venue of all actions arising from this Agreement shall be brought exclusively to the jurisdiction of the appropriate courts of the Philippines, without prejudice to the settlement of dispute through amicable settlement or alternative dispute resolution mechanisms under existing laws.

ENTIRE AGREEMENT

Both Parties acknowledge that this Agreement and its Attachments constitute the entire agreement between them and shall completely supersede all other prior understandings, previous communications or contracts, oral or written, between the Parties relating to the subject matter hereof.

IN WITNESS WHEREOF, the **NETWORK** and the **GAMOT FACILITY** through their duly authorized representatives, affixed their signatures this _____ day of _____ at _____, Philippines.

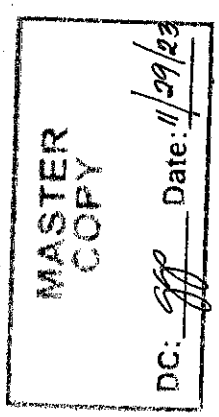
_____	_____
Network Representative	GAMOT Facility

WITNESSES:

_____	_____
_____	_____

IN WITNESS WHEREOF, the Parties hereto have caused these presents to be signed this ____ day of _____ at the _____, _____, Philippines.

Doc No. _____
Page No. _____
Book No. _____
Series of _____



ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.

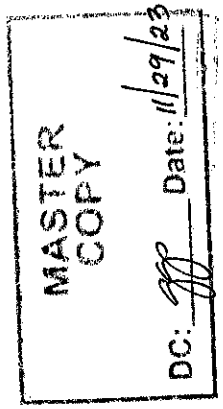
BEFORE ME, this _____ day of _____ , personally appeared the following persons who exhibited to me the following:

Identification Document Presented	Place of Issuance and Expiry Date

Known to me to be the same person/ s who executed the foregoing Undertaking consisting of _____ (____) pages including this page on which the acknowledgement is written and they acknowledged that the same is their free act and deed and that of the corporations being represented.

WITNESS MY HAND AND SEAL on the date and place first above written.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____



ANNEX E: Self Assessment Tool (SAT) for Service Delivery of GAMOT Facilities

Name of Pharmacy: _____
Name of Pharmacy Head/Representative: _____
Address: _____
Contact Number: _____
Date of SAT Submission: _____

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

Requirements	Pharmacy	PhilHealth	Remarks
1. Provider Data Record			
2. Notarized Performance Commitment			
3. Payment Receipt of Accreditation Fee			
4. Updated copy of FDA-LTO			
5. Complete inventory of the BML			
6.1. For Non BNB Facilities: a. Historical Sales Form b. Annual ITR (BIR Form 1702-RT)			
6.2. For BNB Facilities: a. Signed copy of the F1 Plus BNB MOA between DOH and LGU b. DOH-BNB Dispensing Report			

Accomplished by:

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

Reviewed by:

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

MASTER COPY
DC: _____ Date: 11/29/23

ANNEX F.1: Historical Sales Form Format

Name of Pharmacy: _____
Name of Head of Pharmacy: _____
Address: _____
Contact Number: _____

Year: _____ **Annual Sales** (as reflected in BIR 1702): _____

Quantity Sold	Molecule Name	Preparation	Price	Part of Basic Medication List

Year: _____ **Annual Sales** (as reflected in BIR 1702): _____

Quantity Sold	Molecule Name	Preparation	Price	Part of Basic Medication List

Year: _____ **Annual Sales** (as reflected in BIR 1702): _____

Quantity Sold	Molecule Name	Preparation	Price	Part of Basic Medication List

Notes:

- *Include all medications sold despite not being covered by the benefit.*
- *Attach declared and filed income documents with the Bureau of Internal Revenue alongside receipts for verification.*

Prepared by:

_____
(Name and Signature of the Branch Manager/ Pharmacy Representative)

Attested by:

_____
(Name and signature of the Owner)

ANNEX F.2: Dispensing Report for the FOURmula One Plus Botika ng Bayan

Name of Health Facility: _____
Health Facility Classification: _____
Name of City/Municipality Health Officer: _____
Contact Number: _____
Address: _____

Year: _____

Molecule Name	Preparation	Beginning Balance	Ending Balance	Total Quantity Dispensed

Year: _____

Molecule Name	Preparation	Beginning Balance	Ending Balance	Total Quantity Dispensed

Year: _____

Molecule Name	Preparation	Beginning Balance	Ending Balance	Total Quantity Dispensed

Prepared by:

_____
(Name and Signature of the Pharmacist)

Attested by:

_____
(Name and signature of the Public Health Officer)

MASTER COPY
DC: ___ Date: 11/29/23

ANNEX G: Fixed Fee Schedule for Implementation

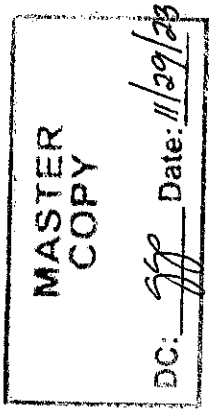
	MOLECULE	PREPARATION	FIXED FEE SCHEDULE
1	Amlodipine	5 mg (as Besilate/ Camsylate) Tablet	₱ 1.00
2	Amlodipine	10 mg (as Besilate/Camsylate) Tablet	₱ 1.75
3	Amoxicillin	250 mg (as Trihydrate) Capsule	₱ 3.00
4	Amoxicillin	500 mg (as Trihydrate) Capsule	₱ 3.75
5	Amoxicillin	100 mg/mL (as Trihydrate) Granules/powder for drops in 15 mL	₱ 58.04
6	Amoxicillin	250 mg/5 mL (as Trihydrate) Granules/powder for suspension in 60 mL	₱ 50.75
7	Amoxicillin+ Clavulanic acid	500 mg (as Trihydrate) + 125 mg (as Potassium clavulanate) Tablet	₱ 39.67
8	Amoxicillin+ Clavulanic acid	875 mg (as Trihydrate) + 125 mg (as Potassium clavulanate) Tablet	₱ 72.39
9	Amoxicillin+ Clavulanic acid	200 mg (as Trihydrate) + 28.5 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70 mL	₱ 244.36
10	Amoxicillin+ Clavulanic acid	400 mg (as Trihydrate) + 57 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70 mL	₱ 377.68
11	Amoxicillin+ Clavulanic acid	600 mg (as Trihydrate) + 42.9 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension	₱ 396.16
12	Aspirin	80 mg Tablet	₱ 1.50
13	Aspirin	100 mg Tablet	₱ 3.94
14	Atenolol	50 mg Tablet	₱ 8.01
15	Atenolol	100 mg Tablet	₱ 11.55
16	Atorvastatin	10 mg (as Calcium) Tablet	₱ 6.00
17	Atorvastatin	20 mg (as Calcium) Tablet	₱ 12.00
18	Atorvastatin	40 mg (as Calcium) Tablet	₱ 16.00
19	Atorvastatin	80 mg (as Calcium) Tablet	₱ 25.00
20	Azithromycin	250 mg (as Base*/dihydrate) Capsule	₱ 98.79
21	Azithromycin	250 mg (as Base*/dihydrate/ monohydrate) Tablet	₱ 99.79
22	Azithromycin	500 mg (as Base*/dihydrate/ monohydrate) Tablet	₱ 53.50
23	Azithromycin	200 mg/5 mL (as Base*/dihydrate/ monohydrate) Powder for suspension in 15 mL	₱ 270.00
24	Azithromycin	200 mg/5 mL (as Base*/dihydrate/ monohydrate) Powder for suspension in 60 mL	₱ 381.74
25	Captopril	25 mg Tablet	₱ 5.15

	MOLECULE	PREPARATION	FIXED FEE SCHEDULE
26	Cefixime	200 mg Capsule	₱ 26.50
27	Cefixime	20 mg/mL in 10 mL (drops)	₱ 298.71
28	Cefixime	100 mg/5 mL Granules for Suspension in 60 mL	₱ 634.39
29	Cefuroxime	500 mg (as Axetil) Tablet	₱ 35.00
30	Cefuroxime	125 mg/5 mL (as Axetil) Granules for Suspension in 70 mL	₱ 308.77
31	Cefuroxime	250 mg/5 mL Granules for Suspension in 50 mL and 120 mL Bottle	₱ 296.36
32	Celecoxib	100 mg Capsule	₱ 8.50
33	Celecoxib	200 mg Capsule	₱ 7.50
34	Celecoxib	400 mg Capsule	₱ 35.00
35	Chlorphenamine	4 mg Tablets	₱ 3.76
36	Chlorphenamine	2.5 mg / 5 mL syrup / 60 mL	₱ 37.52
37	Ciprofloxacin	250 mg (as Hydrochloride) Tablet	₱ 31.96
38	Ciprofloxacin	500 mg (as Hydrochloride) Tablet	₱ 4.00
39	Clarithromycin	250 mg Tablet (Base)	₱ 68.89
40	Clarithromycin	500 mg Tablet (Base)	₱ 30.25
41	Clarithromycin	125 mg/5 mL Granules/Powder for suspension in 50 mL	₱ 277.00
42	Clarithromycin	250 mg/5 mL Granules/Powder for suspension in 50 mL	₱ 632.32
43	Clindamycin	150 mg (as Hydrochloride) Capsule	₱ 8.00
44	Clindamycin	300 mg (as Hydrochloride) Capsule	₱ 10.00
45	Clindamycin	75 mg/5 mL (as Palmitate hydrochloride) Granules for suspension in 60 mL	₱ 568.58
46	Clotrimazole	1% Cream in 10 g Aluminum collapsible tube	₱ 168.92
47	Cloxacillin	500 mg (as Sodium) Capsule	₱ 7.75
48	Cloxacillin	250 mg/5 mL (as Sodium) Powder for solution in 60 mL	₱ 74.46
49	Diltiazem	60 mg (as Hydrochloride) Tablet	₱ 15.72
50	Diltiazem	60 mg (as Hydrochloride) Modified Release (MR) capsule	₱ 15.72
51	Diltiazem	120 mg (as Hydrochloride) Modified Release (MR) capsule	₱ 96.38
52	Diltiazem	180 mg (as Hydrochloride) Modified Release (MR) capsule	₱ 165.17
53	Diltiazem	120 mg (as Hydrochloride) Modified Release (MR) tablet	₱ 96.38
54	Diltiazem	180 mg (as Hydrochloride) Modified Release (MR) tablet	₱ 165.17

	MOLECULE	PREPARATION	FIXED FEE SCHEDULE
55	Diltiazem	30 mg (as Hydrochloride) Tablet	₱ 15.89
56	Diphenhydramine	25 mg (as Hydrochloride) Capsule	₱ 1.00
57	Diphenhydramine	50 mg (as Hydrochloride) Capsule	₱ 1.00
58	Diphenhydramine	12.5 mg/ 5mL (as Hydrochloride) Syrup in 30 mL	₱ 77.05
59	Diphenhydramine	12.5 mg/ 5mL (as Hydrochloride) Syrup in 60 mL	₱ 16.13
60	Doxycycline	100 mg (as Hyclate) Capsule	₱ 3.00
61	Enalapril	5 mg (as Maleate) Tablet	₱ 4.80
62	Enalapril	20 mg (as Maleate) Tablet	₱ 6.75
63	Erythromycin	0.5% Ophthalmic ointment in 3.5 g Tube	₱ 167.32
64	Erythromycin	500 mg (as Stearate) Tablet	₱ 8.50
65	Erythromycin	200 mg/5 mL (as Ethyl for suspension in 60 mL	₱ 93.92
66	Fluticasone + Salmeterol	100 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser	₱ 1,084.29
67	Fluticasone + Salmeterol	100 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser	₱ 1,084.29
68	Fluticasone + Salmeterol	250 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser	₱ 1,500.74
69	Fluticasone + Salmeterol	250 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser	₱ 1,156.25
70	Fluticasone + Salmeterol	500 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser	₱ 798.50
71	Fluticasone + Salmeterol	500 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser	₱ 1,981.54
72	Folic Acid + Iron Ferrous	60 mg (elemental iron) + 400 mcg Tablet/Capsule/Film-coated tablet	₱ 5.16
73	Gabapentin	100 mg Capsule	₱ 18.00
74	Gabapentin	300 mg Capsule	₱ 13.00
75	Gliclazide	30 mg Modified Release (MR) tablet	₱ 8.05
76	Gliclazide	80 mg Tablet	₱ 7.98
77	Hydrochlorothiazide	12.5 mg Tablet	₱ 5.44
78	Hydrochlorothiazide	25 mg Tablet	₱ 4.00
79	Ibuprofen	200 mg Tablet	₱ 1.13
80	Ibuprofen	400 mg Tablet	₱ 1.00

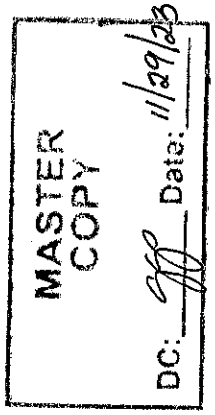
	MOLECULE	PREPARATION	FIXED FEE SCHEDULE
81	Ibuprofen	100 mg/5 mL Syrup/Suspension in 60 mL	₱ 96.51
82	Ipratropium Bromide	250 mcg/mL (as Bromide) Respiratory solution in 2 mL Unit dose (For nebulization)	₱ 45.16
83	Ipratropium Bromide + Salbutamol	500 mcg (as Bromide anhydrous) + 2.5 mg (as Base) in 2.5 mL Unit dose (For nebulization)	₱ 1.44
84	Iron Ferrous	(equiv. to 60 mg elemental iron) Tablet (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)	₱ 8.65
85	Iron Ferrous	(equiv. to 15 mg elemental iron per 0.6 mL) Solution in 15 mL (Drops) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)	₱ 55.71
86	Iron Ferrous	(equiv. to 15 mg elemental iron per 0.6 mL) Solution in 30 mL (Drops) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)	₱ 56.63
87	Iron Ferrous	(equiv. to 30 mg elemental iron per 5 mL) Solution in 60 ml (syrup) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)	₱ 48.57
88	Isosorbide Dinitrate	10 mg (as Dinitrate) Tablet	₱ 14.50
89	Isosorbide Dinitrate	20 mg (as Dinitrate) Tablet	₱ 18.34

	MOLECULE	PREPARATION	FIXED FEE SCHEDULE
90	Isosorbide Dinitrate	20 mg (as Dinitrate) Modified Release (MR) tablet/Capsule	₱ 18.34
91	Isosorbide Dinitrate	5 mg (as Dinitrate) Sublingual (SL) tablet	₱ 23.48
92	Isosorbide Mononitrate	30 mg (as 5-Mononitrate) Modified Release (MR) tablet/Capsule	₱ 26.66
93	Isosorbide Mononitrate	60 mg (as 5-Mononitrate) Modified Release (MR) tablet/Capsule	₱ 37.42
94	Losartan	50 mg (as Potassium) Tablet	₱ 4.75
95	Losartan	100 mg (as Potassium) Tablet	₱ 8.00
96	Losartan + Hydrochlorothiazide	50 mg losartan + 12.5 mg hydrochlorothiazide Tablet	₱ 5.00
97	Mefenamic Acid	250 mg Tablet /Capsule	₱ 7.34
98	Mefenamic Acid	500 mg Tablet /Capsule	₱ 1.38
99	Metformin	500 mg (as Hydrochloride) Tablet/Film-coated tablet	₱ 2.25
100	Metformin	850 mg (as Hydrochloride) Tablet	₱ 11.57
101	Methyldopa	250 mg Tablet	₱ 9.00
102	Metoprolol	50 mg (as Tartrate) Tablet	₱ 1.50
103	Metoprolol	100 mg (as Tartrate) Tablet	₱ 7.12
104	Metronidazole	250 mg Tablet	₱ 10.95
105	Metronidazole	500 mg Tablet	₱ 2.25
106	Metronidazole	125 mg/5 mL (as Base) Suspension in 60 mL	₱ 41.00
107	Montelukast	4 mg (as Sodium) Chewable tablet	₱ 20.31
108	Montelukast	5 mg (as Sodium) Chewable tablet	₱ 22.78
109	Montelukast	10 mg (as Sodium) Tablet	₱ 28.67
110	Naproxen	275 mg (as Sodium) Tablet	₱ 2.50
111	Naproxen	550 mg (as Sodium) Tablet	₱ 10.83
112	Nitrofurantoin	50 mg Capsule as Macrocrystals	₱ 58.35
113	Nitrofurantoin	100 mg Capsule as Macrocrystals	₱ 29.00



	MOLECULE	PREPARATION	FIXED FEE SCHEDULE
114	Oral Rehydration Salts (ORS 75-replacement)	(L of water) composed of: 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 (mmol/L) composed of: Sodium = 75 Chloride = 65 Potassium = 20 Citrate = 10 Glucose anhydrous = 75 Total osmolarity = 245 (WHO recommended) (N.B.: Reconstitute with clean potable water)	₱ 43.00
115	Oseltamivir	75 mg (as Phosphate) Capsule	₱ 129.27
116	Paracetamol	300 mg Tablet	₱ 2.20
117	Paracetamol	500 mg Tablet	₱ 0.75
118	Paracetamol	100 mg/mL Drops in 15 mL (Alcohol-free)	₱ 20.00
119	Paracetamol	120 mg/5 mL (125 mg/5 mL) Syrup/Suspension (Alcohol-free) in 60 ml	₱ 75.91
120	Paracetamol	250 mg/5 mL Syrup/Suspension (Alcohol-free) in 60 mL	₱ 104.01
121	Paracetamol	125 mg Suppository	₱ 4.75
122	Paracetamol	250 mg Suppository	₱ 10.50
123	Prednisone	5 mg Tablet	₱ 2.95
124	Prednisone	10 mg Tablet	₱ 3.25
125	Prednisone	20 mg Tablet	₱ 8.98
126	Prednisone	10 mg/5 mL Suspension in 60 mL	₱ 134.07
127	Rosuvastatin	10 mg (as Calcium) Tablet	₱ 26.72
128	Rosuvastatin	20 mg (as Calcium) Tablet	₱ 17.75
129	Salbutamol (as Sulfate) + Ipratropium	Resp. Soln. (for nebulization): 500 micrograms ipratropium (as bromide anhydrous) + 2.5 mg salbutamol (as base) x 2.5 mL (unit dose)	₱ 45.16
130	Salbutamol	100 mcg/dose x 200 (as Sulfate)	₱ 363.85
131	Salbutamol	1 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (For nebulization)	₱ 9.00
132	Salbutamol	2 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (For nebulization)	₱ 72.81
133	Salbutamol	2 mg/5 mL (as Sulfate) Syrup in 60 mL	₱ 30.25
134	Simvastatin	20 mg Tablet	₱ 2.25
135	Simvastatin	40 mg Tablet	₱ 10.00

	MOLECULE	PREPARATION	FIXED FEE SCHEDULE
136	Sulfamethoxazole + Trimethoprim	400 mg + 80 mg Tablet/Capsule	₱ 4.74
137	Sulfamethoxazole + Trimethoprim	800 mg (as Sulfate) + 160 mg Tablet	₱ 9.45
138	Sulfamethoxazole + Trimethoprim	200 mg + 40 mg/5 mL Suspension in 70 mL	₱ 85.78
139	Sulfamethoxazole + Trimethoprim	200 mg + 40 mg/5 mL Suspension in 120 mL	₱ 53.12
140	Sulfamethoxazole + Trimethoprim	400 mg + 80 mg/5 mL Suspension in 60 mL	₱ 100.51
141	Tamsulosin	200 mcg (as Hydrochloride) Capsule	₱ 73.24
142	Tobramycin	0.3% Ophthalmic drop solution in 5 mL Bottle	₱ 363.25
143	Tobramycin	0.3% Ophthalmic ointment in 3.5 g Tube	₱ 667.32
144	Tobramycin + Dexamethasone	0.3% tobramycin + 0.1% dexamethasone Ophthalmic drop suspension in 5 mL Bottle	₱ 453.78
145	Tobramycin + Dexamethasone	0.3% tobramycin + 0.1% dexamethasone Ophthalmic ointment in 3.5 g Tube	₱ 743.20
146	Vitex Negundo	300 mg Tablet	₱ 2.23
147	Vitex Negundo	600 mg Tablet	₱ 2.50
148	Vitex Negundo	300 mg/5 mL Syrup in 60 mL	₱ 39.00
149	Vitex Negundo	300 mg/5 mL Syrup in 120 mL	₱ 65.50
150	Zinc	(equiv. to 10 mg elemental zinc) (as Gluconate) Chewable tablet	₱ 11.69
151	Zinc	(equiv. to 10 mg elemental zinc per mL) (as Sulfate monohydrate) Drops in 15 mL	₱ 45.99
152	Zinc	(equiv. to 20 mg elemental zinc per 5 mL) (as Sulfate monohydrate) Syrup in 60 mL	₱ 27.36
153	Zinc	70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 60 mL	₱ 92.92
154	Zinc	70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 120 mL	₱ 135.17



ANNEX H: Contract Amount Sample Computation

Amount Setting	**Step 1** List and identify historical sales (quantity) of drugs included in GAMOT	**Step 2** Multiply quantity of drugs sold to Fixed Fee Schedule	**Step 3** Add all products of Step 2 and multiply to 1.10 to determine Contract Amount
Example	**2020-2022 Average Volume of Sales** 1. Amoxicillin Syrup 250mg/5ml; 60ml: 10,000 bottles 2. Paracetamol Tablet 500mg/tab: 10,000 tablets	**2020-2022 Average Volume of Sales x Fixed Fee Schedule** (*example rate only*): 1. Amoxicillin Syrup: PhP 50.00 2. Paracetamol Tab: PhP 2.00 **Amoxicillin Syrup:** (10,000 bottles) x (PhP 50.00) = PhP 50,000 **Paracetamol Tab:** (10,000 tablets) x (PhP 2.00) = PhP 20,000	**Contract Amount** Amoxicillin Syrup + Paracetamol Tab PhP 70,000 PhP 70,000*1.10 = **PhP 77,000** The GAMOT Facility will have **PhP 77,000** to cover operations for the duration of the year

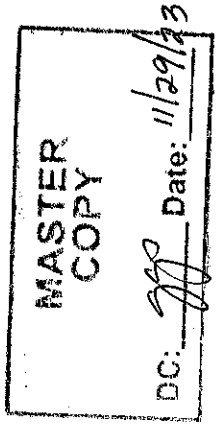
ANNEX I: Fund Request Form

Fund Request Form

Date of request: _____
Date of consumption of 80% of tranche: _____
Tranche Request: ◯ **2nd tranche** ◯ **3rd/ final tranche**
Name of GAMOT Facility: _____
Contact Number of Pharmacy Representative: _____
Email address: _____

_____
(Signature over printed name of Branch Representative)

_____
(Signature over printed name of the Managing Board Representative)
Date Received: _____



ANNEX J: Performance Evaluation Report

PhilHealth GAMOT Auto-Generated Performance Evaluation Form

GAMOT Facility: _____
Date of Form Generation: _____

Date of Submission: *(to be manually filled-up)* _____
Days Operating as GAMOT Facility: _____

I. Overall GAMOT Dispensement Performance

Date	PIN of Beneficiary	UPSC	Prescribing Physician	Quantity - Molecule - Preparation	Beneficiary Share	Net Charge (after beneficiary share)	Balance

II. PhilHealth GAMOT Inventory Monitoring

Compliance to BML	Yes	No
Frequency of stock-outs (lower than 30%) *number of days with stock outs/number of days of operation		

III. GAMOT Drug Performance

Molecule	Preparation	Total Quantity Dispensed

** Arranged chronologically from highest to lowest*

IV. Cost Sharing and Benefit Payment

Number of transactions with cost-sharing mechanism	
Cost shared by Beneficiary	
Cost shared by PhilHealth	

** This shall be auto-generated through the GAMOT Application.*

ANNEX K: Sample Tranche Computation

Tranches	First	Second	Final
Max Amount	**60% of Contract Amount**	**30% of Contract Amount**	**10% of Contract Amount**
Trigger	N/A	Can be requested as early as **80% consumption of the first tranche**	Can be requested as early as **80% consumption of the given first and second tranche**
Formula	First Tranche Amount = (Contract Amount x 0.6)	Second Tranche Amount = (Contract Amount x 0.3) x (Days left in contract/109.5) Note: Second Tranche Amount cannot exceed 30% of the contract amount	Final Tranche Amount = (Contract Amount x 0.10) x (Days left in contract/36.5) Note: Final Tranche Amount may not exceed 10% of contract amount

Formulas:

1. Second Tranche Amount = (Contract Amount x 0.3) x (Days left in contract/109.5)
   Note: Second Tranche Amount cannot exceed 30% of the contract amount

2. Final Tranche Amount = (Contract Amount x 0.10) x (Days left in contract/36.5)
   Note: Final Tranche Amount may not exceed 10% of contract amount

Example Scenario:
GAMOT Facility Contract Amount: PhP 100,000

1. **First Tranche:**
   First Tranche Amount = PhP 100,000 x 0.60 = PhP 60,000
   During the 280th day of the implementation, the GAMOT Facility has consumed PhP 80% or 48,000 of the first tranche and requests for the second tranche.

2. **Second Tranche:**
   Second Tranche Amount = (100,000 x 0.3) x [(365-280)/109.5] = PhP 23,287.67
   During the 310th day of the implementation, the GAMOT Facility has consumed 80% or PhP 66,630.136 from the given first and second tranche. As such, the provider requests for the final tranche.

3. **Final Tranche:**
   Final Tranche Amount = (100,000 x 0.10) x [(365-310/36.5] = PhP 15,068.49
   Since the amount computed for the request for final tranche exceeds the allowable maximum (10% of the contract amount or PhP 10,000), only PhP 10,000 shall be disbursed for the final tranche.