



Republic of the Philippines
Department of Education
Region II – Cagayan Valley
Schools Division of Nueva Vizcaya

September 3, 2026

DIVISION MEMORANDUM
No. 331, s. 2026

**AVAILMENT OF MEDICINES UNDER THE PHILHEALTH
YAKAP GAMOT BENEFIT**

To: Assistant Schools Division Superintendent
Chief-School Governance Operations Division
Chief-Curriculum Implementation Division
Public Schools District Supervisors / District In-charge
Public Elementary and Secondary School Heads
All Others Concerned

1. In support of the implementation of the **PhilHealth YAKAP Program**, all registered YAKAP members are hereby informed that eligible outpatient medicines may be availed through **PhilHealth GAMOT-accredited facilities nationwide**, subject to PhilHealth guidelines, benefit limits, and medicine availability.
2. Members registered under the **DepEd SDO Nueva Vizcaya School Health Clinic** shall undergo consultation and medical assessment prior to the issuance of a **YAKAP-generated prescription with QR code**, which shall be presented to a GAMOT-accredited pharmacy.
3. Members are advised to **check the availability of the prescribed medicine and contact their preferred GAMOT-accredited facility prior to proceeding to the pharmacy** to avoid unnecessary travel.
4. The attached **Guidelines on the Availment of Medicines under the PhilHealth YAKAP GAMOT Benefit** shall serve as reference for the availment process, medicine availability, accredited facilities, and other related concerns.
5. For assistance, members may coordinate with their respective **District Nurse or the School Health and Nutrition Unit (SHNU)/School Health Clinic**.
6. Immediate dissemination of this Memorandum is directed.


ORLANDO E. MANUEL PhD, CESO V
Schools Division Superintendent

08-2026-598





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Enclosure No. 1 to Division Memorandum No. _____, s. 2026

**GUIDELINES ON THE AVAILMENT OF MEDICINES UNDER THE PHILHEALTH
YAKAP GAMOT BENEFIT**

I. ELIGIBILITY

Only **registered PhilHealth YAKAP members** may avail themselves of eligible medicines under the GAMOT Benefit.

II. PROCESS OF AVAILMENT

Step 1 – CONSULT

The member shall undergo consultation and medical assessment by the physician of his/her registered YAKAP facility.

Step 2 – GET A YAKAP PRESCRIPTION

When medically indicated, the YAKAP physician shall issue a **YAKAP-generated prescription with QR code**.

Step 3 – CHECK MEDICINE AVAILABILITY

The member shall verify whether the prescribed medicine:

- a. is included in the PhilHealth GAMOT benefit;
- b. is within the applicable benefit allocation; and
- c. is available at the preferred GAMOT-accredited facility.

Step 4 – CONTACT THE GAMOT FACILITY

Members are strongly encouraged to contact their preferred GAMOT-accredited facility before proceeding to confirm medicine availability and prevent unnecessary travel.

Step 5 – AVAIL THE MEDICINE

The member shall present the valid **YAKAP-generated prescription with QR code** to the GAMOT-accredited facility for validation and dispensing.

GAMOT AVAILMENT FLOW:

YAKAP MEMBER → CONSULT → GET QR-CODED YAKAP
PRESCRIPTION → CHECK MEDICINE & GAMOT FACILITY
AVAILABILITY → PRESENT PRESCRIPTION → AVAIL MEDICINES

III. MEDICINE COVERAGE AND AVAILABILITY

1. Not all medicines prescribed by the physician are covered under the PhilHealth GAMOT Benefit.
2. PhilHealth provides a **specific benefit allocation or allowable amount for each covered medicine**. Medicine availment shall therefore be subject to the applicable GAMOT benefit allocation.
3. **Branded medicines are generally not covered when their cost exceeds the applicable benefit allocation**. Members cannot demand a specific brand when its cost is beyond the allowable GAMOT benefit. Dispensing shall be based on medicines covered within the applicable PhilHealth benefit amount and subject to pharmacy availability.
4. Availment of medicines shall be subject to:



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- a. medical assessment and prescription of the YAKAP physician;
 - b. member eligibility and applicable benefit limits;
 - c. inclusion and availability of the medicine in the GAMOT system;
and
 - d. actual stocks at the selected GAMOT-accredited facility.
5. If a medically indicated medicine is **not covered, unavailable, or cannot be dispensed within the applicable GAMOT benefit**, the YAKAP physician may issue a separate prescription for purchase from the member's preferred pharmacy.

IV. GAMOT-ACCREDITED FACILITIES

1. YAKAP members may obtain eligible prescribed medicines from **any PhilHealth GAMOT-accredited facility nationwide** and are not limited to a particular GAMOT pharmacy.
2. Members are advised to check the **updated official list of PhilHealth GAMOT-accredited facilities** and contact the facility beforehand to confirm the availability of prescribed medicines.

V. IMPORTANT REFERENCES

- A. List of Medicines Covered under PhilHealth YAKAP GAMOT
Reference: **PhilHealth Circular No. 2025-0013**
- B. Updated List of PhilHealth GAMOT-Accredited Facilities Nationwide
Members are advised to refer regularly to the official PhilHealth list for newly accredited or updated facilities.

VI. SAMPLE PRESCRIPTION

A **sample YAKAP-generated prescription with QR code** shall be attached to this Enclosure to guide members on the prescription to be presented at the GAMOT-accredited facility.

VII. ASSISTANCE AND CONCERNS

For concerns regarding YAKAP enrollment, consultation, prescription, GAMOT medicine coverage, availability, and availment, members may coordinate with their respective District Nurse or the DepEd SDO Nueva Vizcaya School Health and Nutrition Unit (SHNU)/School Health Clinic.



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Sample of GAMOT Prescription to be presented in GAMOT accredited Pharmacy:

**ANNEX F: GAMOT App-Generated
Prescription Template**



DEPED SDO NUEVA VIZCAYA SCHOOL HEALTH CLINIC
QUEZON ST., DON DOMINGO MADDELA, BAYOMBONG, NUEVA VIZCAYA
09275463220
RYAN CHRISTOPHER ARRIOLA BUCCAT

PhilHealth GAMOT Prescription

Date: _____
UPSC: _____
Age: _____ Sex: _____

Beneficiary Name: _____
Address: _____

R_x

Medications Covered by PhilHealth GAMOT:

1. Atorvastatin 20 mg (as Calcium) Tablet sig. after meal (evening)	Quantity 90
2. Fenofibrate 160 mg Tablet sig. after meal (morning)	Quantity 90
3. Telmisartan 40 mg Tablet sig. after meal in the morning	Quantity 90

Nothing Follows

Follow-up Date: Sep 10, 2026



RYAN CHRISTOPHER ARRIOLA BUCCAT
LIC NO: 0169767

Note:

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