



**ALLIED HEALTH PROFESSIONAL
SERVICES**

**Health Information Management Office
(HIMO)**

External Service



1. Admitting Unit Services

Admitting Unit shall process the admission of patients including Philhealth and E claims verification.

Office or Division	Health Information Management Department			
Classification	Simple			
Type of Transaction :	Government – to –Citizen (G2C) – Transacting Public			
Who May avail	Patient, authorized representative, relative			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Admission slip			Emergency Room	
Patient Commitment form (for Pay Patients)			Physician	
Client Steps	Agency Action	Fees to be Paid	Processing Time	Person Responsible
1.Submit admission slip to the Admitting Unit staff. Affix signature patient commitment form (for private patients)	Receive admission slip, patient commitment form (for Private patients) and determine type of accommodation whether private or service.	None	2 minutes	Administrative Officer III/Administrative Officer II/Administrative Assistant
2.Affix signature in the authorization for medical service and surgical treatment form	Disseminate hospital policies and procedures. Require the patient/representative to sign authorization for medical service and surgical treatment form.	None	3 minutes	Administrative Officer III/Administrative Officer II/Administrative Assistant
3.Provide information as required and affix signature in the utilization form	3.1 Inquire data required in the accomplishment of the PHIC Utilization Form and instruct patient/authorized representative to sign			
	3.2 Logs on in the HOMIS and search name of patient, check accuracy and	None	2 minutes	Administrative Officer III/Administrative Officer



	completeness of data			II/Administrative Assistant
	3.3 Process Philhealth verification and E claims Note: PMRF and CF1 forms shall be given to the patient/authorized representative for any discrepancies in the processing of the PBEF.	None	8 minutes	Administrative Officer III/Administrative Officer II/Administrative Assistant
	3.4 Print and affix the applicable stamps in the clinical cover sheet	None	1 minute	Administrative Officer III/Administrative Officer II/Administrative Assistant
	3.5 Attach clinical cover sheet with the authorization for medical treatment, admission slip and PHIC Utilization form and submit it to the Medical Social Work Department.	None	1 minute	Administrative Officer III/Administrative Officer II/Administrative Assistant
	3.6 Issue watchers ID	None	2 minutes	Administrative Officer III/Administrative Officer II/Administrative Assistant
4.Proceed to the Medical Social Work on duty	Instruct patient to proceed to the Medical Social Worker on duty for classification and possible enrollment	None	1 minute	Administrative Officer III/Administrative Officer II/Administrative Assistant
TOTAL		None	20 minutes	
END OF TRANSACTION				



2. Frontline Services

Releasing of requested documents (photocopies of records, original copy of medical certificate, clinical abstract, and certification) to availing clients for use in claims insurances, reimbursements, court proceedings, medical assistance, etc.

Office or Division:	Health Information Management Department			
Classification:	Simple			
Type of Transaction:	Government – to –Citizen (G2C) – Transacting Public			
Who may avail:	Patient or his/her authorized representative only			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Patients: One (1) Valid Government issued Identification: UMID, SSS, PhilHealth, Voter's ID, Driver's License, Postal ID, Passport)		<ul style="list-style-type: none"> - GSIS/SSS - LTO - PhilHealth Corp. - Comelec - Postal Office - DFA 		
For Authorized Representative: <ul style="list-style-type: none"> • One (1) Authorization Letter • One (1) Valid Government issued Identification (UMID, SSS, PhilHealth, Voter's ID, Driver's License, Postal ID, Passport) for both the patient and authorized representative 		<ul style="list-style-type: none"> • Patient • SIS/SSS, LTO, PhilHealth Corp., Comelec, Postal Office 		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number card from the service counter and wait for your turn to flash in the queuing monitor.	Receive the number card and issue request form.	None	1 minute	<i>Administrative Assistant I /Administrative officer III - Frontline Service Unit</i>
2. Fill out the patient request form and return to service counter.	2.1 Receive the form and ascertain validity of request thru short interview, presentation of valid identification and/or authorization letter. Issue Release number.	None	3 minutes	<i>Administrative Assistant I /Administrative officer III - Frontline Service Unit</i>



	2.2 Retrieve Requested Health Records/ Documents	None	Digitized Health Records - 3 minutes	<i>Administrative Assistant I, Administrative Officer I - Scanning, Filing, and Retrieval Unit</i>
	2.3 Printing of health record/documents	None	5 minutes	<i>Administrative Assistant I, Administrative Officer I - Scanning, Filing, and Retrieval Unit</i>
	2.4 Certification of documents	None	2 minutes	<i>Supervising Administrative Officer, Officer in Charge – HIM Department</i>
	2.5 Issuance of charge slip	None	1 minute	<i>Administrative Assistant I /Administrative officer III – Frontline Service Unit</i>
3. Pay amount at the Cashier	Instruct the patient to pay at the Cashier Operation Office.	PHP 50.00 – certification 2.00/per page (photo-copy)	2 minutes	<i>Administrative Assistant I /Administrative officer III - Frontline Service Unit</i>
4. Receive documents and affix name and signature in the releasing registry	Log official receipt number and documents requested in the releasing registry. Release documents to client.	None	3 minutes	<i>Administrative Assistant I /Administrative officer III - Frontline Service Unit</i>
TOTAL:		PHP 50.00 + (2.00 x no. of pages)	20 minutes	
END OF TRANSACTION				



3. Transcription and Release of Death Certificates

The Hospital shall release the death certificate to the authorized claimant upon request and presentation of a clearance form.

Office or Division:	Health Information Management Department			
Classification:	Simple			
Type of Transaction:	Government – to –Citizen (G2C) – Transacting Public			
Who may avail:	Relative/Nearest kin or authorized representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Relative/Nearest kin: <ul style="list-style-type: none"> One (1) Valid Government issued Identification: UMID, SSS, PhilHealth, Voter's ID, Driver's License, Postal ID, Passport) Clearance Form 		<ul style="list-style-type: none"> GSIS/SSS, LTO, PhilHealth Corp., Comelec, Postal Office, DFA Billing and Claims Office 		
For Authorized Representative: <ul style="list-style-type: none"> One (1) Valid Government issued Identification: UMID, SSS, PhilHealth, Voter's ID, Driver's License, Postal ID, Passport) for both the Authorized representative and nearest kin Clearance Form 		<ul style="list-style-type: none"> GSIS/SSS, LTO, PhilHealth Corp., Comelec, Postal Office, DFA Billing and Claims Office 		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present a clearance form, valid identification and authorization letter (if requesting party is not an immediate relative	Receive a request from the client and ascertain validity of request thru proper identification including a clearance form.	None	3 minutes	<i>Statistician II/Administrative Officer IV – Statistics and Research Unit</i>
2. Check accuracy of entries	2.1 Retrieve the preform and instruct client to check accuracy of entries	None	3 minutes	<i>Statistician II/Administrative Officer IVI – Statistics and Research Unit</i>
	2.2 Logs on to the Acrobat Program and encode required data	None	5 minutes	<i>Statistician II/Administrative Officer IVI – Statistics and Research Unit</i>



3. Check and validate the accuracy of entries in the official form	Print one official copy and instruct client to check accuracy of entries	None	3 minutes	<i>Statistician II/Administrative Officer IVI – Statistics and Research Unit</i>
4. Affix signature in the liability release form	Instruct client to sign liability release form	None	1 minute	<i>Statistician II/Administrative Officer IVI – Statistics and Research Unit</i>
	Print the other three (3) official copies of the certificate	None	2 minute	<i>Statistician II/Administrative Officer IVI – Statistics and Research Unit</i>
5. Receive documents and affix name and signature in the releasing registry	Release three (3) official copies and instruct the client to affix his/her signature in the Certificate of Death Releasing Logbook. Advise claimant to register the certificate to the Office of the Local Civil Registrar immediately.	None	3 minutes	<i>Statistician II/Administrative Officer IVI – Statistics and Research Unit</i>
TOTAL:		None	20 minutes	
END OF TRANSACTION				



4. Request for Replacement copies of Death Certificates (due to loss/unregistered)

The Hospital shall retrieve, transcribe and release replacement copies of the death certificate to the authorized claimant upon presentation of the required documents.

Office or Division:	Health Information Management Department			
Classification:	Simple			
Type of Transaction:	Government – to –Citizen (G2C) – Transacting Public			
Who may avail:	Relative/Nearest kin or authorized representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Relative/Nearest kin: <ul style="list-style-type: none"> One (1) Valid Government issued Identification: UMID, SSS, PhilHealth, Voter's ID, Driver's License, Postal ID, Passport) Certificate of No Record from the Philippine Statistics Authority (PSA) Affidavit of Loss 		<ul style="list-style-type: none"> GSIS/SSS, LTO, PhilHealth Corp., Comelec, Postal Office, DFA Philippine Statistics Authority Lawyer 		
For Authorized Representative: <ul style="list-style-type: none"> One (1) Valid Government issued Identification: UMID, SSS, PhilHealth, Voter's ID, Driver's License, Postal ID, Passport) for both the Authorized representative and nearest kin Certificate of No Record from the Philippine Statistics Authority (PSA) Affidavit of Loss Authorization letter 		<ul style="list-style-type: none"> GSIS/SSS, LTO, PhilHealth Corp., Comelec, Postal Office, DFA Philippine Statistics Authority Lawyer Relative/Nearest kin of the Deceased 		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present a valid identification card, Certificate of No Record from the PSA, Affidavit of Loss and authorization letter (if requesting party is not an immediate relative)	1.1 Instruct claimant to fill out a patient request form and submit the following: <ol style="list-style-type: none"> Certificate of No Record from the Philippine Statistics Authority (PSA) Affidavit of Loss One (1) Authorization Letter from the nearest kin (if 	None	2 minutes	Statistician II/Administrative Officer IV– Statistics and Research Unit



	<p>claimant is not a relative) d. Valid Identification Card</p> <p>1.2 Retrieval of death certificate</p> <p>1.3 Log on to the Acrobat Program and encode required data</p>	None	20 minutes	<p><i>Administrative Assistant I – Scanning, Filing, and Retrieval Unit</i></p> <p><i>Statistician II/Administrative Officer IV – Statistics and Research Unit</i></p>
2. Check and validate the accuracy of entries in the official form	Print one official copy and instruct client to check accuracy of entries	None	2 minutes	<i>Statistician II/Administrative Officer IV – Statistics and Research Unit</i>
3. Affix signature in the liability release form	Instruct client to sign liability release form	None	1 minutes	<i>Statistician II/Administrative Officer IV – Statistics and Research Unit</i>
4. Pay amount at the Cashier	4.1 Print the other three (3) official copies of the certificate and instruct patient to pay at the cashier		2 minutes	<i>Statistician II/Administrative Officer IV – Statistics and Research Unit</i>
	4.2 Receive payment and issue official receipt	PHP 100.00	2 minutes	<i>Statistician II/Administrative Officer IV – Statistics and Research Unit</i>
5. Receive documents and affix name and signature in the releasing registry	Release three (3) official copies and instruct the client to affix his/her signature in the Certificate of Death Releasing Logbook. Advise claimant to register the certificate to the Office of the Civil Registrar immediately.	None	3 minutes	<i>Statistician II/Administrative Officer IV – Statistics and Research Unit</i>
TOTAL:		PHP 100.00	37 minutes	
END OF TRANSACTION				



5. Transcription of birth certificates and providing photocopies for submission to the Billing and Claims - for Single and Married Parents.

Office or Division	Health Information Management Department			
Classification	Simple			
Type of Transaction :	Government – to –Citizen (G2C) – Transacting Public			
Who May avail	Patient or authorized representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
1. Check accuracy of preform	Retrieve the preform and instruct the mother/father/representative to check the accuracy of recorded data.	None	3 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
2. Check and validate the accuracy of entries in the official form	Transcribe the data into the HOMIS birth certificate module and prints one copy. Instruct the mother/father/representative to validate entries in the printed copy	None	5 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
3. Affix signature in the liability release form	1.1 Instruct father/ mother to sign the liability release form.	None	1 minute	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
	3.2 Print the other three (3) official copies of the certificate	None	3 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
	3.3 Instruct the mother/father/representative to claim the official copy of the certificate at the Local Civil Registrar after 3 weeks. Provide the mother/father/watcher a photocopy for submission to the Billing and Claims.	None	3 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
TOTAL:		None	15 minutes	
END OF TRANSACTION				



6. Transcription of birth certificates and providing photocopies for submission to the Billing and Claims - for Admission of Paternity with Authority to use the Surname of the Father (AUSF)

Office or Division	Health Information Management Department			
Classification	Simple			
Type of Transaction :	Government – to –Citizen (G2C) – Transacting Public			
Who May avail	Father/Mother			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Valid Government issued Identification (UMID, SSS, PhilHealth, Voter's ID, Driver's License, Postal ID, Passport) for both parents.		<ul style="list-style-type: none"> - GSIS/SSS - LTO - PhilHealth - Comelec - Postal Office - DFA 		
Client Steps	Agency Action	Fees to be Paid	Processing Time	Person Responsible
1. Check accuracy of preform. Fill out all entries required in the admission of paternity.	1.1 Retrieve the preform and instruct the father to present one (1) valid government ID. 1.2 Instruct the father to check the accuracy of data and fill out entries required in the admission of paternity in the preform	None	6 minutes	<i>Administrative Assistant III /Administrative officer III – Birth Transcription Unit</i>
2. Check and validate the accuracy of entries in the official form	Transcribe the data into the HOMIS birth certificate module and prints one copy. Instruct the father to validate entries in the printed copy.	None	6 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
3. Affix signature in the liability release form	Instruct father to sign liability release form	None	1 minute	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>



4. Affix signature above printed name in the admission of paternity column at the back portion of the four (4) printed official copies	Print the other three (3) official copies of the certificate and instruct the father to affix signature above his printed name in the admission of paternity column at the back portion of the four (4) printed official copies.	None	2 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
5. Bring the affidavit to the mother for her signature	Print four (4) copies of AUSF to be signed by the mother. Instruct the father to bring the affidavit to the mother for signature.	None	5 minutes	
6. Have the AUSF and official certificates notarized by a lawyer. 7. Register the AUSF with attached photocopy at the LCR	Instruct the father to: - Bring the AUSF for notarization together with the four (4) copies of the official birth certificate to the lawyer. - Register the AUSF with attached photocopy of the birth certificate at the local Civil Registrar to secure a Certificate of Registration. The same shall be returned to the hospital for attachment with the file.	None	5 minutes (instruction)	
8. Submit photocopies of the certificate to the Billing and Claims	Instruct the father to claim the official copy of the certificate at the LCR after 3 weeks. Provide the mother/father/watcher a photocopy for submission to the Billing and Claims.	None	5 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
TOTAL		None	30 minutes	
END OF TRANSACTION				



7. Transcription of birth certificates and providing photocopies for submission to The Billing and Claims - for Admission of Paternity without Authority to Use the Surname of the Father (AUSF)

Office or Division	Health Information Management Department			
Classification	Simple			
Type of Transaction:	Government – to –Citizen (G2C) – Transacting Public			
Who May avail	Patient or authorized representative			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
One (1) Valid Government issued Identification (UMID, SSS, PhilHealth, Voter's ID, Driver's License, Postal ID, Passport) for both parents.			<ul style="list-style-type: none"> - GSIS/SSS - LTO - PhilHealth - Comelec - Postal Office - DFA 	
Client Steps	Agency Action	Fees to be Paid	Processing Time	Person Responsible
1. Check accuracy of preform.	Retrieve the preform and instruct the father to present one (1) valid government ID.	None	5 minutes	<i>Administrative Assistant III /Administrative officer III – Birth Transcription Unit</i>
2. Fill out all entries required in the admission of paternity.	Instruct the father to check the accuracy of data and fill out entries required in the admission of paternity in the preform			
3. Check and validate the accuracy of entries in the official form	Transcribe the data into the HOMIS birth certificate module and prints one copy. Instruct the father to validate entries in the printed copy.	None	5 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
4. Affix signature in the liability release form	Instruct father to sign liability release form	None	1 minute	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
5. Affix signature above printed name in the admission	Print the other three (3) official copies of the certificate and instruct the father to affix signature above his printed name in	None	2 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>



of paternity column at the back portion of the four (4) printed official copies	the admission of paternity column at the back portion of the four (4) printed official copies.			
6. Submit photocopies of the certificate to the Billing and Claims	Instruct the father to claim the official copy of the certificate at the LCR after 3 weeks. Provide the mother/father/watcher a photocopy for submission to the Billing and Claims.	None	2 minutes	<i>Administrative Assistant I /Administrative officer III – Birth Transcription Unit</i>
TOTAL		None	15 minutes	
END OF TRANSACTION				



ALLIED HEALTH PROFESSIONAL SERVICES

**Medical Social Work Department
(MSWD)**

External Service



1. ELIGIBILITY and NAVIGATION (MSWD at Emergency Room and/or OPD for Admission)

1.1 Psychosocial Assessment for Admission

Office or Division:	Medical Social Work Department			
Classification:	Simple			
Type of Transaction:	G2C – Transacting Public/G2G-Transacting Government			
Who may avail:	Patients for admission (Patient/Representative)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admission Documents: <ol style="list-style-type: none"> Admission Order Admission Slip BGHMC PHIC Verification Inquiry Authorization for Medical and Surgical Treatment Clinical Coversheet 		ER Admission – Department of Consultation; Flavier Building and OPD Building Direct Admission – Admitting Unit & Department of Consultation		
Patient Commitment Form (Pay Patients)		Attending Physician – Department of Consultation		
<ol style="list-style-type: none"> Client Consent Form Contract of Responsibility Form Psychosocial Assessment Tool Service Card 		Medical Social Work Department		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 For Charity/Basic Accommodation and/or Pay Patient				
STEP 1: The patient for admission proceeds to Medical Social Work Department accompanied by the ER/OPD staff	<ol style="list-style-type: none"> Accepts patient admission documents from Admitting Clerk; Gives queuing number (priority/regular) and instructs patient to wait for his/her number to be called 	None	15 seconds	<i>Medical Social Worker on Duty</i>
STEP 2: 1. Submits queuing number when called for interview	<ol style="list-style-type: none"> Accepts queuing number. 	None	2 minutes	<i>Medical Social Worker on Duty</i>



<p>2. Reads, understands and signs Client Consent and Contract of Responsibility</p>	<p>2. Explains Client Consent and Contract of Responsibility.</p> <p>3. Orients on hospital policies</p>			
<p>STEP 3: For Charity/Basic Accommodation Patient:</p> <p>1. Responds to the questions of the Medical Social Worker.</p> <p>2. Signs the Psychosocial Assessment Tool</p>	<p>1. Interviews patient or representative for psychosocial assessment using the prescribed tool</p> <p>2. Explains assessment result</p> <p>3. Prints Psychosocial Assessment Tool and let patient/ representative sign</p> <p>4. Accomplishes Service Card and explains importance and validity</p> <p>5. For patients eligible to Point of Service refer to MSW POS-in charge for enrolment</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Medical Social Worker on Duty</i></p>



<p>For Pay Patient:</p> <ol style="list-style-type: none"> 1. Responds to the questions of the Medical Social Worker 2. Signs the Commitment Form 3. Accomplishes Pay Patient Logbook. 	<ol style="list-style-type: none"> 1. Interviews patient or representative on their financial capacity 2. Explains the content of the Commitment Form and hospital policies. 			
<p>STEP 4:</p> <p>The patient proceeds to where she is endorsed to by the Medical Social Worker:</p> <p>For ER patient, proceed to Emergency Room.</p> <p>For Direct Admission, return to the ER Admitting</p>	<p>The Medical Social Worker gives specific instructions to the patient.</p>		<p>2 mins</p>	<p><i>Medical Social Worker on Duty</i></p>
TOTAL:		None	19 minutes and 15 seconds	
END OF TRANSACTION				



1.2. PhilHealth Enrollment under Point of Service (POS) Program

Office or Division:	Medical Social Work Department			
Classification:	Simple			
Type of Transaction:	G2C – Transacting Public, G2G Transacting Government			
Who may avail:	In-Patients and ER Patients with no active PhilHealth with case compensable to PHIC			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Verification Slip/PBEF		PCARES on Duty/Admitting Unit		
PMRF		Medical Social Work Department		
CF1		Medical Social Work Department		
Birth Certificate/Marriage Certificate <i>(required only if record has discrepancy)</i>		Philippine Statistics Authority		
Government Issued ID <i>(required only if record has discrepancy)</i>		Government Agency Concerned or Issuing Office		
Clinical Coversheet		Department of Admission		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
STEP 1: Answers question of PCARES	Endorses Patient or Representatives and Clinical Coversheet to PCARES	None	10 seconds	<i>Medical Social Worker on Duty</i>
STEP 2. Gives PhilHealth Verification Slip	Accepts PhilHealth Verification Slip and Clinical Coversheet from PCARES and gives queuing number	None	10 seconds	<i>Medical Social Worker on Duty</i>
STEP 3: 1. Accomplishes 2 copies of PMRF and 1 copy of CF 1 and wait for the number to be called. 2. Submits accomplished PhilHealth Form.	1. Provides PMRF and CF1 forms. 2. Validates accomplished PMRF and CF1 forms versus Clinical Coversheet if with discrepancy: a. In Clinical Coversheet Patient or Representatives is directed to HIMO staff for correction.	None	20 minutes	<i>Medical Social Worker on Duty</i>



	<ul style="list-style-type: none"> b. In the Philhealth record instruct Patient/ Representatives to PCARES for correction. 3. Orients patient or representative on PhilHealth benefits of POS enrollment. 4. Certifies PhilHealth Enrollment on Clinical Coversheet or OPD record and enters it to HOMIS. 5. Instruct Patient or Representatives to go back to the Nurse on duty at the: <ul style="list-style-type: none"> a. ER if ER Patient b. OPD if OPD Patient c. Ward if already admitted 			
TOTAL:		None	20 minutes and 20 seconds	
END OF TRANSACTION				



2. Case Management (Er/OPD/In-Patient)

Office or Division:	Medical Social Work Department			
Classification:	Simple, Complex, Highly Technical (Complex – patients without watcher, unidentified patients, patients with complicated family problems) (Highly Technical - psychotic vagrants without identity, abandoned and neglected patients, patient with long term medication and treatment)			
Type of Transaction:	G2C – Transacting Public, G2G – Transacting Government			
Who may avail:	In-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ER/OPD/WARD Referral Form		ER/OPD/Ward Nurse/Physician/Health Care Personnel Form available at Medical Social Work Department		
Referral to Other Agencies Form (as needed)		Medical Social Work Department		
Progress Notes Social Profile Ecomap Psychosocial Assessment Tool		Medical Social Work Department		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
STEP 1: Discloses difficult situation	<ol style="list-style-type: none"> 1. Acknowledges patients or receives referral from health care personnel. 2. Conducts in-depth interview and assessment. 3. Provides MSWD services depending on the need of patient/client, any of the following: <ol style="list-style-type: none"> a. Therapeutic Social Work Services b. Health Education c. Concrete Services 	None	30 minutes	<i>Medical Social Worker on Duty</i>



	<ul style="list-style-type: none"> d. Multi-disciplinary Team Coordination e. Referrals f. Discharge Services g. Rehabilitation Services h. PhilHealth Enrollment through POS Program. i. Refer to Malasakit Center for Medical Assistance. <p>4. Accomplishes patient Progress Notes and Social Profile attached to patient chart</p> <p>5. Accomplishes Ecomap and attach to Psychosocial Assessment Tool for long term, psychiatry and patients with complex needs</p>			
TOTAL:		None	30 minutes	
END OF TRANSACTION				



3. Eligibility and Navigation (Malasakit Center)

Office or Division:	Medical Social Work Department	
Classification:	Simple	
Type of Transaction:	G2C - Transacting Public and G2G – Transacting Public	
Who may avail:	OPD, ER patients, In-Patients, Referred (Patient/Representative)	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
PHILHEALTH		
Birth Certificate/Marriage Certificate/Death Certificate (<i>for updating</i>)		Philippine Statistics Authority
Government Issued ID or Other Valid ID of Member (<i>for updating</i>)		Government Agency Concerned or Issuing Office/Entity
In the absence of the above, the following can be submitted: <ul style="list-style-type: none"> ○ Baptismal Certificate ○ Barangay Certification (certifying that information of patient is true and correct) 		Religious Affiliation Barangay (resident at least 6 months)
Accomplished ER2 Form		Company/PhilHealth
Accomplished CF1		PhilHealth/PCARES at OPD Building
Certificate of Premium Contribution		Company
PCSO- At Source ang Processing (ASAP) Desk		
Updated Clinical Abstract		Attending Physician/ Hospital Information Management Department
Certificate of Acceptance		Finance and Management Office
Price Quotation/Costing (for epoetin and dialysis treatment only)		Cost Center (i.e Laboratory, Ultrasound, X-ray, Pharmacy)
Updated PhilHealth Benefit Eligibility Form (for dialysis treatment only)		Hemodialysis Unit – Billing Clerk
Picture of patient with latest newspaper of general circulation (for dialysis patients intended for verification purposes)		Newspaper stalls



Government Issued ID or Other Valid ID of Patient and Authorized Representative	Government Agency Concerned or Issuing Office/Entity
Final and Itemized Hospital Bill (for hospitalization)	Billing Section
Police Report for Medico- legal cases (for hospitalization)	Police Station in-charge of the case
Updated Member Data Record (MDR)	PhilHealth/PCARES on Duty
DSWD-CAR	
Updated Clinical Abstract/Medical Certificate (1 original and 2 photocopies)	Department of Consultation/ HIMD
Updated Final Hospital Bill (for hospitalization; 1 original and 2 photocopies)	Billing Section
Government Issued ID or Other Valid ID of Patient or Authorized Representative (3 photocopies/back to back)	Government Agency Concerned or Issuing Office/Entity
Updated Prescription (for Medicines, 3 photocopies)	Department of Consultation
Barangay Certificate/Certificate of Indigency (1 original and 2 photocopies)	Barangay (resident at least 6 months)
Procedure Request/ Prescription (3 photocopies)	Department of Consultation
Charge Slip/s (3 photocopies)	Cost Centers (i.e Laboratory, Ultrasound, X-ray, Pharmacy)
Malasakit Intake Sheet	Malasakit Center DSWD-CAR Social Worker Representative
MEDICAL SOCIAL WORK DEPARTMENT	
A. DOH MAIP Program	
Updated Medical Certificate or Clinical Abstract (original or certified true copy)	Department of Consultation/ Hospital Information Management Department
Charge Slip/s	Cost Center (i.e Laboratory, Ultrasound, X-ray, Pharmacy)
Justification (for pay patients)	Malasakit Center to be signed by Attending Physician
Procedure Request/ Prescription	Attending Physician in the Department of Consultation
Final Hospital Bill (for hospitalization)	Billing Section



Price Quotations (for implants)	Supplier
Inter-agency Referral Form for referred patients (as needed)	Referring hospital
Photocopy of Valid ID of patient (for In-Patients, for verification purposes)	Government Agency Concerned or Issuing Office/Entity
<p>Malasakit Center documents</p> <ul style="list-style-type: none"> a. Client Consent Form (valid for 6 months) b. Contract of Responsibility Form (valid for 6 months) c. Psychosocial Assessment Tool (valid for 6 months) d. Malasakit Intake Sheet e. Impormasyon ng Pasyente f. Application and Acknowledgement Form g. Certificate of Eligibility/Indigency h. Social Case Summary (for pay patients) i. Psychosocial Assessment Tool j. Guarantee Letter k. Malasakit Center Referral Form (as needed) 	Malasakit Center – Medical Social Worker
B. SOCIO-CIVIC PROJECTS FUND (SCPF)	
Medical Certificate or Clinical Abstract	Department of Consultation/ Hospital Information Management Department
Charge Slip/s	Cost Center (i.e Laboratory, Ultrasound, X-ray, Pharmacy)
Inter-agency Referral Form for referred patients (as needed)	Referring hospital
Procedure Request/ Prescription	Department of Consultation
Final Hospital Bill (for hospitalization)	Billing Section
Price Quotations (for implants)	Supplier
Photocopy of Valid ID of patient (for In-Patients, for verification purposes)	Government Agency Concerned or Issuing Office/Entity
<p>Malasakit Center documents</p> <ul style="list-style-type: none"> a. Client Consent Form (valid for 6 months) b. Contract of Responsibility Form (valid for 6 months) c. Psychosocial Assessment Tool (valid for 6 months) d. Malasakit Center Intake Sheet e. Recommendation Letter f. Application and Acknowledgement Form g. Acknowledgement of Medical Assistance h. Certificate of Eligibility/Indigency i. Psychosocial Assessment Tool 	Malasakit Center – Medical Social Worker



j. Guarantee Letter				
k. Malasakit Center Referral Form (as needed)				
BUDGET OFFICE (Receiving of Guarantee Letters)				
Guarantee Letters		DOH-MAIP, Benefactors, Proponents		
Charge Slip/s		Cost Center (i.e Laboratory, Ultrasound, X-ray, Pharmacy)		
Procedure Request/Prescription		Department of Consultation		
Final Hospital Bill (for hospitalization)		Billing Section		
BGHMC ADVISORY BOARD MEDICINE FUND				
Prescription		Department of Consultation		
Charge Slips		Pharmacy		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
I. INFORMATION DESK				
STEP 1: 1. Inquire services in the Malasakit Center and present need 2. Receives checklist of requirements (if with incomplete documents) For New patient without PAT, proceed to OPD MSW in-charge For patient with PAT and with complete requirements,	1. Determines need of the client 2. Provides information needed by the client 3. If patient has no requirement give checklist of requirements to comply For Medical Assistance under MSWD Check if patient has Psychosocial Assessment Tool (PAT), if no PAT refer to OPD MSW in charge If patient has PAT (Old patient), review completeness and correctness of requirements	None	3 minutes	<i>Information Officer on Duty</i>



receives queuing number 3. Receives queuing number and wait for number to be called	4. Issues queuing number based on need presented and instruct patient to wait for number to be called			
TOTAL:		None	3 minutes	
END OF TRANSACTION				
II. PHILHEALTH SERVICES				
STEP 1: Submit queuing number and required documents if available	1. Calls queuing number 2. Receives queuing number 3. Assess assistance needed	None	10 seconds	<i>PhilHealth Officer on Duty/PCARES</i>
STEP 2: Present need or concern	1. Verifies PHIC coverage and status, correct information in the Member Data Record (MDR) if with discrepancy 2. Issues MDR and other related services 3. Provides information needed by the client	None	10 minutes	<i>PhilHealth Officer on Duty/PCARES</i>
Eligible patients for enrolment: Submits accomplished CF1	Enroll patient to PhilHealth system and wait for approval from PhilHealth main office <i>(Payments are made at PhilHealth Main Office)</i>	None	1 hour	<i>PhilHealth Officer on Duty/PCARES</i>
TOTAL:		None	1 hour, 10 minutes and 10 seconds	
END OF TRANSACTION				



I. PCSO – At Source ang Processing Desk

<p>STEP 1:</p> <p>Submits queuing number and complete requirements</p>	<ol style="list-style-type: none"> 1. Calls queuing number 2. Receives queuing number 3. Reviews completeness and correctness of documents submitted 4. Interviews patient using PCSO Application Form 	<p>None</p>	<p>15 minutes</p>	<p><i>Medical Social Worker on Duty</i></p>
<p>STEP 2:</p> <p>Waits for action</p>	<ol style="list-style-type: none"> 1. Scans copy of accomplished documents and sends through email to PCSO-Benguet Branch for approval 2. Wait for the PCSO-Benguet branch approval 	<p>None</p>	<p>2 hours</p>	<p><i>Medical Social Worker on Duty</i></p>
<p>STEP 3:</p> <ol style="list-style-type: none"> 1. Gets approved Guarantee Letter 2. If assistance is not enough, proceed to partner agency (DSWD or DOH) at Malasakit Center 3. If assistance is enough, proceeds to Cost center /Billing for utilization of fund 	<ol style="list-style-type: none"> 1. Downloads and prints approved guarantee letter <ul style="list-style-type: none"> • As per order of charging, if assistance is not enough, accomplish referral Form and refer to DSWD-CAR, DOH-MAIP or Socio-Civic Projects Fund subject to the availability of fund • If assistance is enough, instruct client to go to cost center/billing Section for utilization of fund 	<p>None</p>	<p>3 minutes</p>	<p><i>Medical Social Worker on Duty</i></p>
<p>TOTAL:</p>		<p>None</p>	<p>2 hours 18 minutes</p>	
<p>END OF TRANSACTION</p>				



IV. DSWD-CAR SERVICES

<p>STEP 1:</p> <p>1. Submits queuing number, signs entry logbook, and complete requirement</p> <p>2. Presents problem/concern</p>	<ol style="list-style-type: none"> 1. Calls queuing number 2. Receives queuing number 3. Verify assistance needed and check name at the DSWD database system if eligible 4. Receives Inter-agency Referral form (if available) 5. Interviews and assess patient using Malasakit Intake Sheet 6. Provides non-medical or protective services, if needed 	None	15 minutes	<i>DSWD Social Worker on Duty</i>
<p>STEP 2:</p> <p>1. If referred to the regional office, proceeds to the DSWD-CAR office</p> <p>For referrals, proceed to the partner agency (DOH) at Malasakit Center</p>	<ol style="list-style-type: none"> 1. Refers client to the regional offices for financial assistance <p>If assistance is not enough, accomplish Referral Form and refer patient to DOH-MAIP or Socio-Civic Projects Fund, subject to availability of fund</p>	None	1 minute	<i>DSWD Social Worker on Duty</i>
TOTAL:		None	16 minutes	
END OF TRANSACTION				



V. MEDICAL SOCIAL WORK DEPARTMENT

A. DOH MEDICAL ASSISTANCE TO INDIGENT PATIENTS (MAIP) PROGRAM

<p>STEP 1:</p> <p>Submits queuing number and complete requirements</p>	<ol style="list-style-type: none"> 1. Calls queuing number 2. Receives queuing number 3. Reviews completeness and correctness of documents submitted 4. Receives Inter-agency Referral form (if available) 	<p>None</p>	<p>10 seconds</p>	<p><i>Medical Social Worker on Duty</i></p>
<p>STEP 2:</p> <p>Reads and signs</p> <ol style="list-style-type: none"> a. Application Acknowledgement Form b. Contract of Responsibility, Client Consent Form c. Psychosocial Assessment Tool d. Malasakit Intake Sheet 	<ol style="list-style-type: none"> 1. Interviews and assess patient using Psychosocial Assessment Tool (see validity) 2. Accomplish Malasakit Intake Sheet 	<p>None</p>	<p>15 minutes</p>	<p><i>Medical Social Worker on Duty</i></p>
<p>STEP 3:</p>	<ol style="list-style-type: none"> 1. Encodes data at the DOH EWEBPAIS and generate the guarantee letter or use Acknowledgement 	<p>None</p>	<p>10 minutes</p>	<p><i>Medical Social Worker on Duty</i></p>



Acknowledges the guarantee letter	of Medical Assistance Form 2. Encodes <i>MAIP Impormasyon ng Pasyente</i> and Certificate of Eligibility/Indigency			
	1. Provides other Social Work interventions if needed 2. Encodes data at the database system	None	10 minutes	<i>Medical Social Worker on Duty</i>
STEP 4: 1. Get queuing number for Budget allocation	If assistance is enough, give queuing number for Budget allocation If assistance is not enough, process assistance through the Socio-Civic Projects Fund subject to the availability of fund	None	1 minute	<i>Medical Social Worker on Duty</i>
TOTAL:		None	36 minutes and 10 seconds	
END OF TRANSACTION				
B. SOCIO-CIVIC PROJECTS FUND (SCPF)				
STEP 1: Submits queuing number and complete requirements	1. Calls queuing number 2. Receives queuing number 3. Reviews completeness and correctness of documents submitted 4. Receives Inter-agency Referral form (if available)	None	10 seconds	<i>Medical Social Worker on Duty</i>



<p>STEP 2:</p> <p>Reads and signs</p> <p>a. Application Acknowledgement Form</p> <p>b. Contract of Responsibility, Client Consent Form</p> <p>c. Psychosocial Assessment Form</p> <p>d. Malasakit Intake Sheet</p>	<p>1. Interviews and assess patient using Psychosocial Assessment Tool (see validity)</p> <p>2. Accomplish Malasakit Intake Sheet and Recommendation Letter</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Medical Social Worker on Duty</i></p>
<p>STEP 3:</p> <p>Receives guarantee letter</p>	<p>1. Encodes data at the database system and generates guarantee letter, Certificate of Indigency and Recommendation for assistance</p>	<p>None</p>	<p>7 minutes</p>	<p><i>Medical Social Worker on Duty</i></p>
<p>STEP 4:</p> <p>Go to the cost center/ Billing Section for utilization of fund</p>	<p>Instructs client to present guarantee letter at cost center/ Billing Section for utilization of fund</p>	<p>None</p>	<p>10 seconds</p>	<p><i>Medical Social Worker on Duty</i></p>
TOTAL:		<p>None</p>	<p>22 minutes and 20 seconds</p>	
END OF TRANSACTION				



VI. BUDGET OFFICE (Receiving of Guarantee Letters)

For patients with new guarantee letter STEP 1: Submits queuing number and new guarantee letter/s	1. Calls queuing number 2. Receives queuing number and requirements	None	3 seconds	<i>Receiving and Processing Clerk/ Budget Office</i>
STEP 2: Waits for action	1. Certify in the guarantee letter availability of funds 2. Enters data to the database system/registry 3. Scans guarantee letter/s 4. Enters data to the HOMIS	None	10 minutes	<i>Receiving and Processing Clerk/ Budget Office</i>
STEP 3: Presents guarantee letter at cost center/ Billing Section for utilization of fund	Instructs client to present guarantee letter/s at cost center/ Billing Section for utilization of fund	None	10 seconds	<i>Receiving and Processing Clerk/ Budget Office</i>
TOTAL:		None	10 minutes and 13 seconds	
END OF TRANSACTION				
For updating of guarantee letters STEP 1: Submits queuing number and presents guarantee letter with monitoring sheet for updating	1. Calls queuing number 2. Receives queuing number and requirements 3. Receives guarantee letter/s for updating	None	3 seconds	<i>Receiving and Processing Clerk/ Budget Office</i>
STEP 2:				



1. Waits for action 2. Present guarantee letter at cost center/ Billing Section for utilization of fund	1. Updates guarantee letter/s at the HOMIS and accomplish monitoring sheet 2. Instructs client to present guarantee letter at cost center/ Billing Section for utilization of fund	None	5 minutes	<i>Receiving and Processing Clerk/ Budget Office</i>
STEP 3: Present guarantee letter at cost center/ Billing Section for utilization of fund	Instructs client to present guarantee letter/s at cost center/ Billing Section for utilization of fund	None	10 seconds	<i>Receiving and Processing Clerk/ Budget Office</i>
TOTAL:		None	5 minutes and 13 seconds	
END OF TRANSACTION				

VII. BGHMC Advisory Board Services

STEP 1: Submits prescriptions with costing	1. Assess eligibility of patient 2. Provides medicine assistance to patient and other social work interventions if needed	None	15 minutes	<i>Medical Social Worker on Duty</i>
TOTAL:		None	15 minutes	
END OF TRANSACTION				



ALLIED HEALTH PROFESSIONAL SERVICES

Nutrition and Dietetics

External Service



1. Referred Bghmc Therapeutic and Tube Feeding In – Patients

The NDD caters to all referred in – patient for therapeutic nutrition counseling and for tube feeding patient’s watchers who will need actual food demo and counseling.

Office or Division:	Professional and Allied Health Services – Nutrition and Dietetics Department			
Classification:	Simple			
Type of Transaction:	G2C- Transacting Public			
Who may avail:	Referred In – Patients of BGHMC			
Schedule of Availability of Service	Sunday to Saturday 8:00 am to 4:00 pm			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Form		Physician’s Clinic / Nurse Station at the wards		
Nutritional Assessment Form		Clinical Nutritionist Dietitian		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Physician / Client / Patient register to the referral log book	1.1 Receive referrals 1.2 Check completeness of the referral 1.3 If the data is incomplete, interview the client / physician	None	5 minutes	<i>Physician on Duty / Nutritionist Dietitian</i>
Provide information needed for assessment	2.1 Conduct ward rounds, read patients Chart. 2.2 Verify Diet prescription	None	10 minutes	<i>Clinical Nutritionist Dietitian</i>
Patient listen and watch the actual meal preparation	3.1 Conduct food demo on tube feeding Preparation 3.2 Conduct Counseling 3.3 Explain the prepared meal plan	None	15 minutes	<i>Clinical Nutritionist Dietitian</i>
Patient accepts provided meal plan / guide. Sign at the counseling log book	1.1 Document the patients name in the nutrition counseling log book	None	2 minutes	<i>Clinical Nutritionist Dietitian</i>



Accomplish Client Satisfaction survey	1.1 Checks patient / client that CSAT was accomplished and dropped.	None	1 minute	<i>Clinical Nutritionist Dietitian</i>
Fill out the counseling logbook	Follow up in – patients once needed or need diet adjustment.	None	5 minutes	<i>Clinical Nutritionist Dietitian</i>
TOTAL:		None	38 Minutes	
END OF TRANSACTION				



2.Referred Bghmc Therapeutic and Tubefeeding Out – Patients

Office or Division:	Professional and Allied Health Services – Nutrition and Dietetics Department			
Classification:	Simple			
Type of Transaction:	G2C- Transacting Public			
Who may avail:	Referred Out – Patients of BGHMC			
Schedule of Availability of Service	Monday to Friday 8:00 am to 4:00 pm			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Rapid Wellness Tool / Referral Form		Physician's Clinic / Nurse Station at OPD		
Nutritional Assessment Form		Clinical Nutritionist Dietitian		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Client / Patient register to the referral log book	1.1Receive referrals / Rapid Wellness Tool 1.2Check completeness of the referral 1.3Interview the client / patient	None	5 minutes	<i>Client / Patient Clinical Nutritionist Dietitian</i>
2.Provide information needed for assessment	2.1Conduct nutritional assessment	None	5 minutes	<i>Clinical Nutritionist Dietitian</i>
3.1 Patient listens to Nutritional counseling 3.2 Ask questions if in doubt / for inquiry	3.1 Conduct Counseling 3.2 Explain the prepared meal plan	None	10 minutes	<i>Clinical Nutritionist Dietitian</i>
4.Patient accepts provided meal plan / guide. Sign at the counseling log book	4.1Document the patients name in the nutrition counseling log book	None	2 minutes	<i>Clinical Nutritionist Dietitian</i>



5. Accomplish Client Satisfaction survey	5.1 Checks patient / client that CSAT was accomplished and dropped.	None	1 minute	<i>Clinical Nutritionist Dietitian</i>
TOTAL		None	23 minutes	
END OF TRANSACTION				



**ALLIED HEALTH PROFESSIONAL
SERVICES**

Pharmacy

External Service



1. Dispensing of Medicines:

Dispensing of Medicines to Out-Patients/Walk-In Patients
(24/7 Operation)

Office or Division:	Pharmacy – MAIN, OPD Satellite Pharmacy			
Classification:	Simple			
Type of Transaction:	G2C – Transacting Public			
Who may avail:	ALL			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription/s (Rx)		Department of Consultation		
Senior Citizens (SC)/Persons with Disability (PWD) - Valid ID		Senior Citizens – Office of the Senior Citizens Affairs (OSCA)		
Purchase Booklet of Medicines		PWD – Local social/health office		
Letter of Authorization for representatives of SC or PWD		Senior Citizen or PWD who are the owners of the Rx		
Guarantee Letter for Medical Assistance		Malasakit Center		
Updated Funds Available of Medical Assistance		Malasakit Center		
Latest Clinical Abstract (Last 3 months) for Hemodialysis Patients		HIMO		
Epoetin Administration Monitoring Form for Hemodialysis Patients		Pharmacy		
Philhealth Availment Form		Billing		
Current encounter in HOMIS		Department of Consultation		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1.1 SALES				
Step 1: Regular Patients: Present Prescription (Rx) Senior Citizens & PWD: Present the following: a. Prescription (Rx) b. Valid ID c. Purchase Booklet d. Letter of Authorization for representatives	1. Receive & check Rx, ID & Purchase Booklet or Letter of Authorization if applicable 2. Return Rx if medicine is not available 3. If available, prepare charge slip and inform total amount to client 4. Issue Charge Slip and instruct patient to	None	5 minutes	<i>Pharmacist on Duty</i>



	<p>pay at the Cashier</p> <p>5. Return Prescription, ID, Purchase Booklet or Letter of Authorization if applicable</p>			
<p>Step 2:</p> <p>Proceed to Cashier and present the charge slip and give payment, and received Official Receipt and change if any.</p>	<p>Cashier shall receive the charge slip and payment, and issue official receipt and change if any. (Refer to Cashier's Office Citizens' Charter)</p>	<p>See Price List / Charge Slips</p>	<p>15 minutes</p>	<p>Cash Clerk on Duty</p>
<p>Step 3:</p> <p>After payment, return to Pharmacy and present the following:</p> <ol style="list-style-type: none"> 1. Prescription (Rx) 2. Official Receipt (OR) 3. Charge Slip (CS) 	<ol style="list-style-type: none"> 1. Receive and check Rx, OR and Charge Slip; 2. Check payment details and copy OR number on the Charge Slip then return the Official Receipt 3. Prepare and dispense the medicines with counselling. 	<p>See Price List / Charge Slips</p>	<p>10 minutes</p>	<p>Pharmacist on duty</p>
	<p>TOTAL:</p>	<p>See Price List / Charge Slips</p>	<p>30 minutes</p>	

END OF TRANSACTION



1.1.2 Medical Assistance & Outpatient procedures under Philhealth

<p>Step 1: Regular Patients:</p> <p>Present the following:</p> <ol style="list-style-type: none"> 1. Prescription (Rx) 2. Guarantee Letter 3. Updated Funds Available Monitoring Form 4. Purchase booklet for Senior Citizen or PWD 5. Letter of Authorization for representatives of SC or PWD <p>Hemodialysis patients:</p> <p>Present the following:</p> <ol style="list-style-type: none"> 1. Prescription (Rx) 2. Guarantee Letter 3. Updated Funds Available Monitoring Form 4. Epoetin Administration Monitoring Form 5. Clinical Abstract (last 3 months) <p>OPD Philhealth (under case rates):</p> <p>Present the following:</p> <ol style="list-style-type: none"> 1. Prescription (Rx); and 2. Philhealth Availment Form 	<ol style="list-style-type: none"> 1. Receive & check validity of presented documents; 2. Return documents if medicine is not available; 3. Check updated patient's encounter in HOMIS & instruct client to return to department of consultation for registration if not currently entered in the system; 4. Charge the medicines to the patient's current OPD Account in the HOMIS; 5. Print 2 copies of Charge Slips; 	<p>None</p>	<p>5 minutes</p>	<p>Pharmacist on duty</p>
<p>Step 2:</p> <p>Sign on and return the Prescription and Charge</p>	<ol style="list-style-type: none"> 1. Have the 2 copies of Charge Slips, and 	<p>None</p>	<p>1 minute</p>	<p><i>Pharmacist on duty</i></p>



Slips to Pharmacist on duty.	<p>the prescription signed by the client;</p> <p>2. Receive & check signed Prescription and 2 copies of Charge Slips</p> <p>3. Return patient's copy of documents</p>			
Step 3: Receive medicines	Prepare and dispense medicines with counselling		4 minutes	<i>Pharmacist on duty</i>
Total number of hours/minutes to complete transaction			10 minutes	
END OF TRANSACTION				
<p>Note: Maximum quantity of medicines to be issued:</p> <ul style="list-style-type: none"> ➤ One (1) month consumption for maintenance medications; ➤ One (1) prefilled syringe of Epoetin on schedule of administration; ➤ One (1) unit or One (1) month use of multi dose medications <p>**Filled Prescription (Rx) will be kept by the pharmacy while partially filled Prescription (Rx) will be returned to the client with the date of purchase indicated and the number of units purchased deducted from the total prescribed quantity.</p>				



2. Dispensing of Medicines and Medical Supplies to Admitted Patients (24/7 Operation)

Office or Division:	Pharmacy – MAIN, OR SATELLITE PHARMACY & OPD SATELLITE PHARMACY			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Nursing Attendants / Nurses			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Prescription/s (Rx)			Attending physician	
Restricted Antibiotic Surveillance Form (RAS) for restricted antimicrobials			Attending physician	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Step 1: Present Prescription (Rx) and approved RAS form for restricted antibiotic	1. Receive and check completeness of Rx and RAS Form if applicable; 2. Return incomplete Rx & RAS forms 3. Charge Rx to patient's account; 4. Print and issue Charge Slip/s with Rx to Nursing Attendant or Nurse	None	10 minutes	<i>Pharmacist on Duty</i>
Step 2: 1. Receive Prescription (Rx) & Charge Slip/s 2. Validate Charge Slips against Rx 3. Sign on the Receiving portion of Charge Slips 4. Return signed Prescription	1. Receive signed prescription (Rx); 2. Dispense medicines/medical supplies; 3. Tally dispensed items with Nursing Attendant/Nurse	None	15 minutes	<i>Pharmacist on Duty</i>
TOTAL:		None	25 minutes	
END OF TRANSACTION				



3. Dispensing of Chemotherapeutic Medicines To Out Patients (7:00 Am To 3:00 Pm Operations)

Office or Division:	Pharmacy - ONCOLOGY			
Classification:	Simple			
Type of Transaction:	G2C – Transacting Public; G2G – Government to Government			
Who may avail:	Patients for Chemotherapy, Oncology Nurse,			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Prescription/s (Rx)			Department of Consultation	
Chemotherapy Protocol			Department of Consultation	
Senior Citizens (SC)/Persons with Disability (PWD) - Valid ID			Senior Citizens – Office of the Senior Citizens Affairs (OSCA)	
Purchase Booklet of Senior Citizens			PWD – Local social/health office	
Letter of Authorization for representatives of SC or PWD			Senior Citizen or PWD who are the owners of the Rx	
Guarantee Letter for Medical Assistance			Malasakit Center	
Updated Funds Available of Medical Assistance			Malasakit Center	
Philhealth Availment Form			Billing	
Current encounter in HOMIS			Department of Consultation	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1.1 SALES				
Step 1: Regular Patients: Present Prescription (Rx) or e Protocol Senior Citizens & PWD: Present the following: a. Prescription (Rx) b. Chemotherapy Protocol c. Valid ID d. Purchase Booklet e. Letter of Authorization for	1. Receive & check Rx, Chemotherapy Protocol, ID & Purchase Booklet or Letter of Authorization if applicable; 2. Return Rx and Chemotherapy Protocol if medicine is not available; 3. If available, prepare charge slips; 4. Issue Charge Slips and instruct patient	None	3 minutes	<i>Pharmacist on Duty</i>



representatives	to pay at the Cashier; 5. Return Prescription, ID, Purchase Booklet or Letter of Authorization if applicable			
Step 2: Proceed to Cashier and present the charge slip and give payment, and received Official Receipt and change if any.	Cashier shall receive the charge slip and payment, and issue official receipt and change if any. (<i>Refer to Cashier's Office Citizens' Charter</i>)	See Price List / Charge Slips	15 minutes	<i>Cash Clerk on Duty</i>
Step 3: After payment, return to the Pharmacy and present the following: a. Prescription (Rx) b. Official Receipt (OR) c. Charge Slip (CS)	1. Receive and check Rx, OR and Charge Slip; 2. Check payment details and write OR Number on Prescription and return Official Receipt; 3. If medicine is for IV Admixture Preparation, instruct patient that it will be released to the Oncology Nurse;	See Price List/Charge Slips	30 minutes	<i>Pharmacist on duty</i>



	<ol style="list-style-type: none"> 4. Prepare Cytotoxic Drug label; 5. Prepare IV Admixtures of injectable chemotherapy drugs; 6. Notify Oncology Nurse that IV Admixtures are ready for pick up. 			
<p>Step 4:</p> <p>Oral Chemotherapy Drugs:</p> <p>Patient or Authorized Representative signs received on the Chemotherapy Protocol and receives medicines.</p> <p>IV Admixtures:</p> <p>If IV Admixtures of Chemotherapy drugs, wait for the administration by Nurse.</p>	<ol style="list-style-type: none"> 1. Receive signed chemotherapy protocol; 2. Release oral chemotherapy drugs to patient or authorized representative with counselling; 3. If IV Admixtures of Chemotherapy drugs, release to Attending Oncologist, Oncology Nurse or Nursing Attendant. 	None	2 minutes	<i>Pharmacist on duty</i>
TOTAL:		See Price List/Charge Slips	50 minutes	
END OF TRANSACTION				



1.1.2 Medical Assistance & Outpatient Chemotherapy Case Rates

<p>Step 1:</p> <p>Regular Patients:</p> <p>Present the following:</p> <ul style="list-style-type: none"> a. Prescription (Rx); a. Chemotherapy Protocol; b. Guarantee Letter; and c. Updated Funds Available Monitoring Form d. Valid ID e. Purchase Booklet f. Letter of Authorization for representatives <p>Outpatient Chemotherapy case rates:</p> <p>Present the following:</p> <ul style="list-style-type: none"> a. Prescription (Rx); b. Chemotherapy Protocol; and c. Philhealth Availment Form 	<ol style="list-style-type: none"> 1. Receive and check Chemotherapy Protocol as to completeness and accuracy, and the validity of presented documents; 2. Return Rx and Chemotherapy Protocol if medicine is not available; 3. Charge medicines and supplies to patient's account; 4. Prepare cytotoxic drug label; 5. If medicine is oral, issue with counselling; 6. If medicine is for IV Admixture Preparation, instruct patient that it will be released to the Oncology Nurse; 7. Prepare IV Admixtures of injectable chemotherapy drugs 	<p>None</p>	<p>30 minutes</p>	<p><i>Pharmacist on duty</i></p>
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<p>Step 2:</p> <p>Oral Chemotherapy Drugs:</p> <p>Patient or Authorized Representative signs received on the Chemotherapy Protocol and receives medicines.</p> <p>IV Admixtures:</p> <p>Attending Oncologist, Oncology Nurse or Nursing Attendant signs received on the Chemotherapy Protocol and receive IV Admixtures</p>	<ol style="list-style-type: none"> 1. Receive signed 2. chemotherapy protocol; 3. Release oral chemotherapy drugs to patient or authorized representative with counselling; 4. If IV Admixtures of Chemotherapy drugs, release to Attending Oncologist, Oncology Nurse or Nursing Attendant. 	<p>None</p>	<p>2 minutes</p>	<p><i>Pharmacist on duty</i></p>
TOTAL:		None	32 minutes	
END OF TRANSACTION				



4. Dispensing of Chemotherapeutic Medicines to Admitted Patients:

Office or Division:	Pharmacy - ONCOLOGY			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Attending Oncologist / Oncology Nurse / Nursing Attendant			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Chemotherapy Protocol			Attending Oncologist	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Step 1: Attending Oncologist prepares Chemotherapy Protocol, endorses to and notify Pharmacy;	1. Receive and check Chemotherapy Protocol as to completeness and accuracy; 1. Inform Attending Oncologist if Chemotherapy Protocol is not complete or accurate or if no stock is available otherwise print protocol; 2. Charge medicines and supplies to patient's account; 3. Prepare cytotoxic drug label; 4. Prepare/Compound IV admixture and notify wards if medicine is ready for pick up;	See price list/ Charge Slip	30 minutes	<i>Pharmacist on Duty</i>
Step 2: Attending Oncologist, Oncology Nurse, or Nursing Attendant shall proceed to Pharmacy – Oncology, signs	Receive signed Chemotherapy Protocol and Release IV Admixture.	None	2 minutes	<i>Pharmacist on duty</i>



received on Chemotherapy Protocol and received IV admixture.				
TOTAL:		See price list/ Charge Slip	32 minutes	
END OF TRANSACTION				



Note: Some Medicines On Different Pharmacies Sometimes Have Different Prices For 1 Item Due To Different Purchase Order, Different Supplier & Different Prices Offered Especially For Canvassed Items

MEDICINE	MAIN PHARMACY PRICE
ACETYLCYSTEINE ampul/vial 300.00 MG3ML AMP/V NAS INHALATION	P166.00
ACETYLCYSTEINE powder 100.00 MG PDR ORA	P12.50
ACETYLCYSTEINE powder 200.00 MG PDR ORA	P11.00
ACETYLCYSTEINE Tablet(s) 600.00 MG TAB ORA	P24.75
ACETYLCYSTEINE vial 25.00 MG1 VIAL INJ Hidonac	P1924.00
ACICLOVIR Tablet(s) 200.00 MG TAB ORA	P4.50
ACICLOVIR Tablet(s) 400.00 MG TAB ORA	P41.00
ACICLOVIR Tablet(s) 800.00 MG TAB ORA	P32.00
ACICLOVIR vial 250.00 MG/10 VIAL IV	P828.50
ADENOSINE vial 3.00 MG/ML VIAL IV	P223.00
ALBUMIN, HUMAN vial 20.00 % VIAL INJ PLASBUTEIN	P2185.50
ALENDRONATE Tablet(s) 70.00 MG TAB ORA	P126.00
ALENDRONATE + CHOLECALCIFEROL (VIT. D3) TABLET 70.00 AL TAB49 ORA Resovon	P318.50
ALLOPURINOL Tablet(s) 100.00 MG TAB ORA	P1.50
ALPRAZOLAM Tablet(s) 250.00 MG TAB ORA	P6.00
ALPRAZOLAM Tablet(s) 500.00 MCG TAB ORA	P21.50
ALTEPLASE vial 50.00 MG VIAL IV	P38186.61
ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE bottle 120.00 ML BOT ORA	P71.00
ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE TABLET 200.00 MG TAB49 ORA	P2.00
AMIKACIN ampule 100.00 MG AMP INJ	P39.50
AMIKACIN ampule 500.00 MG AMP PAR	P45.75
AMIKACIN vial 250.00 MG VIAL IV	P42.00
AMINO ACID 7% bottle 7.00 % BOT IV	P523.00
AMINO ACID SOL'N 8% bottle 500.00 ml BOT IV	P1000.00
AMINO ACID/SORBITOL GLYCINE 5/1% 20 ampule 5.00 /1% AMP PAR	P186.00
AMINOPHYLLINE ampule 250.00 MG/10 AMP IV	P31.00
AMIODARONE ampule 150.00 MG3ML AMP INJ	P263.00
AMIODARONE capsule 200.00 MG CAP ORA	P11.00
AMLODIPINE TABLET 10.00 MG TAB49 ORA	P1.00
AMLODIPINE Tablet(s) 5.00 MG TAB ORA	P1.00



AMOXICILLIN capsule 500.00 MG CAP ORA	P2.00
AMOXICILLIN Infant Drops bottle 100.00 MG/ML BOT ORA	P28.00
AMPHOTERICIN B ampul/vial 50.00 MG AMP/V IV	P1240.00
AMPICILLIN vial 1.00 G VIAL IV	P15.00
AMPICILLIN vial 500.00 MG VIAL IV	P12.00
AMPICILLIN + SULBACTAM vial 750.00 MG VIAL INJ	P27.00
AMPICILLIN + SULBACTAM bag 3.00 G BAG IV	P2613.50
AMPICILLIN + SULBACTAM vial 1.50 G VIAL IV	P84.00
ANASTRAZOLE TABLET 1.00 MG TAB49 ORA	P60.00
ANTI-RABIES SERUM (EQUINE) vial 200.00 IUML VIAL PAR	P1644.00
ARIPIRAZOLE Tablet(s) 10.00 MG TAB ORA	P262.50
ASCORBIC ACID (VITAMIN C) ampule 500.00 MG/2M AMP IV	P6.50
ASCORBIC ACID (VITAMIN C) drops 100.00 MG/ML DR ORA	P21.00
ASCORBIC ACID (VITAMIN C) syrup 100.00 MG/5 SYR ORA	P38.00
ASPIRIN Tablet(s) 80.00 MG TAB ORA	P1.00
ATENOLOL Tablet(s) 50.00 MG TAB ORA	P2.50
ATENOLOL Tablet(s) 100.00 MG TAB ORA	P3.25
ATORVASTATIN Tablet(s) 10.00 MG TAB ORA	P1.50
ATORVASTATIN Tablet(s) 40.00 MG TAB ORA	P6.00
ATORVASTATIN Tablet(s) 80.00 MG TAB ORA	P19.00
ATROPINE EYE DROPS bottle 10.00 MG/ML BOT OPH	P356.00
ATROPINE SULFATE ampule 1.00 MG/ML AMP ORA	P14.00
AZITHROMYCIN bottle 200.00 MG/5 BOT ORA	P167.00
AZITHROMYCIN Tablet(s) 500.00 MG TAB ORA	P11.75
AZITHROMYCIN vial 500.00 MG VIAL INJ	P327.00
AZTREONAM vial 1.00 GM VIAL INJ	P1773.00
BACLOFEN Tablet(s) 10.00 MG TAB ORA	P16.25
BERACTANT vial 4.00 ML VIAL IV	P13431.00
BETAHISTINE Tablet(s) 8.00 MG TAB ORA	P9.25
BETAHISTINE Tablet(s) 8.00 MG TAB ORA	P9.50
BETAHISTINE Tablet(s) 16.00 MG TAB ORA	P10.25
BETAHISTINE Tablet(s) 24.00 MG TAB ORA	P28.00
BETAMETHASONE cream 1.00 M/5g CRM TOP	P55.00
BETAMETHASONE OINTMENT 1.00 M/5g OINTX OINTM	P56.00
Bicalutamide Tablet(s) 50.00 MG TAB ORA	P64.75
BIPHASIC INSULIN 70/30 vial 10.00 ML VIAL INJ	P119.00
BISACODYL suppository 10.00 MG SUP REC	P27.00



BISACODYL Tablet(s) 5.00 MG TAB ORA	P1.00
BMMS bottle 1000.00 ML BOT IV	P50.00
BMMS 500ml bottle 500.00 ML BOT IV	P46.00
BMRS bottle 1000.00 ML BOT IV	P54.00
BUDESONIDE nebules 500.00 MCG2M NEB NAS	P54.00
BUDESONIDE + FORMOTEROL bottle 160.00 00001 BOT NAS	P1118.00
BUTAMIRATE CITRATE tablet/capsule 50.00 MG TABCP ORA	P10.50
CALCITRIOL tablet/capsule 0.25 MCG TABCP ORA	P31.50
CALCIUM CARBONATE Tablet(s) 500.00 MG TAB ORA	P3.00
CALCIUM CARBONATE + VIT. D Tablet(s) 600.00 MG TAB ORA	P6.00
CALCIUM FOLINATE vial 50.00 MG VIAL IV	P113.50
CALCIUM GLUCONATE vial 10.00 ML VIAL INJ	P24.00
CANDESARTAN Tablet(s) 8.00 MG TAB ORA	P10.75
CAPECITABINE Tablet(s) 500.00 MG TAB ORA	P33.50
CAPTOPRIL Tablet(s) 25.00 MG TAB SUL	P1.00
CARBAMAZEPINE Tablet(s) 200.00 MG TAB ORA	P2.25
CARBOPLATIN vial 450.00 MG VIAL PAR	P2104.00
CARBOPROST ampule 125.00 MCG5M AMP IV	P218.00
CARBOPROST vial 250.00 MC/ML VIAL PAR	P407.00
CARBOXYMETHYLCELLULOSE bottle 0.50 %,15 BOT OPH	P530.00
CARVEDILOL Tablet(s) 6.25 MG TAB ORA carvidol	P1.75
CARVEDILOL Tablet(s) 25.00 MG TAB ORA	P5.50
CASTOR OIL bottle 120.00 ML BOT ORA	P94.00
CEFALEXIN capsule 500.00 MG CAP ORA	P5.25
CEFALEXIN drops 100.00 MG DR ORA	P20.00
CEFALEXIN suspension 250.00 MG/5 SUSP ORA	P51.00
CEFAZOLIN vial 1.00 G VIAL IV	P24.00
CEFEPIME vial 1.00 G VIAL IV	P187.00
CEFEPIME vial 2.00 G VIAL INJ	P2000.00
CEFEPIME vial 500.00 MG VIAL IV	P625.00
CEFIXIME bottle 100.00 mgml6 BOT ORA	P124.00
CEFIXIME capsule 200.00 MG CAP ORA	P7.00
CEFIXIME capsule 400.00 MG CAP ORA	P46.75
CEFIXIME drops 20.00 MG/ML DR ORA	P342.00
CEFOTAXIME vial 1.00 G VIAL IV	P42.00
CEFOTAXIME vial 500.00 MG VIAL IV	P219.00
CEFOXITIN vial 1.00 GM VIAL INJ	P224.00
CEFTAZIDIME vial 500.00 MG VIAL INJ	P815.00
CEFTRIAZONE vial 1.00 G VIAL INJ	P20.00



CEFTRIAXONE vial 500.00 MG VIAL PAR	P360.00
CEFUROXIME granules 125.00 MG/5 GRAN ORA	P214.00
CEFUROXIME suspension 250.00 MG/5 SUSP ORA	P320.00
CEFUROXIME vial 750.00 MG VIAL IV	P20.00
CELECOXIB capsule 200.00 MG CAP ORA	P4.00
CELECOXIB capsule 400.00 MG CAP ORA	P13.25
CETIRIZINE bottle 2.50 MG/ML BOT ORA drops 10ml	P26.75
CETIRIZINE syrup 5.00 mg/ml6 SYR ORA	P28.00
CETIRIZINE Tablet(s) 10.00 MG TAB ORA	P1.00
CHLORAMPHENICOL capsule 500.00 MG CAP ORA	P5.00
CHLORAMPHENICOL suspension 125.00 MG/5 SUSP ORA	P47.00
CHLORAMPHENICOL vial 1.00 G VIAL INJ	P50.00
CHLORHEXIDINE(as gluconate) bottle 0.12 % BOT ORA	P134.00
CHLORPROMAZINE Tablet(s) 100.00 MG TAB ORA	P2.00
CHLORPROMAZINE Tablet(s) 200.00 MG TAB ORA	P2.75
CILOSTAZOL Tablet(s) 50.00 MG TAB ORA	P8.00
CILOSTAZOL Tablet(s) 100.00 MG TAB ORA	P14.25
CINNARIZINE capsule 75.00 MG CAP ORA	P87.50
CINNARIZINE TABLET 25.00 MG TAB49 ORA generic	P1.00
CINNARIZINE Tablet(s) 25.00 MG TAB ORA	P1.25
CIPROFLOXACIN vial 200.00 MG100 VIAL INJ	P27.00
CIPROFLOXACIN vial 400.00 mg/ml VIAL IV	P1666.00
CISPLATIN vial 10.00 MG VIAL IV	P227.00
CISPLATIN vial 50.00 MG VIAL IV	P465.00
CLARITHROMYCIN bottle 125.00 MG/5 BOT ORA 25ml	P150.00
CLARITHROMYCIN bottle 125.00 MG/5 BOT ORA 70ml	P348.00
CLARITHROMYCIN bottle 250.00 MG/5 BOT ORA 70 ml	P461.25
CLARITHROMYCIN suspension 125.00 MG/ML SUSP ORA 50ML,CLARIGET 2	P139.00
CLARITHROMYCIN Tablet(s) 500.00 MG TAB ORA	P12.75
CLINDAMYCIN ampule 600.00 MG4ML AMP INJ	P300.00
CLINDAMYCIN capsule 150.00 MG CAP ORA	P6.50
CLINDAMYCIN capsule 300.00 MG CAP ORA	P6.00
CLINDAMYCIN suspension 75.00 MG/5 SUSP ORA	P564.00



CLOBETASOL tube 0.05 %/5g tub TOP DERMOVATE CREAM	P65.00
CLOBETASOL OINTMENT ointment 0.05 % OINT OINTM DERMOVATE	P65.00
CLOMIFENE Tablet(s) 50.00 MG TAB ORA	P97.50
CLONAZEPAM Tablet(s) 2.00 MG TAB ORA	P4.00
CLONIDINE ampule 150.00 MC/ML AMP IV	P116.00
CLOPIDOGREL Tablet(s) 75.00 MG TAB ORA	P1.50
CLOTRIMAZOLE drops 1.00 % DR OTI CANDIVA 10 ML	P440.00
CLOXACILLIN bottle 125.00 MG/5 BOT ORA	P25.00
CLOXACILLIN capsule 500.00 MG CAP ORA	P3.00
CLOZAPINE Tablet(s) 100.00 MG TAB ORA	P10.00
CO-AMOXICLAV bottle 228.50 MG/5 BOT ORA	P152.00
CO-AMOXICLAV bottle 250.00 00003 BOT ORA	P205.00
CO-AMOXICLAV Tablet(s) 1.00 G TAB ORA	P14.75
CO-AMOXICLAV Tablet(s) 375.00 MG TAB ORA	P12.00
CO-AMOXICLAV Tablet(s) 625.00 MG TAB ORA	P6.25
COLCHICINE Tablet(s) 500.00 MCG TAB ORA	P1.50
CONJUGATED ESTROGENS Tablet(s) 625.00 MCG TAB ORA	P44.75
COTRIMOXAZOLE suspension 400.00 00109 SUSP ORA	P57.00
COTRIMOXAZOLE Tablet(s) 800.00 00005 TAB ORA	P4.25
CYCLOPHOSPHAMIDE vial 500.00 MG VIAL PAR	P204.00
CYCLOPHOSPHAMIDE vial 1000.00 MG VIAL IV	P300.00
CYTARABINE vial 100.00 MG/ML VIAL PAR	P132.00
CYTARABINE vial 500.00 MG VIAL PAR	P400.00
D10 WATER bottle 500.00 ML BOT INJ	P39.00
D10 WATER bottle 1000.00 ML BOT INJ	P62.50
D5 0.3% NACL bottle 500.00 ML BOT IV	P47.00
D5 0.3% NACL bottle 1000.00 ML BOT IV	P42.50
D5 0.3% NACL Glass Bottle 1000.00 ML GLASS IV	P106.00
D5 0.45% NaCl bottle 500.00 ML BOT IV	P66.00
D5 LRS bottle 500.00 ML BOT IV	P43.00
D5 LRS bottle 1000.00 ML BOT IV	P64.00
D5 NSS bottle 500.00 ML BOT PAR	P52.00
D5 NSS bottle 1000.00 ML BOT IV	P40.00
D5 NSS bottle 1000.00 ML BOT IV GLASS	P159.00
D5 NSS Glass Bottle 500.00 ML GLASS IV	P145.00
D5 WATER bottle 250.00 ML BOT IV Ecoflac (non-DEHP)	P86.00
D5 WATER bottle 1000.00 ML BOT IV	P54.00
D5 WATER Ecoflac bot 500.00 ML Ecofl IV	P86.75



D5 WATER Glass Bottle 500.00 ML GLASS IV	P100.00
DACTINOMYCIN vial 500.00 MG VIAL INJ	P500.00
DEFERASIROX TABLET 125.00 MG TAB49 ORA	P449.75
DEFERASIROX TABLET 250.00 MG TAB49 ORA	P899.50
DEXAMETHASONE Tablet(s) 4.00 MG TAB ORA	P38.75
DEXAMETHASONE vial 8.00 MG/2M VIAL INJ	P10.00
DIAZEPAM ampule 10.00 MG/2M AMP INJ	P99.00
DIAZEPAM Tablet(s) 5.00 MG TAB ORA	P12.25
DICLOFENAC SODIUM ampule 75.00 MG3ML AMP INJ	P14.00
DICLOFENAC SR Tablet(s) 100.00 MG TAB ORA	P18.75
DIGOXIN ampule 0.50 MG/2M AMP INJ	P140.00
DIGOXIN bottle 50.00 MC/ML BOT ORA	P836.00
DIGOXIN Tablet(s) 0.25 MG TAB ORA	P4.50
DILOXANIDE suspension 125.00 MG/5 SUSP ORA	P196.00
DILOXANIDE Tablet(s) 500.00 MG TAB ORA	P20.00
DILTIAZEM Tablet(s) 30.00 MG TAB ORA	P5.50
DILTIAZEM Tablet(s) 60.00 MG TAB ORA	P4.50
DIPHENHYDRAMINE bottle 12.50 MG/5 BOT ORA	P19.00
DIPHENHYDRAMINE HCL capsule 50.00 MG CAP ORA	P1.00
DOBUTAMINE HCL bag 500.00 00004 BAG IV	P1061.00
DOCETAXEL vial 20.00 MG VIAL IV	P1254.40
DOCETAXEL vial 80.00 MG VIAL IV	P3287.00
DOMPERIDONE bottle 5.00 MG/5 BOT ORA	P140.00
DOMPERIDONE Tablet(s) 10.00 MG TAB ORA	P1.50
DONEPEZIL HCl Tablet(s) 5.00 MG TAB ORA	P21.50
DONEPEZIL HCl Tablet(s) 10.00 MG TAB ORA	P24.00
DOPAMINE ampule 200.00 MG/5 AMP INJ	P46.00
DOPAMINE PREMIXED bottle 400.00 MG250 BOT IV	P474.00
DOXORUBICIN vial 10.00 MG VIAL PAR	P215.00
DOXORUBICIN vial 50.00 MG VIAL PAR	P667.00
DYDROGESTERONE Tablet(s) 10.00 MG TAB ORA	P69.25
ENALAPRIL Tablet(s) 5.00 MG TAB ORA	P3.00
ENOXAPARIN prefilled syr 0.60 MG PFS INJ lomoh-60	P459.00
ENTERAL NUTRITION - MODULAR can 227.00 G CAN ORA BENEPROTEIN	P1112.00
ENTERAL NUTRITION - SEMI-ELEMENTAL can 400.00 G CAN ORA	P1370.00
ENTERAL NUTRITION FOR CANCER PATIENTS can 400.00 G CAN ORA BOOST OPTIMUM	P750.00
EPERISONE Tablet(s) 50.00 MG TAB ORA	P14.00



EPINEPHRINE ampule 1.00 MG/ML AMP INJ	P26.00
EPIRUBICIN vial 50.00 MG VIAL INJ	P3559.00
EPOETIN ALFA prefilled syr 4000.00 IU/.4 PFS INJ EPOSIS	P548.00
EPOETIN ALFA syringe 2000.00 IU SYRIN INJ	P519.00
EPOETIN BETA syringe 5000.00 IU/.3 SYRIN IV	P1304.00
EPOETIN BETA syringe 10000.00 uuu SYRIN INJ RECORMON	P4268.00
ERTAPENEM vial 1.00 GM VIAL INJ	P3519.00
ERYTHROMYCIN suspension 200.00 MG/5 SUSP ORA	P46.25
ERYTHROMYCIN suspension 400.00 MG/5 SUSP ORA	P585.00
ERYTHROMYCIN Tablet(s) 500.00 MG TAB ORA	P5.00
ERYTHROMYCIN tube 3.50 G tub OPH	P147.00
ESCITALOPRAM Tablet(s) 10.00 MG TAB ORA	P5.75
FAMOTIDINE Tablet(s) 20.00 MG TAB ORA	P28.75
FAMOTIDINE vial 20.00 MG VIAL INJ	P283.25
FELODIPINE Tablet(s) 5.00 MG TAB ORA	P9.50
FENOFIBRATE capsule 200.00 MG CAP ORA	P8.50
FENOFIBRATE Tablet(s) 160.00 MG TAB ORA	P26.50
FERROUS SALT + FOLIC ACID Tablet(s) 60.00 MG TAB ORA	P1.25
FERROUS SULFATE bottle 150.00 MG/5 BOT ORA	P35.00
FERROUS SULFATE drops 15.00 00006 DR ORA	P25.50
FERROUS SULFATE Tablet(s) 119.00 MG TAB ORA	P1.00
FILGRASTIM prefilled syr 300.00 MCG/1 PFS IV	P1494.00
FINASTERIDE Tablet(s) 5.00 MG TAB ORA	P7.00
FLUCONAZOLE capsule 50.00 MG CAP ORA	P106.75
FLUCONAZOLE capsule 150.00 MG CAP ORA	P86.00
FLUCONAZOLE capsule 200.00 MG CAP ORA	P168.75
FLUCONAZOLE vial 200.00 MG100 VIAL INJ IV	P933.00
FLUOROURACIL vial 50.00 MG/ML VIAL IV	P88.00
FLUOXETINE capsule 20.00 MG CAP ORA	P6.75
FLUPENTIXOL (depot) ampule 1.00 ML AMP INJ	P455.75
FLUTICASONE cream 0.05 00008 CRM TOP	P338.00
FLUTICASONE PROPIONATE bottle 0.50 % BOT NAS	P613.00
FLUTICASONE PROPIONATE + SALMETEROL bottle 25.00 125mc BOT ORA	P239.00
FLUTICASONE PROPIONATE + SALMETEROL inhaler 25.00 25mcg INHAL inh	P294.00
FOLIC ACID capsule 5.00 MG CAP ORA	P1.75
FOLIC ACID drops 2.00 MG/5 DR ORA 30 mL bottle	P145.00



FOLIC ACID syrup 5.00 MG/5 SYR ORA 60 ml bottle	P132.00
FONDAPARINUX SODIUM piece 2.50 MG0.5 PIECE PAR	P1494.00
FOSFOMYCIN sachet 3.00 G SAC ORA	P586.25
FUROSEMIDE ampule 20.00 MG/2 AMP IV	P10.00
FUROSEMIDE Tablet(s) 40.00 MG TAB ORA	P1.25
FUSIDATE SODIUM ointment 2.00 00008 OINT TOP	P238.00
FUSIDATE SODIUM ointment 2.00 00102 OINT TOP	P174.00
FUSIDATE SODIUM piece 2.00 % PIECE TDM	P138.00
GABAPENTIN capsule 300.00 MG CAP ORA	P9.00
GABAPENTIN Tablet(s) 100.00 MG TAB ORA	P7.50
GADOBUTROL PFS 1.00 mmol PF INJ GADOVIST	P4667.00
GEMCITABINE vial 1.00 G VIAL IV	P2380.00
GEMCITABINE vial 200.00 MG VIAL IV	P640.00
GENTAMYCIN vial 80.00 MG VIAL INJ	P5.00
GLICLAZIDE Tablet(s) 30.00 MG TAB ORA	P3.00
GLICLAZIDE Tablet(s) 80.00 MG TAB ORA	P3.25
GLIPIZIDE Tablet(s) 5.00 MG TAB ORA	P13.60
GLYCERIN suppository 2.00 G SUP REC	P14.50
HALOPERIDOL ampule 5.00 MG/ML AMP PAR	P600.00
HALOPERIDOL Tablet(s) 5.00 MG TAB ORA	P4.00
HALOPERIDOL Tablet(s) 20.00 MG TAB ORA	P32.00
HEPARIN (UNFRACTIONATED) vial 5000.00 IU VIAL INJ	P58.00
HEPATITIS B IMMUNOGLOBULIN (HUMAN) vial 100.00 IU/ VIAL IV	P2387.00
HEPATITIS B VACCINE (RECOMBINANT DNA) ampul/vial 10.00 MCG5M AMP/V IV Pedia	P165.00
HYDRALAZINE ampule 20.00 MG/ML AMP INJ	P37.00
HYDROCHLOROTHIAZIDE Tablet(s) 12.50 MG TAB ORA	P7.00
HYDROCORTISONE tube 1.00 00008 tub TOP Cream	P127.00
HYDROCORTISONE vial 100.00 MG VIAL INJ	P26.00
HYDROCORTISONE vial 250.00 MG VIAL IV	P60.00
HYDROCORTISONE vial 500.00 MG VIAL IV	P104.00
HYDROXYCHLOROQUINE Tablet(s) 200.00 MG TAB ORA	P73.50
HYDROXYETHYL STARCH bag 6.00 00101 BAG IV	P527.00
HYDROXYUREA capsule 500.00 MG CAP ORA	P21.75
HYDROXYZINE HCL Tablet(s) 10.00 MG TAB ORA	P11.25
HYOSCINE NBB ampule 20.00 MG/ML AMP INJ	P23.00



HYOSCINE NBB Tablet(s) 10.00 MG TAB ORA	P5.50
HYPROMELLOSE bottle 5.00 MG/ML BOT OPH	P255.00
IBUPROFEN suspension 200.00 MG/5 SUSP ORA DOLAN	P142.00
IBUPROFEN Tablet(s) 200.00 MG TAB ORA	P1.25
IBUPROFEN Tablet(s) 400.00 MG TAB ORA	P2.50
IFOSFAMIDE vial 1.00 GM VIAL INJ	P1600.00
IFOSFAMIDE vial 2.00 G VIAL INJ	P3187.00
IMMUNOGLOBULIN NORMAL, HUMAN (IGIV) vial 2.50 GM VIAL IV	P5866.00
IMMUNOGLOBULIN NORMAL, HUMAN (IGIV) vial 5000.00 MG/ML VIAL IV	P13146.00
INDACATEROL + glycopyrronium powder 110.50 MCG PDR inh 110mcg / 50mcg powder	P84.00
INSULIN ISOPHANE vial 1000.00 IU10 VIAL PAR	P140.00
INSULIN REGULAR vial 1000.00 IU / VIAL SUC	P132.00
IODIXANOL vial 320.00 mgi2 VIAL INJ VISIPAQUE	P3677.00
IOHEXOL vial 300.00 mg i VIAL INJ OMNIHEXOL	P1318.00
IOPAMIDOL vial 375.00 mgi2 VIAL INJ SCANLUX 370	P1554.00
IPRATROPIUM BROMIDE + SALBUTAMOL INHALATION 100.00 mcg/2 INHA1 inh MDI	P880.00
IRBESARTAN Tablet(s) 150.00 MG TAB ORA	P4.25
IRBESARTAN Tablet(s) 300.00 MG TAB ORA	P11.75
IRBESARTAN+HYDROCHLOROTHIAZIDE Tablet(s) 150.00 MG/12 TAB ORA	P13.50
IRBESARTAN+HYDROCHLOROTHIAZIDE Tablet(s) 300.00 MG/12 TAB ORA	P13.50
IRINOTECAN vial 100.00 MG/5 VIAL IV	P2934.00
IRON SUCROSE ampule 20.00 MG/5 AMP IV	P134.00
ISONIAZID bottle 120.00 ML BOT ORA	P109.00
ISOSORBIDE DINITRATE ampule 10.00 MG/10 AMP IV	P513.50
ISOSORBIDE DINITRATE Tablet(s) 5.00 MG TAB ORA	P3.00
ISOSORBIDE-5-MONONITRATE Tablet(s) 30.00 MG TAB ORA	P7.75
ISOSORBIDE-5-MONONITRATE Tablet(s) 60.00 MG TAB ORA	P9.50
ISOXSUPRINE ampule 10.00 MG/2M AMP INJ	P177.00
ISOXSUPRINE Tablet(s) 10.00 MG TAB ORA	P7.00
ITRACONAZOLE capsule 100.00 MG CAP ORA	P73.50
KETOROLAC ampule 30.00 MG AMP INJ	P20.00
LACTULOSE bottle 3.00 G5ML BOT ORA LILAC	P79.00
LAGUNDI syrup 300.00 MG/5 SYR ORA OFPLEMED	P87.00



LAGUNDI Tablet(s) 300.00 MG TAB ORA LAGUNDEX	P1.75
LAMIVUDINE Tablet(s) 100.00 MG TAB ORA	P272.00
LAMOTRIGINE Tablet(s) 50.00 MG TAB ORA MOTRIGINE	P7.25
LAMOTRIGINE Tablet(s) 100.00 MG TAB ORA MOTRIGINE 100	P10.00
LANSOPRAZOLE capsule 30.00 MG CAP ORA LANSOFAR	P21.00
LATANOPROST bottle 50.00 MC/ML BOT OPH	P1254.00
LEUPRORELIN vial 3.75 mg-2 VIAL IV	P5063.00
LEVETIRACETAM bottle 100.00 MG/5 BOT ORA	P2052.00
LEVETIRACETAM TABLET 1000.00 MG TAB49 ORA	P20.00
LEVETIRACETAM Tablet(s) 500.00 MG TAB ORA LEXLEV	P11.50
LEVETIRACETAM vial 500.00 MG/5 VIAL INJ	P2400.00
LEVODOPA + CARBIDOPA Tablet(s) 250.00 MG TAB ORA	P26.50
LEVOFLOXACIN bottle 5.00 MG/ML BOT OPH OFTAQUIX, eyedrops	P440.00
LEVOFLOXACIN Tablet(s) 500.00 MG TAB ORA VOFLOX	P6.00
LEVOFLOXACIN Tablet(s) 750.00 MG TAB ORA	P25.50
LEVOTHYROXINE Tablet(s) 50.00 MCG TAB ORA THYDIN	P4.00
LEVOTHYROXINE Tablet(s) 100.00 MCG TAB ORA	P4.75
LEVOTHYROXINE Tablet(s) 150.00 MCG TAB ORA	P12.00
LIDOCAINE ampul/vial 2.00 P/20 AMP/V IV EUROCAINE	P40.00
LIDOCAINE polyampule 5.00 ML PLAMP INJ	P11.00
LIDOCAINE spray 10.00 % SPR NAS XYLOCAINE	P8934.00
LIDOCAINE vial 2.00 00100 VIAL INJ	P60.00
LINEZOLID bag 2.00 MG/ML BAG IV ZYVOX	P4810.00
LINEZOLID TABLET 600.00 MG TAB49 ORA	P5134.00
LIPIDS bottle 10.00 00101 BOT ORA	P1134.00
LOPERAMIDE capsule 2.00 MG CAP ORA	P1.00
LOPINAVIR + RITONAVIR TABLET 200.00 /50 TAB49 ORA	P46.75
LORATADINE bottle 5.00 MG/5 BOT ORA	P105.00
LORATADINE Tablet(s) 10.00 MG TAB ORA CLARIHIST	P2.25
LOSARTAN Tablet(s) 100.00 MG TAB ORA TORLOS-100	P2.75
LOSARTAN+HYDROCHLORTHIAZIDE Tablet(s) 50.00 mg+12 TAB ORA GETZAR PLUS	P5.50



LOSARTAN+HYDROCHLORTHIAZIDE Tablet(s) 100.00 MG+25 TAB ORA	P8.00
MAGNESIUM SULFATE vial 250.00 MG/ML VIAL INJ	P64.00
MANNITOL bottle 20.00 00101 BOT PAR	P91.00
MEBENDAZOLE suspension 100.00 MG/5 SUSP ORA	P36.00
MEBENDAZOLE TABLET 500.00 MG TAB49 ORA	P5.50
MECOBALAMIN ampule 500.00 MC/ML AMP PAR	P99.00
MEFENAMIC ACID capsule 250.00 MG CAP ORA	P.75
MEGESTROL TABLET 160.00 MG TAB49 ORA	P140.00
MELPHALAN Tablet(s) 2.00 MG TAB ORA	P40.00
MEROPENEM vial 1.00 G VIAL INJ	P1024.00
MEROPENEM vial 500.00 MG VIAL IV	P571.00
MESNA (SODIUM-2-MERCAPTOETHANE SULPHONATE) ampule 100.00 MG AMP INJ	P196.00
METFORMIN capsule 500.00 MG CAP ORA	P1.00
METHIMAZOLE (THIAMAZOLE) Tablet(s) 5.00 MG TAB ORA	P6.75
METHIMAZOLE (THIAMAZOLE) Tablet(s) 20.00 MG TAB ORA	P23.25
METHOTREXATE Tablet(s) 2.50 MG TAB ORA	P11.75
METHOTREXATE vial 50.00 MG VIAL IV	P271.00
METHOTREXATE vial 500.00 MG VIAL INJ	P1731.00
METHYLDOPA Tablet(s) 250.00 MG TAB ORA	P7.25
METHYLERGOMETRINE ampule 200.00 MC/ML AMP INJ	P16.00
METHYLPREDNISOLONE Tablet(s) 4.00 MG TAB ORA	P5.75
METHYLPREDNISOLONE Tablet(s) 16.00 MG TAB ORA	P11.50
METHYLPREDNISOLONE vial 1.00 GM VIAL INJ	P3334.00
METHYLPREDNISOLONE vial 40.00 MG VIAL INJ	P379.00
METHYLPREDNISOLONE vial 40.00 MG VIAL INJ AS SUCCINATE	P379.00
METHYLPREDNISOLONE vial 125.00 MG VIAL INJ	P800.00
METHYLPREDNISOLONE vial 500.00 MG VIAL IV	P3067.00
METOCLOPRAMIDE syrup 5.00 MG/5 SYR ORA	P24.00
METOCLOPRAMIDE Tablet(s) 10.00 MG TAB ORA	P3.50
METOPROLOL Tablet(s) 50.00 MG TAB ORA	P1.00
METOPROLOL Tablet(s) 100.00 MG TAB ORA	P2.00
METRONIDAZOLE suspension 125.00 MG/5 SUSP ORA	P22.00
METRONIDAZOLE Tablet(s) 500.00 MG TAB ORA	P1.25
MICONAZOLE tube 2.00 % tub TOP	P357.00
MIDAZOLAM ampule 5.00 MG/ML AMP INJ	P82.00



MIDAZOLAM Tablet(s) 15.00 MG TAB ORA	P33.00
MONTELUKAST Tablet(s) 4.00 MG TAB ORA	P4.00
MONTELUKAST Tablet(s) 5.00 MG TAB ORA	P4.00
MULTIVITAMINS bottle 15.00 ML BOT ORA	P18.00
MULTIVITAMINS bottle 120.00 ML BOT ORA	P94.00
MULTIVITAMINS capsule 500.00 MCG CAP ORA	P1.00
MULTIVITAMINS + MINERALS + IRON capsule 500.00 MG CAP ORA	P2.75
MUPIROCIN ointment 5.00 grams OINT TOP	P61.00
MYCOPHENOLATE MOFETIL Tablet(s) 500.00 MG TAB ORA	P82.00
NALBUPHINE HCL ampule 10.00 MG/ML AMP INJ	P65.00
NAPROXEN Tablet(s) 500.00 MG TAB ORA	P5.00
NEOMYCIN+POLYMYXIN B + FLUOCINOLONE ACETONIDE bottle 3.50 MG BOT OTI OTIC DROPS	P234.00
NICARDIPINE ampul/vial 10.00 MG/10 AMP/V INJ	P110.00
NIFEDIPINE Tablet(s) 10.00 MG TAB ORA	P3.25
NIFEDIPINE OD Tablet(s) 30.00 MG TAB ORA	P55.75
NIMODIPINE Tablet(s) 30.00 MG TAB ORA	P44.70
NITROFURANTOIN capsule 100.00 MG CAP ORA	P38.50
NOREPINEPHRINE ampule 2.00 MG/2M AMP INJ	P106.00
NOREPINEPHRINE ampule 4.00 MG AMP IV	P198.00
NOREPINEPHRINE ampule 8.00 MG4ML AMP IV	P2090.00
NORFLOXACIN Tablet(s) 400.00 MG TAB ORA	P2.00
NORMAL SALINE bottle 100.00 ML BOT IV Ecoflac (non-DEHP)	P87.50
NORMAL SALINE bottle 1000.00 ML BOT INJ	P34.00
NORMAL SALINE Ecoflac bot 1.00 LITER Ecofl IV (NON-DEHP)	P110.00
NORMAL SALINE Ecoflac bot 500.00 ML Ecofl IV	P97.00
NORMAL SALINE Glass Bottle 1.00 LITER GLASS IV	P94.00
NORMAL SALINE Glass Bottle 500.00 ML GLASS IV	P157.00
NSS IRRIGATING SOLUTION bottle 1.00 LITER BOT TOP	P44.00
OCTREOTIDE ampule 100.00 MCG AMP IV	P720.00
OFLOXACIN drops 0.30 00103 DR OPH EYEDROPS	P153.00
OFLOXACIN drops 0.30 00103 DR OTI OTIC	P238.00
OFLOXACIN Tablet(s) 200.00 MG TAB ORA	P3.00
OFLOXACIN Tablet(s) 400.00 MG TAB ORA	P7.50
OLANZAPINE Tablet(s) 10.00 MG TAB ORA	P5.25
OMEPRAZOLE capsule 20.00 MG CAP ORA	P2.00



ONDANSETRON ampule 8.00 mg/4m AMP INJ	P98.00
ORAL REHYDRATION SALTS (ORS 75 - REPLACEMENT) sachet 2.05 G SAC ORA	P3.50
OXACILLIN vial 500.00 MG VIAL IV	P31.00
OXALIPLATIN vial 50.00 MG VIAL IV	P1660.00
OXALIPLATIN vial 100.00 MG VIAL INJ	P3034.00
OXCARBAZEPINE bottle 60.00 MG/ML BOT ORA	P912.50
OXCARBAZEPINE TABLET 600.00 MG TAB49 ORA	P30.75
OXCARBAZEPINE Tablet(s) 300.00 MG TAB ORA	P17.00
OXYCODONE capsule 10.00 MG CAP ORA Immediate Release (Oxynorm)	P175.39
OXYCODONE Tablet(s) 10.00 MG TAB ORA Controlled Release	P175.39
OXYCODONE Tablet(s) 20.00 MG TAB ORA	P307.00
OXYTOCIN (SYNTHETIC) ampule 10.00 IU AMP IV	P9.00
PACLITAXEL vial 100.00 MG VIAL IV	P2000.00
PACLITAXEL vial 260.00 mg/43 VIAL IV	P6667.00
PARACETAMOL (ACETAMINOPHEN) Tablet(s) 500.00 MG TAB ORA	P1.00
PARACETAMOL (ACETAMINOPHEN) ampule 300.00 MG/2M AMP INJ	P8.00
PARACETAMOL (ACETAMINOPHEN) bottle 250.00 MG/5 BOT ORA	P27.00
PARACETAMOL (ACETAMINOPHEN) drops 100.00 MG/ML DR ORA	P23.00
PEN G 1 MILLION vial 1.00 1MLUN VIAL INJ	P8.00
PEN G 5 MILLION vial 5.00 1MLUN VIAL INJ	P22.00
PENICILLIN, BENZATHINE vial 1.20 IU/ VIAL INJ	P63.00
PHENOBARBITAL SODIUM ampule 130.00 MG/ML AMP INJ	P613.00
PHENOBARBITAL SODIUM Tablet(s) 30.00 MG TAB ORA	P6.75
PHENOBARBITAL SODIUM Tablet(s) 60.00 MG TAB ORA	P6.75
PHENYTOIN SODIUM ampule 100.00 MG/ML AMP INJ	P125.00
PHENYTOIN SODIUM capsule 100.00 MG CAP ORA	P13.25
PHYTOMENADIONE (PHYTONADIIONE, VITAMIN K1) ampule 10.00 MG/ML AMP INJ PHYTOBAS 2	P19.00
PILOCARPINE bottle 20.00 MG/ML BOT OPH 2%	P338.00
PIPERACILLIN + TAZOBACTAM vial 2.00 g+250 VIAL IV	P104.00
PIPERACILLIN + TAZOBACTAM vial 4.00 g+500 VIAL IV Tazobak 1	P131.00



POLYMXIN B SO4 vial 500000.00 U VIAL INJ	P3584.00
POTASSIUM CHLORIDE Tablet(s) 600.00 MG TAB ORA	P15.00
POTASSIUM CHLORIDE Tablet(s) 750.00 MG TAB ORA	P14.75
POTASSIUM CHLORIDE vial 40.00 MG/20 VIAL PAR	P49.00
PREDNISOLONE drops 1.00 00103 DR OPH	P235.00
PREDNISONONE syrup 10.00 MG/5 SYR ORA	P131.00
PREDNISONONE Tablet(s) 5.00 MG TAB ORA	P1.00
PREDNISONONE Tablet(s) 20.00 MG TAB ORA	P4.00
PREDNISONONE Tablet(s) 30.00 MG TAB ORA	P11.25
PROPRANOLOL Tablet(s) 10.00 MG TAB ORA	P1.00
PROPRANOLOL Tablet(s) 40.00 MG TAB ORA	P1.50
PROPYLTHIOURACIL Tablet(s) 50.00 MG TAB ORA	P13.75
QUETIAPINE Tablet(s) 25.00 MG TAB ORA	P15.00
QUETIAPINE Tablet(s) 100.00 MG TAB ORA	P52.50
QUETIAPINE Tablet(s) 200.00 MG TAB ORA	P52.00
QUETIAPINE Tablet(s) 300.00 MG TAB ORA	P68.75
RABEPRAZOLE SODIUM Tablet(s) 10.00 MG TAB ORA	P37.50
RABIES VACCINE VERO CELL syringe 2.50 IU/ SYRIN INJ	P1641.00
RANITIDINE ampule 50.00 MG/2 AMP INJ	P5.00
RANITIDINE Tablet(s) 150.00 MG TAB ORA	P1.00
RANITIDINE Tablet(s) 300.00 MG TAB ORA	P5.50
RIFAXIMIN Tablet(s) 200.00 MG TAB ORA	P84.25
RISPERIDONE Tablet(s) 1.00 MG TAB ORA	P12.00
RISPERIDONE Tablet(s) 4.00 MG TAB ORA	P80.00
RITUXIMAB vial 100.00 MG VIAL INJ	P13714.04
RITUXIMAB vial 500.00 MG VIAL IV	P66759.55
ROSUVASTATIN Tablet(s) 10.00 MG TAB ORA	P5.50
ROSUVASTATIN Tablet(s) 20.00 MG TAB ORA	P8.00
SACUBITRIL/VALSARTAN Tablet(s) 50.00 MG TAB ORA	P75.00
SACUBITRIL/VALSARTAN Tablet(s) 100.00 MG TAB ORA	P75.00
SALBUTAMOL inhaler 100.00 MCG/D INHAL NAS	P106.00
SALBUTAMOL nebules 2.50 MG2.5 NEB NAS pedia	P6.00
SALBUTAMOL nebules 5.00 MG2.5 NEB NAS adult	P16.00
SALBUTAMOL syrup/suspension 2.00 MG SYR/S ORA asmalin	P72.00
SAMBONG Tablet(s) 500.00 MG TAB ORA	P7.00



SERTRALINE HCL TABLET 50.00 MG TAB49 ORA deperin 2	P8.50
SILVER SULFADIAZINE cream 1.00 %25gm CRM TOP	P90.00
SILVER SULFADIAZINE cream 10.00 MGGM CRM TOP	P1133.50
SIMVASTATIN TABLET 40.00 MG TAB49 ORA diastatin	P4.00
SIMVASTATIN Tablet(s) 10.00 MG TAB ORA	P1.00
SIMVASTATIN Tablet(s) 20.00 MG TAB ORA	P1.00
SIMVASTATIN Tablet(s) 40.00 MG TAB ORA	P4.25
SODIUM BICARBONATE Tablet(s) 650.00 MG TAB ORA	P1.50
SODIUM BICARBONATE vial 50.00 MEQML VIAL INJ	P145.00
SODIUM CHLORIDE vial 2.50 MEQML VIAL IV	P60.00
SODIUM HYALURONATE bottle 0.10 % BOT OPH IVISC eyedrops	P240.00
SOFOBUVIR TABLET 400.00 MG TAB49 ORA Myhep	P475.00
SOMATOSTATIN ampule 3.00 MG AMP INJ	P5685.00
SOMATOSTATIN ampule 250.00 MCG AMP INJ	P1064.00
SPIRONOLACTONE (K-SPARER) Tablet(s) 25.00 MG TAB ORA	P6.75
SPIRONOLACTONE (K-SPARER) Tablet(s) 50.00 MG TAB ORA	P41.75
STREPTOKINASE vial 1.50 1MLIU VIAL IV	P8135.00
SUCRALFATE Tablet(s) 1.00 G TAB ORA	P44.00
TAMOXIFEN Tablet(s) 20.00 MG TAB ORA	P8.25
TAMSULOCIN capsule 400.00 MCG CAP ORA ALFATAM	P13.50
TAMSULOCIN Tablet(s) 200.00 MCG TAB ORA	P15.00
TELMISARTAN Tablet(s) 40.00 MG TAB ORA TELI 40	P20.00
TELMISARTAN Tablet(s) 80.00 MG TAB ORA TELI 80	P28.75
TELMISARTAN + HYDROCHLOROTHIAZIDE Tablet(s) 40.00 mg+12 TAB ORA	P25.00
TELMISARTAN + HYDROCHLOROTHIAZIDE Tablet(s) 80.00 mg+12 TAB ORA	P44.75
TENOFOVIR DISOPROXIL FUMARATE Tablet(s) 300.00 MG TAB ORA TENOFO-B	P50.00
TERAZOSIN Tablet(s) 2.00 MG TAB ORA	P29.50
TETANUS IMMUNOGLOBULIN (HUMAN) vial 250.00 IU2ML VIAL PAR	P934.00
TETANUS TOXOID ampule 0.50 ML AMP INJ	P42.00



TIMOLOL drops 0.50 00103 DR OPH	P386.00
TOBRAMYCIN bottle 0.30 00103 BOT OPH	P107.00
TOBRAMYCIN ointment 0.30 % 3.5 OINT OPH	P508.00
TOBRAMYCIN + DEXAMETHASONE drops 0.30 %/.1% DR OPH	P180.00
TOCILIZUMAB vial 200.00 MG VIAL ORA Actemra	P14566.97
TOLVAPTAN TABLET 15.00 MG TAB49 OR	P870.50
TOPIRAMATE Tablet(s) 50.00 MG TAB ORA	P11.25
TOTAL PARENTERAL NUTRITION (All-In-One Admixtures) bag 1920.00 ML BAG IV NUTRIFLEX (1400KCAL)	P2160.00
TRAMADOL ampule 50.00 MG/ML AMP PAR TRAMID	P12.00
TRAMADOL capsule 50.00 MG CAP ORA	P4.75
TRAMADOL Tablet(s) 100.00 MG TAB ORA TRAMAL	P100.25
TRANEXAMIC ACID ampule 500.00 MG/5 AMP INJ TRANMED	P19.00
TRANEXAMIC ACID capsule 500.00 MG CAP ORA	P6.25
TRASTUZUMAB vial 150.00 MG VIAL INJ HERCEPTIN	P16140.00
TRASTUZUMAB vial 600.00 MG/5 VIAL INJ	P34667.00
TRIMETHAZIDINE Tablet(s) 35.00 MG TAB ORA VASEREL	P5.75
URSODEOXYCHOLIC ACID capsule 250.00 MG CAP ORA	P42.75
VALACICLOVIR Tablet(s) 500.00 MG TAB ORA	P42.25
VALPROATE DISODIUM / VALPROIC ACID Tablet(s) 250.00 MG TAB ORA	P12.00
VALPROATE DISODIUM / VALPROIC ACID Tablet(s) 500.00 MG TAB ORA	P12.75
VALPROIC ACID bottle 250.00 MG/5 BOT ORA	P418.00
VALPROIC ACID vial 500.00 MG VIAL IV DEPACON	P2190.50
VALSARTAN Tablet(s) 80.00 MG TAB ORA VALVEX 80	P11.25
VALSARTAN Tablet(s) 160.00 MG TAB ORA VALAZYD 160	P14.50
VALSARTAN + HYDROCHLORTHIAZIDE Tablet(s) 80.00 mg+12 TAB ORA TORVAL H	P19.00
VALSARTAN + HYDROCHLORTHIAZIDE Tablet(s) 160.00 mg+12 TAB ORA TORVAL H	P38.00
VANCOMYCIN vial 500.00 0G VIAL IV	P438.00
VANCOMYCIN vial 500.00 MG VIAL INJ HOSPIRA	P427.00



VERAPAMIL ampule 5.00 MG/2M AMP PAR	P169.00
VERAPAMIL Tablet(s) 40.00 MG TAB ORA	P19.50
VERAPAMIL Tablet(s) 80.00 MG TAB ORA ISOPTIN	P43.75
VINBLASTINE vial 10.00 MG VIAL INJ	P1024.00
VINCRISTINE ampul/vial 1.00 MG AMP/V IV	P341.50
VINCRISTINE vial 2.00 MG/ML VIAL IV	P667.00
VITAMIN B1 B6 B12 ampule 100.00 MG/3M AMP INJ NURAMINE FORTE	P19.00
VORICONAZOLE Tablet(s) 200.00 MG TAB ORA	P1985.00
VORICONAZOLE vial 200.00 MG30 VIAL IV	P7176.00
WARFARIN Tablet(s) 1.00 MG TAB ORA	P22.25
ZINC drops 15.00 ML DR ORA	P32.00
ZINC syrup 55.00 MG/5 SYR ORA	P42.00
* Prices, Availability Of Medicine And Medical Supplies Are Subject To Chan	

MEDICINE	OPD PHARMACY PRICE
ACETYLCYSTEINE ampul/vial 300.00 MG3ML AMP/V NAS INHALATION	P166.00
ACETYLCYSTEINE powder 100.00 MG PDR ORA	P12.50
ACETYLCYSTEINE powder 200.00 MG PDR ORA	P11.00
ACETYLCYSTEINE Tablet(s) 600.00 MG TAB ORA	P24.25
ACICLOVIR TABLET 200.00 MG TAB49 ORA xyclovirax	P5.00
ACICLOVIR Tablet(s) 800.00 MG TAB ORA	P32.00
ADENOSINE vial 3.00 MG/ML VIAL IV	P223.00
ALBUMIN, HUMAN vial 20.00 % VIAL INJ	P2185.50
ALENDRONATE Tablet(s) 70.00 MG TAB ORA	P126.00
ALPRAZOLAM Tablet(s) 250.00 MG TAB ORA	P6.00
ALPRAZOLAM Tablet(s) 500.00 MCG TAB ORA	P21.50
ALTEPLASE vial 50.00 MG VIAL IV	P38186.61
AMIKACIN ampule 100.00 MG AMP INJ	P30.00
AMIKACIN ampule 500.00 MG AMP PAR	P45.75
AMIKACIN vial 250.00 MG VIAL IV	P42.00
AMINO ACID 7% bottle 500.00 ML BOT PAR	P523.00
AMINO ACID SOL'N 8% bottle 500.00 ml BOT IV	P1000.00
AMIODARONE ampule 150.00 MG3ML AMP INJ	P263.00



AMIODARONE capsule 200.00 MG CAP ORA	P11.00
AMLODIPINE Tablet(s) 10.00 MG TAB ORA	P1.00
AMOXICILLIN capsule 500.00 MG CAP ORA	P2.00
AMOXICILLIN Infant Drops bottle 100.00 MG/ML BOT ORA	P28.00
AMPICILLIN vial 1.00 G VIAL IV	P15.00
AMPICILLIN vial 500.00 MG VIAL IV	P12.00
AMPICILLIN + SULBACTAM vial 1.50 G VIAL IV	P84.00
ANTI-RABIES SERUM (EQUINE) vial 200.00 IU/ML VIAL PAR	P1654.00
ANTI-TETANUS SERUM (EQUINE) ampule 1500.00 IU/ AMP INJ	P67.00
ASCORBIC ACID (VITAMIN C) ampule 500.00 MG/2M AMP IV	P6.40
ASCORBIC ACID (VITAMIN C) drops 100.00 MG/ML DR ORA	P21.00
ASCORBIC ACID (VITAMIN C) Tablet(s) 500.00 MG TAB ORA	P1.25
ASPIRIN Tablet(s) 80.00 MG TAB ORA	P1.00
ATENOLOL Tablet(s) 50.00 MG TAB ORA	P2.50
ATENOLOL Tablet(s) 100.00 MG TAB ORA	P3.25
ATORVASTATIN Tablet(s) 40.00 MG TAB ORA	P6.00
ATROPINE EYE DROPS bottle 1.00 00103 BOT OPH	P356.00
ATROPINE SULFATE ampule 1.00 MG/ML AMP ORA	P14.00
AZITHROMYCIN bottle 200.00 MG/5 BOT ORA	P167.00
AZITHROMYCIN vial 500.00 MG VIAL INJ	P327.00
BACLOFEN Tablet(s) 10.00 MG TAB ORA	P16.25
BETAHISTINE Tablet(s) 16.00 MG TAB ORA	P10.25
BETAHISTINE Tablet(s) 24.00 MG TAB ORA	P28.00
BETAMETHASONE cream 1.00 M/5g CRM TOP	P55.00
BETAMETHASONE OINTMENT 1.00 M/5g OINTX OINTM	P56.00
BIPERIDEN Tablet(s) 2.00 MG TAB ORA MAPMH	P14.00
BIPHASIC INSULIN 70/30 vial 10.00 ML VIAL INJ	P119.00
BISACODYL suppository 10.00 MG SUP REC	P27.00
BISACODYL Tablet(s) 5.00 MG TAB ORA	P1.00
BMMS 500ml bottle 500.00 ML BOT IV	P46.00
BMRS bottle 1000.00 ML BOT IV	P54.00
BUDESONIDE nebules 500.00 MCG/2M NEB NAS	P54.00
BUDESONIDE + FORMOTEROL bottle 160.00 00001 BOT NAS	P1118.00



CALCITRIOL tablet/capsule 0.25 MCG TABCP ORA	P34.00
CALCIUM CARBONATE + VIT. D Tablet(s) 600.00 MG TAB ORA	P3.75
CALCIUM GLUCONATE vial 10.00 ML VIAL INJ	P24.00
CAPTOPRIL Tablet(s) 25.00 MG TAB SUL	P1.00
CARBAMAZEPINE Tablet(s) 200.00 MG TAB ORA	P2.25
CARVEDILOL Tablet(s) 6.25 MG TAB ORA carvidol	P1.75
CARVEDILOL Tablet(s) 25.00 MG TAB ORA	P5.50
CEFALEXIN capsule 500.00 MG CAP ORA	P5.25
CEFALEXIN suspension 250.00 MG/5 SUSP ORA	P29.00
CEFAZOLIN vial 1.00 G VIAL IV	P24.00
CEFEPIME vial 1.00 G VIAL IV	P187.00
CEFEPIME vial 500.00 MG VIAL IV	P797.50
CEFIXIME bottle 100.00 mgml6 BOT ORA	P124.00
CEFIXIME capsule 400.00 MG CAP ORA	P46.75
CEFOTAXIME vial 1.00 G VIAL IV	P42.00
CEFOXITIN vial 1.00 GM VIAL INJ	P114.00
CEFTRIAXONE vial 1.00 G VIAL IV	P23.00
CEFTRIAXONE vial 500.00 MG VIAL PAR	P360.00
CEFUROXIME granules 125.00 MG/5 GRAN ORA	P213.50
CEFUROXIME suspension 250.00 MG/5 SUSP ORA	P320.00
CEFUROXIME Tablet(s) 500.00 MG TAB ORA	P10.75
CEFUROXIME vial 1.50 GM VIAL INJ	P186.00
CEFUROXIME vial 750.00 MG VIAL IV	P21.00
CELECOXIB capsule 200.00 MG CAP ORA	P4.00
CETIRIZINE bottle 2.50 MG/ML BOT ORA drops 10ml	P152.00
CETIRIZINE bottle 5.00 mgml3 BOT ORA	P122.50
CETIRIZINE syrup 5.00 mgml6 SYR ORA	P27.50
CETIRIZINE Tablet(s) 10.00 MG TAB ORA	P1.00
CHLORAMPHENICOL capsule 500.00 MG CAP ORA	P7.50
CHLORAMPHENICOL suspension 125.00 MG/5 SUSP ORA	P44.00
CHLORHEXIDINE(as gluconate) bottle 0.12 % BOT ORA	P133.50
CHLORPROMAZINE Tablet(s) 200.00 MG TAB ORA	P3.00
CILOSTAZOL Tablet(s) 50.00 MG TAB ORA	P8.00
CILOSTAZOL Tablet(s) 100.00 MG TAB ORA	P15.00



CINNARIZINE TABLET 25.00 MG TAB49 ORA generic	P1.25
CIPROFLOXACIN Tablet(s) 500.00 MG TAB ORA	P1.75
CLARITHROMYCIN bottle 125.00 MG/5 BOT ORA 70ml	P348.00
CLARITHROMYCIN suspension 125.00 MG/ML SUSP ORA 50ML,CLARIGET 2	P195.00
CLARITHROMYCIN Tablet(s) 500.00 MG TAB ORA	P12.75
CLINDAMYCIN ampule 600.00 MG4ML AMP INJ	P300.00
CLINDAMYCIN capsule 150.00 MG CAP ORA	P6.50
CLINDAMYCIN suspension 75.00 MG/5 SUSP ORA	P564.00
CLOBETASOL tube 0.05 %/5g tub TOP DERMOVATE CREAM	P65.00
CLOBETASOL OINTMENT ointment 0.05 % OINT OINTM DERMOVATE	P65.00
CLONIDINE Tablet(s) 150.00 MCG TAB ORA	P18.00
CLOPIDOGREL Tablet(s) 75.00 MG TAB ORA	P2.00
CLOZAPINE TABLET 100.00 MG TAB49 ORA	P10.00
CO-AMOXICLAV bottle 250.00 00003 BOT ORA	P204.50
CO-AMOXICLAV Tablet(s) 1.00 G TAB ORA	P12.75
CO-AMOXICLAV Tablet(s) 625.00 MG TAB ORA	P6.25
COLCHICINE Tablet(s) 500.00 MCG TAB ORA	P2.75
COTRIMOXAZOLE Tablet(s) 800.00 00005 TAB ORA	P4.00
D5 0.3% NACL bottle 500.00 ML BOT IV	P47.00
D5 LRS bottle 500.00 ML BOT IV	P43.00
D5 LRS bottle 1000.00 ML BOT IV	P34.00
D5 NSS bottle 500.00 ML BOT PAR	P55.00
D5 NSS bottle 1000.00 ML BOT IV	P40.00
D5 WATER bottle 500.00 ML BOT INJ	P37.50
D5 WATER bottle 1000.00 ML BOT IV	P54.00
DEXAMETHASONE Tablet(s) 4.00 MG TAB ORA	P38.75
DEXAMETHASONE vial 8.00 MG/2M VIAL INJ	P10.00
DEXTROSE 50% vial 50.00 ML VIAL IV	P33.50
DIAZEPAM ampule 10.00 MG/2M AMP INJ	P99.00
DICLOFENAC SODIUM ampule 75.00 MG3ML AMP INJ	P13.50
DIGOXIN ampule 0.50 MG/2M AMP INJ	P147.00
DIGOXIN Tablet(s) 0.25 MG TAB ORA	P4.50
DIPHENHYDRAMINE HCL capsule 50.00 MG CAP ORA	P1.00
DOBUTAMINE ampul/vial 250.00 MG/5 AMP/V IV	P193.00



DOMPERIDONE Tablet(s) 10.00 MG TAB ORA	P1.00
DONEPEZIL HCl Tablet(s) 5.00 MG TAB ORA	P18.75
DONEPEZIL HCl Tablet(s) 10.00 MG TAB ORA	P24.00
DOPAMINE ampule 200.00 MG/5 AMP INJ	P46.00
ENALAPRIL Tablet(s) 5.00 MG TAB ORA	P3.00
ENOXAPARIN prefilled syr 0.60 MG PFS INJ lomoh-60	P459.00
ENOXAPARIN syringe 40.00 MG/0.4 SYRIN INJ	P273.00
ENSURE can 400.00 G CAN ORA	P300.00
ENTERAL NUTRITION - for Hyperglycemic Patients can 400.00 G CAN ORA	P400.00
EPERISONE Tablet(s) 50.00 MG TAB ORA	P14.00
EPINEPHRINE ampule 1.00 MG/ML AMP INJ	P26.00
EPOETIN ALFA prefilled syr 4000.00 IU/4 PFS INJ EPOSIS	P548.00
EPOETIN BETA syringe 5000.00 IU/3 SYRIN IV	P1304.00
ERYTHROMYCIN tube 3.50 G tub OINTM erythromycin 2	P147.00
ESCITALOPRAM Tablet(s) 10.00 MG TAB ORA	P5.75
FAMOTIDINE vial 20.00 MG VIAL INJ	P283.25
FELODIPINE Tablet(s) 5.00 MG TAB ORA	P9.50
FENOFIBRATE capsule 200.00 MG CAP ORA	P8.50
FENOFIBRATE Tablet(s) 160.00 MG TAB ORA	P26.50
FERROUS SALT + FOLIC ACID Tablet(s) 60.00 MG TAB ORA	P1.25
FERROUS SULFATE drops 15.00 00006 DR ORA	P26.00
FERROUS SULFATE Tablet(s) 119.00 MG TAB ORA	P1.25
FILGRASTIM prefilled syr 300.00 MCG/1 PFS IV	P1600.00
FINASTERIDE Tablet(s) 5.00 MG TAB ORA	P7.00
FLUCONAZOLE capsule 50.00 MG CAP ORA	P106.75
FLUCONAZOLE capsule 200.00 MG CAP ORA	P168.75
FLUTICASONE PROPIONATE bottle 0.50 % BOT NAS	P613.00
FLUTICASONE PROPIONATE + SALMETEROL inhaler 25.00 25mcg INHAL inh	P294.00
FOLIC ACID capsule 5.00 MG CAP ORA	P1.75
FOSFOMYCIN sachet 3.00 G SAC ORA	P550.00
FUROSEMIDE ampule 20.00 MG/2 AMP IV	P9.00
FUROSEMIDE Tablet(s) 40.00 MG TAB ORA	P1.25
FUSIDATE SODIUM ointment 2.00 00008 OINT TOP	P130.00
FUSIDATE SODIUM piece 2.00 % PIECE TDM	P137.50
GABAPENTIN capsule 300.00 MG CAP ORA	P9.00



GABAPENTIN Tablet(s) 100.00 MG TAB ORA	P8.00
GENTAMYCIN vial 80.00 MG VIAL INJ	P5.00
GLICLAZIDE Tablet(s) 30.00 MG TAB ORA	P3.00
GLICLAZIDE Tablet(s) 80.00 MG TAB ORA	P3.25
GLYCERYL TRINITRATE ampul/vial 1.00 ml10 AMP/V INJ	P867.00
HALOPERIDOL ampule 5.00 MG/ML AMP PAR	P600.00
HEPARIN (UNFRACTIONATED) vial 5000.00 IU VIAL INJ	P67.00
HEPATITIS B VACCINE (RECOMBINANT DNA) ampul/vial 10.00 MCG5M AMP/V IV Pedia	P165.00
HYDROCORTISONE tube 1.00 00008 tub TOP Cream	P127.00
HYDROCORTISONE vial 100.00 MG VIAL INJ	P25.50
HYDROCORTISONE vial 250.00 MG VIAL IV	P62.00
HYOSCINE NBB ampule 20.00 MG/ML AMP INJ	P23.00
HYOSCINE NBB Tablet(s) 10.00 MG TAB ORA	P4.75
IBUPROFEN suspension 200.00 MG/5 SUSP ORA DOLAN	P132.50
IBUPROFEN Tablet(s) 200.00 MG TAB ORA	P1.50
IBUPROFEN Tablet(s) 400.00 MG TAB ORA	P1.00
IMMUNOGLOBULIN NORMAL, HUMAN (IGIV) vial 2.50 GM VIAL IV	P5866.00
IRBESARTAN Tablet(s) 150.00 MG TAB ORA	P4.20
IRBESARTAN Tablet(s) 300.00 MG TAB ORA	P11.75
IRBESARTAN+HYDROCHLOROTHIAZIDE Tablet(s) 150.00 MG/12 TAB ORA	P13.50
IRON SUCROSE ampule 20.00 MG/5 AMP IV	P134.00
ISOSORBIDE DINITRATE Tablet(s) 5.00 MG TAB ORA	P8.75
ISOSORBIDE-5-MONONITRATE Tablet(s) 60.00 MG TAB ORA	P9.50
ISOXSUPRINE Tablet(s) 10.00 MG TAB ORA	P6.25
ITRACONAZOLE capsule 100.00 MG CAP ORA	P73.50
KETOROLAC ampule 30.00 MG AMP INJ	P20.00
LACTATED RINGER'S SOLUTION bottle 1.00 LITER BOT IV	P42.00
LACTULOSE bottle 3.00 G5ML BOT ORA LILAC	P80.00
LAGUNDI syrup 300.00 MG/5 SYR ORA OFPLEMED	P87.00
LAGUNDI Tablet(s) 300.00 MG TAB ORA LAGUNDEX	P1.75
LAMOTRIGINE Tablet(s) 50.00 MG TAB ORA MOTRIGINE	P7.25



LAMOTRIGINE Tablet(s) 100.00 MG TAB ORA MOTRIGINE 100	P10.00
LANSOPRAZOLE capsule 30.00 MG CAP ORA LANSOFAR	P22.00
LEVETIRACETAM bottle 100.00 MG/5 BOT ORA	P2052.00
LEVETIRACETAM TABLET 1000.00 MG TAB49 ORA	P20.00
LEVETIRACETAM Tablet(s) 500.00 MG TAB ORA LEXLEV	P13.25
LEVETIRACETAM vial 500.00 MG/5 VIAL INJ	P2400.00
LEVOFLOXACIN bottle 5.00 MG/ML BOT OPH OFTAQUIX, eyedrops	P440.00
LEVOFLOXACIN Tablet(s) 500.00 MG TAB ORA VOFLOX	P18.00
LEVOFLOXACIN Tablet(s) 750.00 MG TAB ORA	P25.50
LEVOTHYROXINE Tablet(s) 50.00 MCG TAB ORA THYDIN	P4.00
LIDOCAINE ampul/vial 2.00 P/20 AMP/V IV EUROCAINE	P40.00
LIDOCAINE polyampule 5.00 ML PLAMP INJ	P11.00
LIDOCAINE vial 2.00 00100 VIAL INJ	P57.00
LIDOCAINE,, 2%, 1.8 ml, W/ EPINEPHRINE carpule 2.00 % CARP IV	P28.00
LIPIDS bottle 10.00 00101 BOT ORA	P1134.00
LORATADINE Tablet(s) 10.00 MG TAB ORA CLARIHIST	P2.25
LOSARTAN Tablet(s) 100.00 MG TAB ORA TORLOS-100	P2.75
LOSARTAN+HYDROCHLORTHIAZIDE Tablet(s) 100.00 MG+25 TAB ORA	P7.75
MAGNESIUM SULFATE vial 250.00 MG/ML VIAL INJ	P35.00
MANNITOL bottle 500.00 ML BOT IV	P91.00
MEBENDAZOLE suspension 100.00 MG/5 SUSP ORA	P36.00
MECOBALAMIN ampule 500.00 MC/ML AMP PAR	P99.00
MEROPENEM vial 1.00 G VIAL INJ	P1024.00
METFORMIN capsule 500.00 MG CAP ORA	P1.00
METHYLDOPA Tablet(s) 250.00 MG TAB ORA	P7.25
METHYLPREDNISOLONE Tablet(s) 16.00 MG TAB ORA	P11.50
METHYLPREDNISOLONE vial 1.00 GM VIAL INJ	P3334.00
METHYLPREDNISOLONE vial 40.00 MG VIAL INJ	P393.50



METHYLPREDNISOLONE vial 40.00 MG VIAL INJ AS SUCCINATE	P379.00
METHYLPREDNISOLONE vial 500.00 MG VIAL IV	P3067.00
METOCLOPRAMIDE Tablet(s) 10.00 MG TAB ORA	P3.50
METOPROLOL Tablet(s) 50.00 MG TAB ORA	P1.00
METOPROLOL Tablet(s) 100.00 MG TAB ORA	P2.00
METRONIDAZOLE suspension 125.00 MG/5 SUSP ORA	P22.00
METRONIDAZOLE Tablet(s) 500.00 MG TAB ORA	P1.25
METRONIDAZOLE vial 500.00 MG100 VIAL PAR	P19.00
MIDAZOLAM ampule 5.00 MG/ML AMP INJ	P85.00
MONTELUKAST Tablet(s) 5.00 MG TAB ORA	P4.00
MULTIVITAMINS bottle 15.00 ML BOT ORA	P70.00
MULTIVITAMINS capsule 500.00 MCG CAP ORA	P1.00
MULTIVITAMINS drops 15.00 ML DR ORA	P66.00
MULTIVITAMINS + MINERALS + IRON capsule 500.00 MG CAP ORA	P2.75
MUPIROCIN ointment 2.00 00102 OINT TOP	P205.00
MUPIROCIN ointment 5.00 grams OINT TOP	P60.25
NALBUPHINE HCL ampule 10.00 MG/ML AMP INJ	P65.00
NEOMYCIN+POLYMYXIN B + FLUOCINOLONE ACETONIDE bottle 3.50 MG BOT OTI OTIC DROPS	P234.00
NICARDIPINE ampul/vial 10.00 MG/10 AMP/V INJ	P117.00
NIFEDIPINE Tablet(s) 5.00 MG TAB ORA	P3.25
NIFEDIPINE OD Tablet(s) 30.00 MG TAB ORA	P33.50
NITROFURANTOIN capsule 100.00 MG CAP ORA	P38.50
NOREPINEPHRINE ampule 2.00 MG/2M AMP INJ	P106.00
NOREPINEPHRINE ampule 4.00 MG AMP IV	P165.00
NORMAL SALINE bottle 500.00 ML BOT INJ	P38.00
NORMAL SALINE bottle 1000.00 ML BOT INJ	P46.00
NSS IRRIGATING SOLUTION bottle 1.00 LITER BOT TOP	P47.00
OCTREOTIDE ampule 100.00 MCG AMP IV	P720.00
OFLOXACIN Tablet(s) 200.00 MG TAB ORA	P2.75
OLANZAPINE TABLET 10.00 MG TAB49 ORA	P5.25
OLANZAPINE Tablet(s) 10.00 MG TAB ORA	P5.25
OMEPRAZOLE capsule 20.00 MG CAP ORA	P2.00
OMEPRAZOLE capsule 40.00 MG CAP ORA	P5.00
ONDANSETRON ampule 8.00 mg/4m AMP INJ	P98.00
ORAL REHYDRATION SALTS (ORS 75 - REPLACEMENT) sachet 2.05 G SAC ORA	P6.75
OXACILLIN vial 500.00 MG VIAL IV	P31.00



OXCARBAZEPINE TABLET 600.00 MG TAB49 ORA	P30.75
OXYTOCIN (SYNTHETIC) ampule 10.00 IU AMP IV	P9.25
PARACETAMOL (ACETAMINOPHEN) ampule 300.00 MG/2M AMP INJ	P8.00
PARACETAMOL (ACETAMINOPHEN) bottle 250.00 MG/5 BOT ORA	P27.00
PARACETAMOL (ACETAMINOPHEN) drops 100.00 MG/ML DR ORA	P23.00
PARACETAMOL (ACETAMINOPHEN) Tablet(s) 500.00 MG TAB ORA	P1.00
PEN G 1 MILLION vial 1.00 1MLUN VIAL INJ	P8.00
PEN G 5 MILLION vial 5.00 1MLUN VIAL INJ	P22.00
PENICILLIN, BENZATHINE vial 1.20 IU/ VIAL INJ	P63.00
PHENOBARBITAL SODIUM Tablet(s) 30.00 MG TAB ORA	P6.75
PHENOBARBITAL SODIUM Tablet(s) 60.00 MG TAB ORA	P6.75
PHENYTOIN SODIUM ampule 100.00 MG/ML AMP INJ	P125.00
PHENYTOIN SODIUM capsule 100.00 MG CAP ORA	P13.25
PHYTOMENADIONE (PHYTONADIIONE, VITAMIN K1) ampule 10.00 MG/ML AMP INJ PHYTOBAS 2	P19.00
PIPERACILLIN + TAZOBACTAM vial 4.00 g+500 VIAL IV Tazobak 1	P131.00
POTASSIUM CHLORIDE Tablet(s) 600.00 MG TAB ORA	P14.75
POTASSIUM CHLORIDE Tablet(s) 750.00 MG TAB ORA	P15.75
POTASSIUM CHLORIDE vial 40.00 MG/20 VIAL PAR	P49.00
PREDNISOLONE drops 1.00 00103 DR OPH	P220.00
PREDNISONONE Tablet(s) 5.00 MG TAB ORA	P1.00
PREDNISONONE Tablet(s) 10.00 MG TAB ORA	P2.50
PREDNISONONE Tablet(s) 20.00 MG TAB ORA	P3.75
PREDNISONONE Tablet(s) 30.00 MG TAB ORA	P12.00
PROPOFOL ampule 10.00 MG/ML AMP IV FRESOFOL 200 MG	P82.00
PROPRANOLOL Tablet(s) 10.00 MG TAB ORA	P13.50
PROPYLTHIOURACIL Tablet(s) 50.00 MG TAB ORA	P11.00
RABEPRAZOLE SODIUM Tablet(s) 10.00 MG TAB ORA	P37.50



RABIES VACCINE VERO CELL syringe 2.50 IU/ SYRIN INJ	P1641.00
RANITIDINE ampule 50.00 MG/2 AMP INJ	P5.00
RANITIDINE Tablet(s) 150.00 MG TAB ORA	P1.00
RANITIDINE Tablet(s) 300.00 MG TAB ORA	P5.00
RIFAXIMIN Tablet(s) 200.00 MG TAB ORA	P84.25
ROSUVASTATIN Tablet(s) 10.00 MG TAB ORA	P5.50
ROSUVASTATIN Tablet(s) 20.00 MG TAB ORA	P8.00
SACUBITRIL/VALSARTAN Tablet(s) 50.00 MG TAB ORA	P75.00
SACUBITRIL/VALSARTAN Tablet(s) 100.00 MG TAB ORA	P75.00
SALBUTAMOL INHALATION 100.00 MG INHA1 inh VENTOLAX	P97.50
SALBUTAMOL nebules 2.50 MG2.5 NEB NAS pedia	P5.75
SALBUTAMOL nebules 5.00 MG2.5 NEB NAS adult	P16.00
SAMBONG TABLET 500.00 MG TAB49 ORA re- leaf forte	P7.00
SILVER SULFADIAZINE cream 1.00 %25gm CRM TOP	P90.00
SILVER SULFADIAZINE cream 10.00 MGGM CRM TOP	P1133.50
SIMVASTATIN Tablet(s) 40.00 MG TAB ORA	P4.25
SODIUM BICARBONATE Tablet(s) 650.00 MG TAB ORA	P1.25
SODIUM BICARBONATE vial 50.00 MEQML VIAL INJ	P145.00
SODIUM CHLORIDE vial 2.50 MEQML VIAL IV	P71.50
SODIUM HYALURONATE bottle 0.10 % BOT OPH IVISC eyedrops	P224.00
SOMATOSTATIN ampule 3.00 MG AMP INJ	P6395.00
SPIRONOLACTONE (K-SPARER) Tablet(s) 50.00 MG TAB ORA	P41.75
STREPTOKINASE vial 1.50 1MLIU VIAL IV	P8135.00
SUCRALFATE Tablet(s) 1.00 G TAB ORA	P44.00
TAMSULOCIN capsule 400.00 MCG CAP ORA ALFATAM	P12.75
TAMSULOCIN Tablet(s) 200.00 MCG TAB ORA	P15.00
TELMISARTAN Tablet(s) 40.00 MG TAB ORA TELI 40	P20.00
TELMISARTAN Tablet(s) 80.00 MG TAB ORA TELI 80	P34.00



TELMISARTAN + HYDROCHLOROTHIAZIDE Tablet(s) 40.00 mg+12 TAB ORA	P25.00
TENOFOVIR DISOPROXIL FUMARATE Tablet(s) 300.00 MG TAB ORA TENOFO-B	P51.50
TETANUS IMMUNOGLOBULIN (HUMAN) vial 250.00 IU2ML VIAL PAR	P934.00
TETANUS TOXOID ampule 0.50 ML AMP INJ	P42.00
TOBRAMYCIN bottle 0.30 00103 BOT OPH	P120.00
TOBRAMYCIN + DEXAMETHASONE drops 0.30 %/.1% DR OPH	P180.00
TOPIRAMATE TABLET 50.00 MG TAB49 ORA TOPVEX	P11.25
TRAMADOL ampule 50.00 MG/ML AMP PAR TRAMID	P12.00
TRAMADOL ampule 100.00 MG AMP INJ AMBIDOL	P10.00
TRAMADOL capsule 50.00 MG CAP ORA	P4.75
TRAMADOL Tablet(s) 100.00 MG TAB ORA TRAMAL	P100.25
TRANEXAMIC ACID ampule 500.00 MG/5 AMP INJ TRANMED	P18.75
TRANEXAMIC ACID capsule 500.00 MG CAP ORA	P6.25
TRIMETAZIDINE Tablet(s) 35.00 MG TAB ORA VASEREL	P5.75
URSODEOXYCHOLIC ACID capsule 250.00 MG CAP ORA	P43.75
VALPROATE DISODIUM / VALPROIC ACID Tablet(s) 250.00 MG TAB ORA	P12.00
VALPROATE DISODIUM / VALPROIC ACID Tablet(s) 500.00 MG TAB ORA	P12.75
VALPROIC ACID bottle 250.00 MG/5 BOT ORA	P417.35
VALSARTAN Tablet(s) 80.00 MG TAB ORA VALVEX 80	P11.25
VALSARTAN Tablet(s) 160.00 MG TAB ORA VALAZYD 160	P14.00
VALSARTAN + HYDROCHLOROTHIAZIDE Tablet(s) 80.00 mg+12 TAB ORA TORVAL H	P19.00
VALSARTAN + HYDROCHLOROTHIAZIDE Tablet(s) 160.00 mg+12 TAB ORA TORVAL H	P38.00
VANCOMYCIN vial 500.00 0G VIAL IV	P934.00
VERAPAMIL ampule 5.00 MG/2M AMP PAR	P169.00
VITAMIN B1 B6 B12 ampule 100.00 MG/3M AMP INJ NURAMINE FORTE	P19.00
WARFARIN Tablet(s) 1.00 MG TAB ORA	P22.25



WARFARIN Tablet(s) 2.50 MG TAB ORA	P12.00
WARFARIN Tablet(s) 5.00 MG TAB ORA	P16.75
ZINC drops 15.00 ML DR ORA	P50.75
ZINC syrup 55.00 MG/5 SYR ORA	P42.00
* Prices, Availability Of Medicine And Medical Supplies Are Subject To Change Without Prior Notice	

MEDICINE	OR PHARMACY
ACETAZOLAMIDE Tablet(s) 250.00 MG TAB ORA	P26.75
ACETYLCYSTEINE ampul/vial 300.00 MG3ML AMP/V NAS INHALATION	P183.50
ACETYLCYSTEINE powder 100.00 MG PDR ORA	P13.50
ACETYLCYSTEINE powder 200.00 MG PDR ORA	P11.75
ACETYLCYSTEINE Tablet(s) 600.00 MG TAB ORA	P24.25
ADENOSINE ampule 3.00 MG/ML AMP INJ	P223.25
ALBUMIN, HUMAN vial 20.00 00100 VIAL INJ	P2186.00
ALENDRONATE Tablet(s) 70.00 MG TAB ORA	P126.00
ALLOPURINOL Tablet(s) 100.00 MG TAB ORA	P1.25
ALLOPURINOL Tablet(s) 300.00 MG TAB ORA	P4.00
ALUMINUM HYDROXIDE TABLET 200.00 MG TAB	P3.25
AMIKACIN ampule 100.00 MG AMP INJ	P31.25
AMIKACIN ampule 500.00 MG AMP PAR	P45.75
AMIKACIN vial 250.00 MG VIAL IV	P44.50
AMINO ACID 7% bottle 500.00 ML BOT PAR	P523.00
AMINO ACID SOL'N 8% bottle 500.00 ml BOT IV	P1000.00
AMINO ACID/SORBITOL GLYCINE 5/1% 20 ampule 20.00 ML AMP INJ	P194.50
AMINOPHYLLINE ampule 250.00 MG/10 AMP IV	P29.00
AMIODARONE ampule 150.00 MG3ML AMP INJ	P263.00
AMIODARONE capsule 200.00 MG CAP ORA	P11.00
AMLODIPINE Tablet(s) 5.00 MG TAB ORA	P1.00
AMOXICILLIN capsule 500.00 MG CAP ORA	P2.00
AMOXICILLIN suspension 250.00 MG/5 SUSP ORA	P29.50
AMPICILLIN vial 1.00 G VIAL IV	P15.00
AMPICILLIN + SULBACTAM vial 750.00 MG VIAL INJ	P27.00



AMPICILLIN + SULBACTAM vial 1.50 G VIAL IV	P84.00
ASCORBIC ACID (VITAMIN C) ampule 500.00 MG/2M AMP IV	P6.40
ASCORBIC ACID (VITAMIN C) syrup 250.00 M/ML SYR ORA	P127.00
ASPIRIN Tablet(s) 80.00 MG TAB ORA	P1.00
ATORVASTATIN Tablet(s) 10.00 MG TAB ORA	P12.25
ATORVASTATIN Tablet(s) 20.00 MG TAB ORA	P3.00
ATORVASTATIN Tablet(s) 40.00 MG TAB ORA	P6.00
ATORVASTATIN Tablet(s) 80.00 MG TAB ORA	P19.00
ATRACURIUM vial 10.00 mg+2 VIAL IV	P100.00
ATROPINE EYE DROPS bottle 10.00 MG/ML BOT OPH	P379.00
ATROPINE SULFATE ampule 1.00 MG/ML AMP INJ	P13.50
AZITHROMYCIN Tablet(s) 500.00 MG TAB ORA	P11.75
AZITHROMYCIN vial 500.00 MG VIAL INJ	P327.00
AZTREONAM vial 1.00 GM VIAL INJ	P1891.00
BACLOFEN Tablet(s) 10.00 MG TAB ORA	P16.25
BALANCE SALT SOLUTION bottle 500.00 ML BOT IV	P660.00
BETAHISTINE Tablet(s) 8.00 MG TAB ORA	P9.25
BETAHISTINE Tablet(s) 16.00 MG TAB ORA	P14.75
BETAHISTINE Tablet(s) 24.00 MG TAB ORA	P28.00
BETAMETHASONE OINTMENT 1.00 M/5g OINTX OINTM	P56.00
Bicalutamide Tablet(s) 50.00 MG TAB ORA	P211.00
BIPERIDEN Tablet(s) 2.00 MG TAB ORA MAPMH	P15.00
BIPHASIC INSULIN 70/30 vial 10.00 ML VIAL INJ	P147.00
BISACODYL suppository 5.00 MG SUP REC	P71.00
BISACODYL suppository 10.00 MG SUP REC	P27.25
BISACODYL Tablet(s) 5.00 MG TAB ORA	P1.00
BMMS bottle 1000.00 ML BOT IV	P53.00
BMMS 500ml bottle 500.00 ML BOT IV	P46.00
BMRS bottle 1000.00 ML BOT IV	P60.00
BRIMONIDINE drops 0.15 00103 DR OPH	P965.50
BROMOCRIPTINE Tablet(s) 2.50 MG TAB ORA	P280.00
BUDESONIDE nebulas 500.00 MCG2M NEB NAS	P36.00
BUPIVACAINE 0.5% HEAVY ampule 0.50 % AMP INJ	P138.50
BUPIVACAINE 0.5% ISOBARIC ampule 5.00 MG/ML AMP IV	P123.00



BUTAMIRATE CITRATE tablet/capsule 50.00 MG TABCP ORA	P10.50
BUTORPHANOL ampule 2.00 MG/ML AMP INJ	P587.00
CALCITRIOL tablet/capsule 0.25 MCG TABCP ORA	P33.50
CALCIUM CARBONATE Tablet(s) 500.00 MG TAB ORA	P3.00
CALCIUM CARBONATE + VIT. D Tablet(s) 600.00 MG TAB ORA	P3.50
CALCIUM GLUCONATE vial 10.00 ML VIAL INJ	P24.00
CAPTOPRIL Tablet(s) 25.00 MG TAB SUL	P.50
CARBACHOL vial 0.00 0.1% VIAL OPH	P800.00
CARBAMAZEPINE Tablet(s) 200.00 MG TAB ORA	P2.00
CARBOPROST ampule 125.00 MCG5M AMP IV	P227.00
CARBOPROST vial 250.00 MC/ML VIAL PAR	P252.00
CARBOXYMETHYLCELLULOSE bottle 0.50 %,15 BOT OPH	P416.00
CARVEDILOL Tablet(s) 6.25 MG TAB ORA carvidol	P2.00
CARVEDILOL Tablet(s) 25.00 MG TAB ORA	P5.50
CASTOR OIL bottle 120.00 ML BOT ORA	P191.00
CEFADROXIL capsule 500.00 MG CAP ORA	P29.50
CEFALEXIN bottle 250.00 MG/5 BOT ORA	P30.50
CEFALEXIN capsule 500.00 MG CAP ORA	P5.00
CEFAZOLIN vial 1.00 G VIAL IV	P24.00
CEFEPIME vial 1.00 G VIAL IV	P187.00
CEFEPIME vial 2.00 G VIAL INJ	P2158.00
CEFEPIME vial 500.00 MG VIAL IV	P187.00
CEFIXIME caplet 200.00 MG CAPL ORA	P9.50
CEFIXIME capsule 400.00 MG CAP ORA	P46.75
CEFOXITIN vial 1.00 GM VIAL INJ	P114.00
CEFTAZIDIME vial 1.00 G VIAL INJ	P451.50
CEFTRIAXONE vial 1.00 G VIAL INJ	P20.00
CEFTRIAXONE vial 500.00 MG VIAL PAR	P360.00
CEFUROXIME powder 125.00 MG/5 PDR ORA	P227.00
CEFUROXIME suspension 250.00 MG/5 SUSP ORA	P566.00
CEFUROXIME Tablet(s) 500.00 MG TAB ORA	P11.00
CEFUROXIME vial 750.00 MG VIAL IV	P21.00
CELECOXIB capsule 200.00 MG CAP ORA	P4.00
CELECOXIB capsule 400.00 MG CAP ORA	P13.25
CETIRIZINE Tablet(s) 10.00 MG TAB ORA	P1.00



CHLORAMPHENICOL capsule 500.00 MG CAP ORA	P5.50
CHLORAMPHENICOL drops 0.50 % DR OTI OTIC DROPS	P125.00
CHLORAMPHENICOL vial 1.00 G VIAL INJ	P50.00
CHLORHEXIDINE(as gluconate) bottle 0.12 % BOT ORA	P134.00
CHLORPROMAZINE Tablet(s) 200.00 MG TAB ORA	P8.25
CILOSTAZOL Tablet(s) 50.00 MG TAB ORA	P8.00
CILOSTAZOL Tablet(s) 100.00 MG TAB ORA	P32.00
CINNARIZINE capsule 75.00 MG CAP ORA	P15.00
CINNARIZINE TABLET 25.00 MG TAB49 ORA generic	P1.25
CIPROFLOXACIN Tablet(s) 500.00 MG TAB ORA	P1.75
CIPROFLOXACIN vial 200.00 MG100 VIAL INJ	P27.50
CIPROFLOXACIN vial 400.00 mg/ml VIAL IV	P1777.00
CLARITHROMYCIN bottle 250.00 MG/5 BOT ORA 70 ml	P560.00
CLARITHROMYCIN suspension 125.00 MG/5 SUSP ORA 50ml	P231.50
CLARITHROMYCIN Tablet(s) 500.00 MG TAB ORA	P12.75
CLARITHROMYCIN Tablet(s) 500.00 MG TAB ORA MR	P28.00
CLINDAMYCIN ampule 600.00 MG4ML AMP INJ	P300.00
CLINDAMYCIN capsule 150.00 MG CAP ORA	P3.50
CLINDAMYCIN capsule 300.00 MG CAP ORA	P6.00
CLINDAMYCIN syrup/suspension 75.00 mg/5m SYR/S ORA	P246.75
CLOBETASOL OINTMENT ointment 0.05 % OINT OINTM DERMOVATE	P65.00
CLONIDINE ampule 150.00 MC/ML AMP IV	P116.00
CLONIDINE Tablet(s) 75.00 MCG TAB ORA	P6.00
CLONIDINE Tablet(s) 150.00 MCG TAB ORA	P18.00
CLOPIDOGREL Tablet(s) 75.00 MG TAB ORA	P1.50
CLOTRIMAZOLE drops 1.00 % DR OTI CANDIVA 10 ML	P440.00
CLOTRIMAZOLE tube 1.00 00008 tub TOP CANESTEN	P213.75
CLOXACILLIN capsule 500.00 MG CAP ORA	P3.50
CLOXACILLIN suspension 250.00 MG/5 SUSP ORA	P48.00



CO-AMOXICLAV bottle 250.00 00003 BOT ORA	P155.00
CO-AMOXICLAV bottle 400.00 00105 BOT ORA NATRAVOX	P267.00
CO-AMOXICLAV Tablet(s) 1.00 G TAB ORA	P14.75
CO-AMOXICLAV Tablet(s) 625.00 MG TAB ORA	P8.00
COLCHICINE Tablet(s) 500.00 MCG TAB ORA	P2.75
COLISTIMETHATE SODIUM vial 2.00 1MLIU VIAL INJ	P2800.00
CONJUGATED ESTROGENS Tablet(s) 625.00 MCG TAB ORA	P47.75
COTRIMOXAZOLE Tablet(s) 800.00 00005 TAB ORA	P2.50
D10 WATER bottle 500.00 ML BOT INJ	P39.00
D5 0.3% NAACL bottle 500.00 ML BOT IV	P55.00
D5 LRS bottle 500.00 ML BOT IV	P46.00
D5 LRS bottle 1000.00 ML BOT IV	P34.00
D5 NSS bottle 500.00 ML BOT PAR	P54.00
D5 NSS bottle 1000.00 ML BOT IV	P40.00
D5 WATER bottle 500.00 ML BOT INJ	P46.00
D5 WATER bottle 1000.00 ML BOT IV	P54.00
DEXAMETHASONE Tablet(s) 4.00 MG TAB ORA	P39.00
DEXAMETHASONE vial 8.00 MG/2M VIAL INJ	P10.00
DEXTROSE 50% vial 50.00 ML VIAL IV	P33.50
DIAZEPAM ampule 10.00 MG/2M AMP INJ	P99.00
DICLOFENAC SODIUM ampule 75.00 MG3ML AMP INJ	P14.00
DICLOFENAC SR Tablet(s) 100.00 MG TAB ORA	P20.00
DIGOXIN ampule 0.50 MG/2M AMP INJ	P139.25
DIGOXIN Tablet(s) 0.25 MG TAB ORA	P5.50
DILTIAZEM Tablet(s) 30.00 MG TAB ORA	P5.50
DILTIAZEM Tablet(s) 60.00 MG TAB ORAL	P33.50
DIPHENHYDRAMINE Tablet(s) 50.00 MG TAB ORA	P1.00
DOBUTAMINE ampul/vial 250.00 MG/5 AMP/V IV	P206.00
DOBUTAMINE HCL bag 500.00 00004 BAG IV	P1131.50
DOMPERIDONE Tablet(s) 10.00 MG TAB ORA	P1.00
DOPAMINE ampule 200.00 MG/5 AMP INJ	P46.00
DOPAMINE PREMIXED bottle 400.00 MG250 BOT IV	P505.50
DOXYCYCLINE capsule 100.00 MG CAP ORA	P6.75



DYDROGESTERONE Tablet(s) 10.00 MG TAB ORA	P69.25
ENALAPRIL Tablet(s) 5.00 MG TAB ORA	P3.00
ENOXAPARIN syringe 40.00 MG0.4 SYRIN INJ	P257.50
ENOXAPARIN syringe 60.00 MG0.4 SYRIN INJ	P459.00
EPERISONE Tablet(s) 50.00 MG TAB ORA	P13.00
EPHEDRINE SULFATE ampul/vial 50.00 MG AMP/V INJ	P113.00
EPINEPHRINE ampule 1.00 MG/ML AMP INJ	P29.00
ERYTHROMYCIN Tablet(s) 500.00 MG TAB ORA	P5.50
ERYTHROMYCIN tube 3.50 G tub OPH	P147.00
ESCITALOPRAM Tablet(s) 10.00 MG TAB ORA	P6.00
FAMOTIDINE vial 20.00 MG VIAL INJ	P283.25
FELODIPINE Tablet(s) 5.00 MG TAB ORA	P10.75
FENOFIBRATE capsule 200.00 MG CAP ORA	P8.75
FENOFIBRATE Tablet(s) 160.00 MG TAB ORA	P26.50
FENTANYL CITRATE ampule 100.00 MCG AMP INJ	P65.00
FERROUS SALT + FOLIC ACID Tablet(s) 60.00 MG TAB ORA	P1.00
FERROUS SULFATE Tablet(s) 119.00 MG TAB ORA	P1.00
FINASTERIDE Tablet(s) 5.00 MG TAB ORA	P17.50
FLUCONAZOLE capsule 50.00 MG CAP ORA	P106.75
FLUCONAZOLE capsule 150.00 MG CAP ORA	P12.75
FLUCONAZOLE capsule 200.00 MG CAP ORA	P328.50
FLUCONAZOLE vial 200.00 MG100 VIAL INJ IV	P1067.00
FLUTICASONE PROPIONATE + SALMETEROL inhaler 25.00 25mcg INHAL inh	P333.50
FOLIC ACID capsule 5.00 MG CAP ORA	P5.50
FONDAPARINUX SODIUM piece 2.50 MG0.5 PIECE PAR	P1494.00
FOSFOMYCIN sachet 3.00 G SAC ORA	P649.50
FUROSEMIDE ampule 20.00 MG/2 AMP IV	P9.00
FUROSEMIDE Tablet(s) 20.00 MG TAB ORA	P2.00
FUROSEMIDE Tablet(s) 40.00 MG TAB ORA	P1.00
FUSIDATE SODIUM ointment 2.00 00008 OINT TOP	P237.40
FUSIDATE SODIUM piece 2.00 % PIECE TDM	P164.00
GABAPENTIN capsule 300.00 MG CAP ORA	P9.00
GABAPENTIN Tablet(s) 100.00 MG TAB ORA	P7.50
GENTAMYCIN vial 80.00 MG VIAL INJ	P5.00
GLICLAZIDE Tablet(s) 30.00 MG TAB ORA	P3.00
GLICLAZIDE Tablet(s) 60.00 MG TAB ORA	P10.00



GLICLAZIDE Tablet(s) 80.00 MG TAB ORA	P4.00
GLYCERYL TRINITRATE ampul/vial 1.00 ml10 AMP/V INJ	P867.00
HALOPERIDOL ampule 5.00 MG/ML AMP PAR	P580.00
HEPARIN (UNFRACTIONATED) vial 5000.00 IU VIAL INJ	P58.00
HYDRALAZINE ampule 20.00 MG/ML AMP INJ	P37.50
HYDROCORTISONE vial 100.00 MG/ML VIAL INJ	P25.50
HYDROCORTISONE vial 250.00 MG VIAL IV	P61.00
HYDROXYETHYL STARCH bag 6.00 00101 BAG IV	P586.00
HYDROXYZINE HCL Tablet(s) 10.00 MG TAB ORA	P12.00
HYOSCINE NBB ampule 20.00 MG/ML AMP INJ	P23.00
HYOSCINE NBB Tablet(s) 10.00 MG TAB ORA	P5.50
HYPROMELLOSE bottle 5.00 MG/ML BOT OPH	P227.00
IBUPROFEN suspension 100.00 MG/5 SUSP ORA	P36.00
IBUPROFEN suspension 200.00 MG/5 SUSP ORA DOLAN	P142.00
IBUPROFEN Tablet(s) 200.00 MG TAB ORA	P1.50
IBUPROFEN Tablet(s) 400.00 MG TAB ORA	P1.50
INSULIN REGULAR vial 1000.00 IU10 VIAL PAR	P147.00
IPRATROPIUM BROMIDE + SALBUTAMOL nebules 500.00 00107 NEB NAS	P13.50
IRBESARTAN Tablet(s) 150.00 MG TAB ORA	P4.25
IRBESARTAN Tablet(s) 300.00 MG TAB ORA	P12.00
IRON SUCROSE ampule 20.00 MG/5 AMP IV	P125.00
ISOFLURANE bottle 100.00 ML BOT NAS	P990.00
ISOSORBIDE DINITRATE ampule 10.00 MG/10 AMP IV	P548.00
ISOSORBIDE DINITRATE Tablet(s) 5.00 MG TAB ORA	P3.00
ISOSORBIDE-5-MONONITRATE Tablet(s) 30.00 MG TAB ORA	P8.00
ISOSORBIDE-5-MONONITRATE Tablet(s) 60.00 MG TAB ORA	P8.00
ISOXSUPRINE ampule 10.00 MG/2M AMP INJ	P177.00
ISOXSUPRINE Tablet(s) 10.00 MG TAB ORA	P7.00
KETAMINE injectable 1.00 ML INJ IV	P64.00
KETAMINE vial 10.00 ML VIAL INJ	P638.00
KETOROLAC ampule 30.00 MG AMP IV	P19.25



LACTATED RINGER'S SOLUTION bottle 1.00 LITER BOT IV	P42.00
LACTULOSE bottle 3.30 G5ML BOT ORA LILAC	P80.00
LAGUNDI syrup 300.00 MG/5 SYR ORA OFPLEMED	P106.50
LAMOTRIGINE Tablet(s) 50.00 MG TAB ORA MOTRIGINE	P7.25
LAMOTRIGINE Tablet(s) 100.00 MG TAB ORA MOTRIGINE 100	P33.75
LANSOPRAZOLE capsule 30.00 MG CAP ORA LANSOFAR	P22.00
LATANOPROST bottle 50.00 MC/ML BOT OPH	P934.00
LEVETIRACETAM TABLET 1000.00 MG TAB49 ORA	P20.00
LEVETIRACETAM Tablet(s) 500.00 MG TAB ORA LEXLEV	P11.50
LEVETIRACETAM vial 500.00 MG/5 VIAL INJ	P2400.00
LEVODOPA + CARBIDOPA Tablet(s) 250.00 MG TAB ORA	P45.00
LEVOFLOXACIN bottle 5.00 MG/ML BOT OPH OFTAQUIX, eyedrops	P467.00
LEVOFLOXACIN Tablet(s) 500.00 MG TAB ORA VOFLOX	P6.00
LEVOFLOXACIN Tablet(s) 750.00 MG TAB ORA	P25.50
LEVOTHYROXINE Tablet(s) 50.00 MCG TAB ORA THYDIN	P4.00
LEVOTHYROXINE Tablet(s) 100.00 MCG TAB ORA	P9.00
LIDOCAINE ampul/vial 2.00 P/20 AMP/V IV EUROCAINE	P40.00
LIDOCAINE spray 10.00 % SPR NAS XYLOCAINE	P8934.00
LIDOCAINE vial 2.00 00100 VIAL INJ	P60.00
LIPIDS bottle 10.00 00101 BOT ORA	P1134.00
LORATADINE Tablet(s) 10.00 MG TAB ORA CLARIHIST	P2.25
LOSARTAN Tablet(s) 50.00 MG TAB ORA LOSART	P2.00
LOSARTAN Tablet(s) 100.00 MG TAB ORA TORLOS-100	P4.00
LOSARTAN+HYDROCHLORTHIAZIDE Tablet(s) 50.00 mg+12 TAB ORA GETZAR PLUS	P4.50
LOSARTAN+HYDROCHLORTHIAZIDE Tablet(s) 100.00 MG+25 TAB ORA	P8.00



MAGNESIUM SULFATE vial 250.00 MG/ML VIAL INJ	P35.00
MANNITOL bottle 20.00 00101 BOT PAR	P170.00
MECOBALAMIN ampule 500.00 MC/ML AMP PAR	P99.00
MECOBALAMIN Tablet(s) 500.00 MCG TAB ORA	P12.00
MEFENAMIC ACID Tablet(s) 500.00 MG TAB ORA	P1.00
MEROPENEM vial 1.00 G VIAL INJ	P1024.00
MEROPENEM vial 500.00 MG VIAL INJ	P571.00
METFORMIN capsule 500.00 MG CAP ORA	P1.00
METHIMAZOLE (THIAMAZOLE) Tablet(s) 5.00 MG TAB ORA	P6.75
METHIMAZOLE (THIAMAZOLE) Tablet(s) 20.00 MG TAB ORA	P23.50
METHYLDOPA Tablet(s) 250.00 MG TAB ORA	P10.50
METHYLERGOMETRINE ampule 200.00 MC/ML AMP INJ	P16.00
METHYLERGOMETRINE Tablet(s) 125.00 MCG TAB ORA	P3.50
METHYLPREDNISOLONE Tablet(s) 4.00 MG TAB ORA	P6.75
METHYLPREDNISOLONE Tablet(s) 16.00 MG TAB ORA	P10.50
METHYLPREDNISOLONE vial 1.00 GM VIAL INJ	P3334.00
METHYLPREDNISOLONE vial 40.00 MG VIAL INJ	P393.50
METHYLPREDNISOLONE vial 500.00 MG VIAL IV	P3067.00
METOCLOPRAMIDE Tablet(s) 10.00 MG TAB ORA	P1.50
METOPROLOL Tablet(s) 50.00 MG TAB ORA	P1.00
METOPROLOL Tablet(s) 100.00 MG TAB ORA	P2.75
METRONIDAZOLE suspension 125.00 MG/5 SUSP ORA	P22.00
METRONIDAZOLE Tablet(s) 500.00 MG TAB ORA	P1.25
METRONIDAZOLE vial 500.00 MG100 VIAL PAR	P19.00
MIDAZOLAM ampule 5.00 MG/ML AMP INJ	P85.00
MIDAZOLAM ampule 15.00 MG3ML AMP INJ DORMIZOL	P106.00
MILRINONE ampule 20.00 MG AMP IT	P3535.00



MONOBASIC/DIBASIC SODIUM PHOSPHATE bottle 0.00 19g/7 BOT REC FLEET ENEMA	P291.00
MONOBASIC/DIBASIC SODIUM PHOSPHATE bottle 45.00 ML BOT ORA PHOSPHOSODA	P297.50
MONTELUKAST Tablet(s) 4.00 MG TAB ORA	P11.50
MONTELUKAST Tablet(s) 4.00 MG TAB ORA	P4.00
MONTELUKAST Tablet(s) 5.00 MG TAB ORA	P4.00
MONTELUKAST Tablet(s) 10.00 MG TAB ORA	P9.25
MORPHINE SULFATE ampule 10.00 MG/ML AMP INJ	P92.00
MULTIVITAMINS bottle 120.00 ML BOT ORA	P93.50
MULTIVITAMINS capsule 500.00 MCG CAP ORA	P2.00
MULTIVITAMINS + MINERALS + IRON capsule 500.00 MG CAP ORA	P2.75
MUPIROCIN ointment 2.00 00102 OINT TOP	P205.00
MUPIROCIN ointment 5.00 grams OINT TOP	P61.00
NALBUPHINE HCL ampule 10.00 MG/ML AMP INJ	P64.50
NALOXONE ampule 400.00 MCG AMP INJ	P373.50
NAPROXEN Tablet(s) 500.00 MG TAB ORA	P5.00
NEOMYCIN+POLYMYXIN B + FLUOCINOLONE ACETONIDE bottle 3.50 MG BOT OTI OTIC DROPS	P233.50
NEOSTIGMINE ampule 500.00 MC/ML AMP INJ	P160.00
NEPAFENAC suspension 1.00 mg/ml SUSP OPH	P848.75
NICARDIPINE ampul/vial 10.00 MG/10 AMP/V INJ	P117.00
NIFEDIPINE Tablet(s) 5.00 MG TAB ORA	P4.00
NIFEDIPINE Tablet(s) 10.00 MG TAB ORA	P3.25
NIFEDIPINE OD Tablet(s) 30.00 MG TAB ORA	P33.50
NIMODIPINE TABLET 30.00 MG TAB49 ORA NIMOTOP	P44.70
NITROFURANTOIN capsule 100.00 MG CAP ORA	P34.50
NOREPINEPHRINE ampule 4.00 MG AMP IV	P194.00
NORMAL SALINE bottle 500.00 ML BOT IV	P52.00
NORMAL SALINE bottle 1000.00 ML BOT INJ	P34.00
NORMAL SALINE Glass Bottle 500.00 ML GLASS IV	P148.00
NSS IRRIGATING SOLUTION bottle 1.00 LITER BOT TOP	P47.00
OCTREOTIDE ampule 100.00 MCG AMP IV	P720.00



OFLOXACIN drops 0.30 00103 DR OPH EYEDROPS	P162.75
OFLOXACIN drops 0.30 00103 DR OTI OTIC	P348.50
OFLOXACIN Tablet(s) 200.00 MG TAB ORA	P4.75
OFLOXACIN Tablet(s) 400.00 MG TAB ORA	P5.25
OLANZAPINE Tablet(s) 10.00 MG TAB ORA	P5.25
OMEPRAZOLE capsule 20.00 MG CAP ORA	P1.25
OMEPRAZOLE capsule 40.00 MG CAP ORA	P5.00
OMEPRAZOLE vial 40.00 MG VIAL INJ	P32.00
ONDANSETRON ampule 8.00 mg/4m AMP INJ	P98.00
ORAL REHYDRATION SALTS (ORS 75 - REPLACEMENT) sachet 2.05 G SAC ORA	P3.50
OXACILLIN vial 500.00 MG VIAL IV	P31.00
OXCARBAZEPINE Tablet(s) 600.00 MG TAB ORA	P89.50
OXYCODONE ampule 10.00 MG/ML AMP IV	P1360.00
OXYMETAZOLINE bottle 0.05 % BOT NAS	P264.00
OXYMETAZOLINE bottle 10.00 ML BOT NASAL pediatric nasal drops	P263.00
OXYTOCIN (SYNTHETIC) ampule 10.00 IU AMP IV	P9.00
PARACETAMOL (ACETAMINOPHEN) ampule 300.00 MG/2M AMP INJ	P8.00
PARACETAMOL (ACETAMINOPHEN) bottle 250.00 MG/5 BOT ORA	P27.00
PARACETAMOL (ACETAMINOPHEN) Tablet(s) 500.00 MG TAB ORA	P1.00
PARACETAMOL (ACETAMINOPHEN) vial 1.00 G VIAL IV	P184.50
PARACETAMOL (ACETAMINOPHEN) vial 500.00 mg/50 VIAL INJ	P333.50
PEN G 1 MILLION vial 1.00 1MLUN VIAL INJ	P8.00
PEN G 5 MILLION vial 5.00 1MLUN VIAL INJ	P22.00
PHENOXYMETHYL PENICILLIN (PENICILLIN V) capsule 500.00 MG CAP ORA	P21.00
PHENYLEPHRINE ampule 1.00 % 10m AMP INJ	P110.00
PHENYTOIN SODIUM ampule 100.00 MG/ML AMP INJ	P125.00
PHENYTOIN SODIUM capsule 100.00 MG CAP ORA	P13.25
PHYTOMENADIONE (PHYTONADIIONE, VITAMIN K1) ampule 10.00 MG/ML AMP INJ	P19.00
PILOCARPINE bottle 20.00 MG/ML BOT OPH 2%	P399.50



PIPERACILLIN + TAZOBACTAM vial 2.00 g+250 VIAL IV	P118.50
PIPERACILLIN + TAZOBACTAM vial 4.00 g+500 VIAL IV Tazobak 1	P131.00
POTASSIUM CHLORIDE Tablet(s) 750.00 MG TAB ORA	P14.75
POTASSIUM CHLORIDE vial 40.00 MG/20 VIAL PAR	P49.00
POTASSIUM CITRATE Tablet(s) 10.00 MEQ TAB ORA	P8.00
PREDNISOLONE drops 1.00 00103 DR OPH	P235.00
PREDNISONONE Tablet(s) 5.00 MG TAB ORA	P1.00
PREDNISONONE Tablet(s) 10.00 MG TAB ORA	P2.50
PREDNISONONE Tablet(s) 20.00 MG TAB ORA	P4.00
PREDNISONONE Tablet(s) 30.00 MG TAB ORA	P16.00
PROPOFOL ampule 10.00 MG/ML AMP IV FRESOFOL 200 MG	P82.00
PROPOFOL vial 10.00 mg/m2 VIAL IV LIPURO 500 MG	P599.00
PROPRANOLOL Tablet(s) 10.00 MG TAB ORA	P1.00
PROPRANOLOL Tablet(s) 40.00 MG TAB ORA	P12.00
PROPYLTHIOURACIL Tablet(s) 50.00 MG TAB ORA	P13.75
PYRIDOSTIGMINE Tablet(s) 60.00 MG TAB ORA	P44.50
QUETIAPINE Tablet(s) 100.00 MG TAB ORA	P30.75
RANITIDINE ampule 50.00 MG/2 AMP INJ	P5.00
RANITIDINE Tablet(s) 150.00 MG TAB ORA	P1.00
RANITIDINE Tablet(s) 300.00 MG TAB ORA	P4.00
REMIFENTANIL HYDROCHLORIDE vial 1.00 MG VIAL IV Sublifen	P2000.00
RISPERIDONE Tablet(s) 2.00 MG TAB ORA MAPMH	P8.00
ROCURONIUM vial 50.00 MG/ML VIAL INJ	P206.00
ROPIVACAINE HYDROCHLORIDE polyampule 10.00 MG/ML PLAMP IV	P512.00
ROSUVASTATIN Tablet(s) 10.00 MG TAB ORA	P5.25
ROSUVASTATIN Tablet(s) 20.00 MG TAB ORA	P9.00
SACUBITRIL/VALSARTAN Tablet(s) 50.00 MG TAB ORA	P75.00
SACUBITRIL/VALSARTAN Tablet(s) 100.00 MG TAB ORA	P75.00
SALBUTAMOL inhaler 100.00 MCG/D INHAL NAS	P98.00



SALBUTAMOL nebulas 2.50 MG2.5 NEB NAS pedia	P6.00
SALBUTAMOL nebulas 5.00 MG2.5 NEB NAS adult	P16.00
SAMBONG Tablet(s) 500.00 MG TAB ORA	P8.50
SERTRALINE HCL Tablet(s) 50.00 MG TAB ORA	P9.50
SEVOFLURANE bottle 250.00 ML BOT inh	P6013.00
SILDENAFIL CITRATE Tablet(s) 1.00 MG TAB ORA	P2.00
SILVER SULFADIAZINE cream 1.00 %25gm CRM TOP	P86.50
SILVER SULFADIAZINE cream 10.00 MGGM CRM TOP	P1133.50
SIMVASTATIN Tablet(s) 10.00 MG TAB ORA	P3.00
SIMVASTATIN Tablet(s) 20.00 MG TAB ORA	P1.25
SIMVASTATIN Tablet(s) 40.00 MG TAB ORA	P4.25
SODIUM BICARBONATE Tablet(s) 650.00 MG TAB ORA	P1.25
SODIUM BICARBONATE vial 50.00 MEQML VIAL INJ	P155.00
SODIUM CHLORIDE vial 2.50 MEQML VIAL IV	P37.50
SODIUM HYALURONATE bottle 0.10 % BOT OPH IVISC eyedrops	P224.00
SPIRONOLACTONE (K-SPARER) Tablet(s) 25.00 MG TAB ORA	P9.50
SPIRONOLACTONE (K-SPARER) Tablet(s) 50.00 MG TAB ORA	P42.00
SUCRALFATE Tablet(s) 1.00 G TAB ORA	P44.00
SUGAMMADEX vial 200.00 2ml10 VIAL INJ	P7010.00
SUXAMETHONIUM (SUCCINYLCHOLINE) vial 20.00 MG/ML VIAL INJ	P304.00
TAMSULOCIN capsule 400.00 MCG CAP ORA ALFATAM	P12.75
TAMSULOCIN Tablet(s) 200.00 MCG TAB ORA	P31.00
TELMISARTAN Tablet(s) 40.00 MG TAB ORA TELI 40	P20.00
TELMISARTAN Tablet(s) 80.00 MG TAB ORA TELI 80	P36.00
TELMISARTAN + HYDROCHLOROTHIAZIDE Tablet(s) 40.00 mg+12 TAB ORA	P25.00
TELMISARTAN + HYDROCHLOROTHIAZIDE Tablet(s) 80.00 mg+12 TAB ORA	P44.75
TETANUS TOXOID ampule 0.50 ML AMP INJ	P34.00



TETRACAINE ampule 20.00 MG AMP INJ	P612.00
THIOPENTAL SODIUM vial 500.00 MG VIAL ORA	P1280.00
TIMOLOL drops 0.50 00103 DR OPH	P386.00
TOBRAMYCIN bottle 0.30 00103 BOT OPH	P107.00
TOBRAMYCIN + DEXAMETHASONE drops 0.30 %/.1% DR OPH	P184.00
TOPIRAMATE Tablet(s) 50.00 MG TAB ORA	P12.00
TOTAL PARENTERAL NUTRITION (All-In-One Admixtures) bag 1920.00 ML BAG IV NUTRIFLEX (1400KCAL)	P2160.00
TRAMADOL ampule 50.00 MG/ML AMP PAR TRAMID	P12.00
TRAMADOL ampule 100.00 MG/2M AMP PAR DYNATRAM	P8.00
TRAMADOL capsule 50.00 MG CAP ORA	P1.50
TRAMADOL Tablet(s) 100.00 MG TAB ORA TRAMAL	P100.00
TRANEXAMIC ACID ampule 500.00 MG/5 AMP INJ TRANMED	P18.50
TRANEXAMIC ACID capsule 500.00 MG CAP ORA	P6.25
TRIMETHAZIDINE TABLET 35.00 MG TAB49 ORA WHILST	P5.75
TROPICAMIDE + PHENYLEPHRINE HCL bottle 0.00 TP1 BOT OPH	P887.00
URSODEOXYCHOLIC ACID capsule 250.00 MG CAP ORA	P42.75
VALACICLOVIR Tablet(s) 500.00 MG TAB ORA	P129.00
VALPROATE DISODIUM / VALPROIC ACID Tablet(s) 250.00 MG TAB ORA	P12.00
VALPROATE DISODIUM / VALPROIC ACID Tablet(s) 500.00 MG TAB ORA	P12.75
VALPROIC ACID vial 500.00 MG VIAL IV DEPACON	P2336.25
VALSARTAN Tablet(s) 80.00 MG TAB ORA VALVEX 80	P11.25
VALSARTAN Tablet(s) 160.00 MG TAB ORA VALAZYD 160	P14.50
VALSARTAN + HYDROCHLORTHIAZIDE Tablet(s) 160.00 mg+12 TAB ORA TORVAL H	P73.75
VANCOMYCIN vial 1.00 GM VIAL IV	P934.00
VANCOMYCIN vial 500.00 0G VIAL IV	P427.75
VERAPAMIL ampule 5.00 MG/2M AMP PAR	P158.00



VITAMIN B1 B6 B12 ampule 100.00 MG/3M AMP INJ NURAMINE FORTE	P19.00
VITAMIN B1 B6 B12 Tablet(s) 100.00 MG TAB ORA REVITAPLEX	P1.50
WARFARIN Tablet(s) 2.50 MG TAB ORA	P11.25
WARFARIN Tablet(s) 5.00 MG TAB ORA	P16.00
ZINC syrup 20.00 MG/5 SYR ORA	P41.00
* Prices, Availability Of Medicine And Medical Supplies Are Subject To Change Without Prior Notice	