Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

November 2023

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 NOVEMBER 2023

- Barium sulphate oral liq 960 mg per g (96% w/w), 176 g bottle (Vanilla SilQ MD) and oral liquid 980 mg per g (98% w/w), 310 g bottle (Vanilla SilQ HD) – new listing
- Bisoprolol fumarate (Bisoprolol Mylan) tab 2.5 mg and 5 mg – delayed delisting date to 1 April 2024
- Bisoprolol fumarate (Ipca-Bisoprolol) tab 2.5 mg, 5 mg and 10 mg – new listing and addition of PSS
- Bisoprolol fumarate tab 2.5 mg (Bisoprolol Viatris), tab 5 mg (Bisoprolol Viatris and Bosvate), tab 10 mg (Bisoprolol Mylan and Bisoprolol Viatris) to be delisted 1 April 2024
- Budesonide (Budesonide Te Arai) cap modified-release 3 mg – amended presentation description, new listing and addition of PSS
- Calamine (Calamine-AFT) crm, aqueous, BP – to be delisted 1 November 2023
- Captopril (DP-Captopril) oral liq 5 mg per ml, 100 ml – new listing and addition of PSS
- Captopril (Capoten) oral liq 5 mg per ml, 100 ml – to be delisted 1 April 2024
- Ciprofloxacin (Cipflox) tab 500 mg – to be delisted 1 April 2024
- Clomipramine hydrochloride (Clomipramine Teva) cap 25 mg – new listing
- Diclofenac sodium (Voltaren Ophtha) eye drops 0.1% – to be delisted 1 December 2024
- Dulaglutide (Trulicity) inj 1.5 mg per 0.5 ml prefilled pen – amended restriction criteria
- Escitalopram (Ipca-Escitalopram) tab 10 mg and 20 mg – new listing and addition of PSS
- Escitalopram (Ethics) tab 10 mg and 20 mg – to be delisted 1 April 2024
- Ezetimibe (Ezetimibe Sandoz) tab 10 mg – removal of restriction criteria
- Ezetimibe with simvastatin (Zimybe) tab 10 mg with simvastatin 10 mg, tab 10 mg with simvastatin 20 mg, tab 10 mg with simvastatin 40 mg and tab 10 mg with simvastatin 80 mg – removal of restriction criteria
- Glycomacropeptide and amino acid contains some phenylalanine (PKU Build 20 Chocolate, PKU Build 20 Raspberry Lemonade, PKU Build 20 Smooth, PKU Build 20 Vanilla, GMPro Ultra Lemonade, PKU sphere20 Lemon, PKU sphere20 Chocolate, PKU sphere20 Red Berry, PKU sphere20 Vanilla and PKU sphere20 Banana) – amended chemical name
- Goserelin (Zoladex) implant 3.6 mg, syringe and 10.8 mg, syringe – new listing and addition of PSS
- Goserelin (Teva) implant 3.6 mg, syringe and 10.8 mg, syringe – to be delisted 1 April 2024

Summary of decisions – effective 1 November 2023 (continued)

- Hydrocortisone acetate (Colifoam) rectal foam 10%, CFC free (14 applications), 21.1 g – to be delisted 1 April 2024
- Levonorgestrel intra-uterine device 52 mg (Mirena) and intra-uterine device 13.5 mg (Jaydess) – addition of HSS
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended restriction criteria
- Macrogol 3350 with potassium chloride and sodium chloride (Glycoprep Orange) powder for oral soln 755.68 mg with potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet, 3 sachets and 12 sachets – amended chemical name, presentation description and brand name
- Macrogol 3350 with potassium chloride and sodium chloride (e.g. Glycoprep Orange) powder for oral soln 755.68 mg with potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet – amended chemical name, presentation description and example brand name
- Metoprolol succinate (Myloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – new listing and addition of PSS
- Metoprolol succinate (Betaloc) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – to be delisted 1 April 2024
- Ocrelizumab (Ocrevus) inj 30 mg per ml, 10 ml vial – amended restriction criteria
- Ondansetron (Ondansetron Kabi) inj 2 mg per ml, 4 ml ampoule – to be delisted 1 November 2023
- Phenobarbitone (Noumed Phenobarbitone) tab 15 mg – new listing and addition of PSS
- Phenobarbitone (PSM) tab 15 mg – to be delisted 1 May 2024
- Simvastatin (Simvastatin Mylan) tab 20 mg – removal of PSS and to be delisted 1 March 2024
- Simvastatin (Simvastatin Viatris) tab 20 mg – addition of PSS
- Sumatriptan (Clustran) inj 12 mg per ml, 0.5 ml prefilled pen – new listing and addition of PSS
- Sumatriptan (Imigran) inj 12 mg per ml, 0.5 ml prefilled pen – to be delisted 1 April 2024
- Thiotepa (Tepadina) inj 15 mg vial and 100 mg vial – new listing and addition of PSS

Changes to General Rules

We have made amendments to Pharmaceutical Schedule Rules to align funding with the Misuse of Drugs Amendment Regulations (No 2) 2023.

A summary of the changes is provided below (only relevant parts of the criteria are shown).

Part 1 – Prescribing and initiating Subsidies for Community Pharmaceuticals

1.2 **Community Pharmaceuticals** ~~Pp~~eriods of supply for Subsidy: ~~For Community Pharmaceuticals:~~

1.2.1 ~~periods of supply are as follows (note that legislative and regulatory requirements regarding periods of supply must also be met):~~ **Only a quantity sufficient to provide treatment up to the legal period of supply limit will be Subsidised as specified in the Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977.**

1.2.2 Where there is no legal period of supply limit, only a quantity sufficient to provide treatment for a period up to 3 Months will be Subsidised.

~~1.2.1 Only a quantity sufficient to provide treatment for a period of up to 3 Months will be Subsidised, and only if the Prescription under which the Community Pharmaceutical has been dispensed was presented to the Contractor within 3 Months of the date on which the Prescription was written, subject to the following exceptions:~~

~~a Class B Controlled Drugs: Other than methylphenidate hydrochloride and dexamfetamine sulfate, only a quantity sufficient to provide treatment for a period of up to 1 Month in total (or up to 5 days when prescribed by a Dentist) will be Subsidised.~~

~~b Oral Contraceptives: The Prescriber must specify on the Prescription the period of treatment for which the oral contraceptive is to be supplied. To be eligible for Subsidy, this period must not exceed 6 Months. Where the Oral Contraceptive is prescribed for non-contraceptive indications, then the Subsidised period of supply is up to 3 Months per Prescription.~~

~~c Nicotine Replacement Therapy on Quitcard: Only a quantity sufficient to provide treatment for a period of up to 3 Months with nicotine patches, lozenges or gum will be eligible for Subsidy.~~

Part 4 – Community Pharmaceutical Dispensing Quantities for Subsidy

4.4 Community Pharmaceuticals identified in the Schedule without the ✳ or ▲ symbols

4.4.1 Default dispensing is Monthly Lots, or 10 day Lots for Class B **opioid** Controlled Drugs~~, other than methylphenidate hydrochloride and dexamfetamine sulfate, in which case default dispensing is Monthly Lots~~.

4.4.2 A Community Pharmaceutical, ~~other than methylphenidate hydrochloride and dexamfetamine sulfate,~~ may be dispensed in one Lot, **where legally permitted,** in the following circumstances:

a a patient or their representative signs the Prescription to qualify for single Lot dispensing. In signing the Prescription, the patient or their nominated representative must certify which of the following criteria the patient meets:

i they have limited physical mobility

ii they live and work more than 30 minutes from the nearest pharmacy by their normal form of transport

iii they are relocating to another area, or

iv they are travelling and will be away when the repeat ~~Prescriptions~~ **dispensings** are due.

b A Class B **opioid** Controlled Drug with default dispensing of 10 day Lots may be dispensed in Monthly Lots if the patient meets the requirements of the criteria in 4.4.2.a.

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Section H changes to Part II

Effective 1 November 2023

ALIMENTARY TRACT AND METABOLISM

5 BUDESONIDE (amended presentation description, new listing and addition of PSS)
➔ Cap **modified-release** 3 mg – **5% DV Apr-24 to 2025** ..... 87.60 90 **Budesonide Te Arai**

6 HYDROCORTISONE ACETATE (delisting)
Rectal foam 10%, CFC free (14 applications)..... 26.55 21.1 g Colifoam
Note – Colifoam rectal foam 10%, CFC free (14 applications), 21.1 g to be delisted 1 April 2024.

11 DULAGLUTIDE (amended restriction criteria)
Note: Not to be given in combination with a funded SGLT-2 inhibitor **or other GLP-1 agonist**.
➔ Inj 1.5 mg per 0.5 ml prefilled pen..... 115.23 4 Trulicity

Restricted
Initiation
~~All of the following~~ **Either**:
1 For continuation use; or
~~2 Patient has previously had an initial approval for an SGLT-2 inhibitor; or~~
2 All of the following
2.1 Patient has type 2 diabetes; and
2.2 **Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of ALL of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin (see note a)*; and**
2.3 ~~2.2~~ Any of the following:
~~2.2.~~**2.3.**1 Patient is Māori or any Pacific ethnicity*; or
~~2.2.~~**2.3.**2 Patient has pre-existing cardiovascular disease or risk equivalent (see note **b** ~~a~~)*; or
~~2.2.~~**2.3.**3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
~~2.2.~~**2.3.**4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
~~2.2.~~**2.3.**5 Patient has diabetic kidney disease (see note **c** ~~b~~)*.~~; or~~
~~3.3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g., metformin, vildagliptin, or insulin) for at least 3 months.~~

Notes: *Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

a) Due to the ongoing supply issues with GLP-1 agonists, we strongly urge prescribers to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing GLP-1 agonist treatment where the patient is not receiving clinically meaningful benefit.

b ~~a~~) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.

c ~~b~~) Diabetic kidney disease defined as: persistent albuminuria (albumin: creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3–6-month period) and/or eGFR less than 60 mL/min/1.73m^2 in the presence of diabetes, without alternative cause.

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 November 2023 (continued)

11 LIRAGLUTIDE (amended restriction criteria)

Note: Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist.

➔ Inj 6 mg per ml, 3 ml prefilled pen ..... 383.72 3 Victoza

Restricted

Initiation

~~Any of the following~~ **Either**:

1. For continuation use; or
2. ~~Patient has previously received an initial Special Authority approval for either an SGLT-2 inhibitor or GLP-1 agonist; or~~
2. All of the following
   - 2.1 Patient has type 2 diabetes; and
   - 2.2 **Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of ALL of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin (see note a)*; and**
   - **2.3** ~~2.2~~ Any of the following:
     - ~~2.2.~~**2.3.**1 Patient is Māori or any Pacific ethnicity*; or
     - ~~2.2.~~**2.3.**2 Patient has pre-existing cardiovascular disease or risk equivalent (see note **b** ~~a~~)*; or
     - ~~2.2.~~**2.3.**3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
     - ~~2.2.~~**2.3.**4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
     - ~~2.2.~~**2.3.**5 Patient has diabetic kidney disease (see note **c** ~~b~~)*~~.; or~~

3.3 ~~Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g., metformin, vildagliptin, or insulin) for at least 3 months.~~

Notes: *Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes. Indication marked with ** is an unapproved indication.

a) Due to the ongoing supply issues with GLP-1 agonists, we strongly urge prescribers to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing GLP-1 agonist treatment where the patient is not receiving clinically meaningful benefit.

b ~~a~~) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.

c ~~b~~) Diabetic kidney disease defined as: persistent albuminuria (albumin: creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3–6-month period) and/or eGFR less than 60 mL/min/1.73m^2 in the presence of diabetes, without alternative cause.

14 MACROGOL 3350 WITH ~~ASCORBIC ACID,~~ POTASSIUM CHLORIDE AND SODIUM CHLORIDE (amended chemical name, presentation description, brand name and example brand name)

Powder for oral soln 755.68 mg with ~~ascorbic acid 85.16 mg,~~ potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet

– **5% DV Aug-22 to Jun 2024** ..... 13.68 3 ~~Glycoprep-O~~ **Glycoprep Orange**

54.72 12 ~~Glycoprep-O~~ **Glycoprep Orange**

Powder for oral soln 755.68 mg with ~~ascorbic acid 85.16 mg,~~ potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet *e.g. ~~Glycoprep-O~~ **Glycoprep Orange***

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 November 2023 (continued)

CARDIOVASCULAR SYSTEM

43 CAPTOPRIL (new listing and addition of PSS)

➔ Oral liq 5 mg per ml – **5% DV Apr-24 to 2026**	86.00	100 ml	**DP-Captopril**

Note – Capoten oral liq 5 mg per ml to be delisted from 1 April 2024.

46 BISOPROLOL FUMARATE (delayed delisting date)

Tab 2.5 mg	1.84	90	Bisoprolol Mylan
Tab 5 mg	2.55	90	Bisoprolol Mylan

Note – Bisoprolol Mylan tab 2.5 mg and 5 mg to be delisted from ~~1 November 2023~~ **1 April 2024**.

46 BISOPROLOL FUMARATE (new listing and addition of PSS)

Tab 2.5 mg – **5% DV Apr-24 to 2026**	1.36	90	**Ipca-Bisoprolol**
Tab 5 mg – **5% DV Apr-24 to 2026**	1.91	90	**Ipca-Bisoprolol**
Tab 10 mg – **5% DV Apr-24 to 2026**	2.71	90	**Ipca-Bisoprolol**

Note – Bisoprolol fumarate tab 2.5 mg (Bisoprolol Viatris), tab 5 mg (Bisoprolol Viatris and Bosvate), tab 10 mg (Bisoprolol Mylan and Bisoprolol Viatris) to be delisted from 1 April 2024.

47 METOPROLOL SUCCINATE (new listing and addition of PSS)

Tab long-acting 23.75 mg – **5% DV Apr-24 to 2026**	4.20	90	**Myloc CR**
Tab long-acting 47.5 mg – **5% DV Apr-24 to 2026**	3.65	90	**Myloc CR**
Tab long-acting 95 mg – **5% DV Apr-24 to 2026**	5.24	90	**Myloc CR**
Tab long-acting 190 mg – **5% DV Apr-24 to 2026**	9.76	90	**Myloc CR**

Note – Betaloc CR tab long-acting 23.75 mg, tab long-acting 47.5 mg, tab long-acting 95 mg and tab long-acting 190 mg to be delisted from 1 April 2024.

52 EZETIMIBE (removal of restriction criteria)

~~➔~~ Tab 10 mg – **5% DV Dec-23 to 2026**	1.76	30	**Ezetimibe Sandoz**

~~Restricted~~
~~Initiation~~
~~All of the following:~~
~~1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and 2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and~~
~~3 Any of the following:~~
~~3.1 The patient has rhabdomyolysis (defined as muscle aches and creatine kinase more than 10 × normal) when treated with one statin; or~~
~~3.2 The patient is intolerant to both simvastatin and atorvastatin; or~~
~~3.3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.~~

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 November 2023 (continued)

52 EZETIMIBE WITH SIMVASTATIN (removal of restriction criteria)

➔ Tab 10 mg with simvastatin 10 mg	5.15	30	Zimybe
➔ Tab 10 mg with simvastatin 20 mg	6.15	30	Zimybe
➔ Tab 10 mg with simvastatin 40 mg	7.15	30	Zimybe
➔ Tab 10 mg with simvastatin 80 mg	8.15	30	Zimybe

~~Restricted~~
~~Initiation~~
~~All of the following:~~
~~1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and~~
~~2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and~~
~~3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.~~

52 SIMVASTATIN (removal of PSS and delisting)

Tab 20 mg ~~– 5% DV Mar-24 to 2026~~	2.54	90	Simvastatin Mylan

Note – Simvastatin Mylan tab 20 mg to be delisted from 1 March 2024.

52 SIMVASTATIN (addition of PSS)

Tab 20 mg – **5% DV Mar-24 to 2026**	2.54	90	**Simvastatin Viatris**

DERMATOLOGICALS

68 CALAMINE (delisting)

Crm, aqueous, BP – **5% DV May-22 to 2024**	1.08	100 g	**Calamine-AFT**

Note – Calamine-AFT crm, aqueous, BP to be delisted 1 November 2023.

GENITO-URINARY SYSTEM

75 LEVONORGESTREL (addition of HSS)

Intra-uterine device 52 mg			
– **1% DV Nov-23 to 31 Oct 2024**	269.50	1	**Mirena**
Intra-uterine device 13.5 mg			
– **1% DV Nov-23 to 31 Oct 2024**	215.60	1	**Jaydess**

HORMONE PREPARATIONS

82 GOSERELIN (new listing and addition of PSS)

Implant 3.6 mg, syringe – **5% DV Apr-24 to 2026**	66.48	1	**Zoladex**
Implant 10.8 mg, syringe – **5% DV Apr-24 to 2026**	138.23	1	**Zoladex**

Note – Teva implant 3.6 mg syringe and 10.8 mg syringe to be delisted from 1 April 2024.

INFECTIONS

93 CIPROFLOXACIN (delisting)

➔ Tab 500 mg	3.40	28	Cipflox

Note – Cipflox tab 500 mg to be delisted from 1 April 2024.

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 November 2023 (continued)

NERVOUS SYSTEM

125 CLOMIPRAMINE HYDROCHLORIDE (new listing)
Cap 25 mg ..... 11.19 28 Clomipramine Teva

126 ESCITALOPRAM (new listing and addition of PSS)
Tab 10 mg – **5% DV Apr-24 to 2026** ..... 0.79 28 **Ipca-Escitalopram**
Tab 20 mg – **5% DV Apr-24 to 2026** ..... 1.49 28 **Ipca-Escitalopram**
Note – Escitalopram (Ethics) tab 10 mg and 20 mg to be delisted from 1 April 2024.

128 PHENOBARBITONE (new listing and addition of PSS)
Tab 15 mg – **5% DV May-24 to 2026** ..... 248.50 500 **Noumed Phenobarbitone**
Note – PSM tab 15 mg to be delisted from 1 May 2024.

130 SUMATRIPTAN (new listing and addition of PSS)
Inj 12 mg per ml, 0.5 ml prefilled pen
– **5% DV Apr-24 to 2025** ..... 29.80 2 **Clustran**
Note – Imigran inj 12 mg per ml, 0.5 ml prefilled pen to be delisted from 1 April 2024.

131 ONDANSETRON (delisting)
Inj 2 mg per ml, 4 ml ampoule ..... 2.20 5 Ondansetron Kabi
Note – Ondansetron Kabi inj 2 mg per ml, 4 ml ampoule to be delisted 1 November 2023.

137 OCRELIZUMAB (amended restriction criteria – amended criteria shown only)
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.
➔ Inj 30 mg per ml, 10 ml vial ..... 9,346.00 1 Ocrevus
Continuation – Primary Progressive Multiple Sclerosis
Any relevant practitioner
Patient has had an EDSS score of ~~2.0 to~~ **less than or equal to** 6.5 ~~(inclusive)~~ at any time in the last six months (ie patient has walked 20 metres with bilateral assistance/aids, without rest in the last six months).

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

147 THIOTEPA (new listing and addition of PSS)
Inj 15 mg vial – **5% DV Apr-24 to 2026** ..... 398.00 1 **Tepadina**
Inj 100 mg vial – **5% DV Apr-24 to 2026** ..... 1,800.00 1 **Tepadina**

SENSORY ORGANS

251 DICLOFENAC SODIUM (delisting brand only)
Eye drops 0.1% – **5% DV Nov-21 to 2024** ..... 8.80 5 ml **Voltaren Ophtha**
Note – Voltaren Ophtha eye drops 0.1% to be delisted from 1 December 2024.

VARIOUS

262 BARIUM SULPHATE (new listing)
Oral liq 960 mg per g (96% w/w), 176 g bottle ..... 530.00 24 Vanilla SilQ MD
Oral liq 980 mg per g (98% w/w), 310 g bottle ..... 490.00 24 Vanilla SilQ HD

➔ Restriction
(Brand) indicates a brand example only. It is not a contracted product.

Changes to Section H Part II – effective 1 November 2023 (continued)

SPECIAL FOODS

286 Other Supplements for PKU (amended chemical name)

~~AMINO ACID FORMULA (WITHOUT PHENYLALANINE)~~ **GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE**

➔ Powder 20 g protein, 1.7 g carbohydrate per 32 g sachet	898.56	30	PKU Build 20 Chocolate PKU Build 20 Raspberry Lemonade PKU Build 20 Smooth PKU Build 20 Vanilla
➔ Powder 20 g protein, 4.9 g carbohydrate per 33.4 g sachet	936.00	30	PKU GMPro Ultra Lemonade
➔ Powder 20 g protein, 6.0 g carbohydrate per 35 g sachet	930.00	30	PKU sphere20 Lemon
➔ Powder 20 g protein, 6.3 g carbohydrate per 35 g sachet	930.00	30	PKU sphere20 Chocolate PKU sphere20 Red Berry PKU sphere20 Vanilla
➔ Powder 20 g protein, 6.7 g carbohydrate per 35 g sachet	930.00	30	PKU sphere20 Banana

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Pharmaceuticals and brands

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