GHANA MEDICAL TRUST FUND

MEDICINES LIST

Approved list of medicines for reimbursement

2026 VERSION 1.0

GHANA MEDICAL TRUST FUND

MahamaCares

Established under Act 1144, 2025

MEDICINES LIST

Version 1.0 | 2026

Issued by:
Ghana Medical Trust Fund Secretariat

DOCUMENT HISTORY

S/No.	Title	Author	Version	Date
1	GMTF Medicines List	Ghana Medical Trust Fund Secretariat	V1.0	2026

TABLE OF CONTENTS

Preface

Access to essential medicines is central to the successful treatment and management of catastrophic illnesses, particularly cancer and related complex medical conditions. Ensuring availability, affordability, quality, and sustainability of specialised medicines remains a critical component of Ghana's healthcare delivery agenda.

The Ghana Medical Trust Fund (GMTF) has been established to support equitable access to high-cost medicines and specialised therapies for eligible patients while promoting efficiency and accountability in health financing.

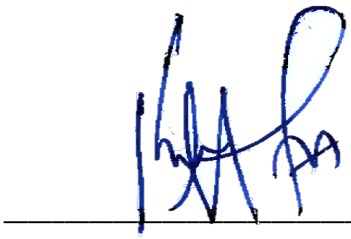
This Medicines List serves as an authoritative reference for healthcare providers, pharmacists, claims administrators, procurement entities, and all participating institutions. It promotes consistency in prescribing, dispensing, reimbursement processing, and financial accountability across accredited facilities.

This Medicines List provides the approved medicines eligible for reimbursement under the Fund, including oncology medicines, supportive care therapies, adjunct treatments, and selected specialised products required for comprehensive patient care. The medicines and reimbursement prices listed were determined through rigorous technical evaluation, market analysis, stakeholder engagement, and where applicable, direct price negotiations with pharmaceutical manufacturers and suppliers. These processes were undertaken to secure value for money while maintaining clinical appropriateness and ensuring uninterrupted access to quality-assured medicines.

The medicines and products listed in this document represent the approved reimbursable medicines covered by the Ghana Medical Trust Fund for its eligible beneficiaries. As such, no beneficiary shall be required to make out-of-pocket payments for any approved medicine contained in this List when prescribed and dispensed in accordance with the Fund's clinical and operational guidelines. All certified providers and dispensing institutions are required to comply fully with this reimbursement requirement to safeguard patient access and ensure consistency in implementation across participating facilities.

The Ministry of Health, in collaboration with the Ghana Medical Trust Fund, technical experts, clinicians, and strategic partners, will periodically review and update this List to reflect advancements in treatment protocols, market developments, and national health priorities.

It is our expectation that this Medicines List will strengthen access to life-saving therapies, improve treatment outcomes, and support the sustainable implementation of the Fund for the benefit of all eligible Ghanaians.



KWABENA MINTAH AKANDOH (HON.)
MINISTER FOR HEALTH

1 Preamble

This document constitutes the Ghana Medical Trust Fund (GMTF) Approved Medicines List. It sets out all medicines for which the Fund will reimburse Certified Health Care Providers (CHCPs), when prescribed and dispensed in connection with the management of a condition on the GMTF service package, for beneficiaries enrolled by the Fund.

This List should be used in conjunction with the GMTF Tariffs Operational Manual. Medicines on this List are reimbursed separately from the tariff schedules in the GMTF Tariff Appendix. The medicines on this list have been selected to reflect the various treatment pathways recommended in Ghana's Standard Treatment Guidelines (STG) for services covered by the Trust Fund and is a subset of the Essential Medicines List (EML).

2 How to Use This List

2.1 Scope

The GMTF Approved Medicines List covers all pharmaceutical agents that may be prescribed in connection with the diagnosis, treatment, symptom management, and supportive care of conditions covered by the Fund. These also include oncology-specific agents for chemotherapy, targeted therapy, hormonal therapy, immunotherapy, and biological agents as well as supportive care medicines such as analgesics, antiemetics, antimicrobials, anticoagulants, and other medicines required during cancer management.

2.2 Structure of the List

Medicines are arranged alphabetically by generic name within the price table in Section 4. Each medicine entry includes the following:

- **EML Code:** The unique drug code assigned within the Essential Medicines List (EML) linked to the GMTF Medicines List.
- **Generic Name, Dosage Form, and Strength:** The full description of the medicine. Medicines must be prescribed and dispensed using the generic name. Prescribing of brand names may be permitted under specific circumstances.
- **GMTF Price (GHS):** The maximum unit price at which the GMTF will reimburse the medicine. This is a per-unit price (per tablet, capsule, ampoule, vial, or sachet as applicable). The total claimable amount for each medicine is the unit price multiplied by the quantity dispensed, subject to the maximum quantity limits in Section 2.3.

2.3 Claiming for Medicines

All medicines claimed must be entered individually within the GMTFCare Application, using the following information for each medicine.

- EML Code
- Generic name, dosage form, and strength
- Prescribed dose, frequency, and duration
- Quantity dispensed
- Unit price (GMTF Price)
- Total amount claimed

Claims for medicines not included on this List, or for quantities exceeding the maximum permitted for the relevant treatment phase, will not be reimbursed. Providers must only claim for medicines actually prescribed and dispensed.

2.4 Medicines Not on This List

The following categories of medicines are specifically excluded from reimbursement under the GMTF Approved Medicines List:

- HIV antiretroviral drugs.
- Hormonal replacement therapy for non-oncological indications.
- Medicines for conditions not on the GMTF service package.
- Nutritional supplements, vitamins, and minerals, except where specifically listed.
- Herbal, traditional, or complementary medicines.

3 Operational Rules for Medicine Reimbursement

3.1 Prescribing Requirements

Medicines claimed under the GMTF Approved Medicines List must have been prescribed by a clinician who is a registered specialist or a registered medical practitioner working under the supervision of a registered specialist, at a GMTF-certified facility. The prescription must be recorded in the patient clinical notes and must be consistent with the applicable Standard Treatment Guidelines and treatment protocol for the patient's condition. The prescribing clinician's name, designation, and professional registration number must be recorded on the claim.

3.2 Pre-authorisation for High-Cost Medicines

Medicines marked with an asterisk (*) in Sections 4 and 5 of this List are high-cost agents that require prior authorisation from the GMTF before they are prescribed and dispensed. These include targeted therapy agents, immunotherapy agents, selected biological agents, and other medicines whose high unit cost warrants individual clinical review before treatment commences. The process for requesting pre-authorisation is described in Section 9.3 of the GMTF Tariffs Operational Manual.

Claims submitted for asterisked medicines without documented pre-authorisation will not be reimbursed. In emergency cases where prior prescription and dispensing was clinically necessary without pre-authorisation, the CHCP must notify the GMTF and provide full clinical documentation within 48 hours.

3.3 Maximum Quantities

The maximum quantity of each medicine reimbursable per episode or per treatment phase is governed by the applicable treatment protocol or Standard Treatment Guidelines for the patient's condition, as set out in the GMTF Tariff Appendix and Tariffs Operational Manual. CHCPs must not claim for quantities beyond what the applicable protocol specifies for the treatment phase. Quantities claimed in excess of protocol limits will be subject to query or rejection during claims adjudication.

3.4 Generic Substitution

All medicines on this List are identified by their generic name for reference purposes. Reimbursement may apply to approved generic, biosimilar, or originator brand products, including selected originator brands for which pricing has been directly negotiated with the innovator manufacturer. For each medicine, the GMTF will reimburse up to the unit price listed in this document.

For medicines for which reimbursement is based on a negotiated innovator/originator price, patients must receive the approved originator brand product as specified under the negotiated arrangement. Such medicines shall not be substituted with a generic or biosimilar equivalent and subsequently claimed at the negotiated originator reimbursement price. Claims for substituted products will be reimbursed only at the applicable approved generic or biosimilar reimbursement rate, where such reimbursement applies.

Certified Healthcare Providers (CHCPs) are expected to procure negotiated medicines from the Central Medical Stores and other distribution outlets. The GMTF will not reimburse amounts exceeding the listed price.

3.5 Medicines Pricing and Review

The GMTF prices listed in Section 5 are the maximum reimbursable unit prices as at the date of publication of this List. These prices were determined from price data collected from both public and private medicine outlets and reflect the prevailing prices of medicines, except where price negotiations and discounts on specific innovator medications were granted by pharmaceutical companies. The prices were then adjusted with the Ministry of Health approved mark-ups.

Prices are subject to periodic review in line with changes in Ghana's economic indicators. CHCPs will be notified of price revisions through official communications from the GMTF Secretariat and through the GMTF website (www.gmtf.gov.gh). The most current version of this List, including any revised prices, will be published on the GMTF website.

4 Classification of Medicines by Therapeutic Category

The medicines on this List fall into the following therapeutic categories. This classification is for reference purposes; medicines must still be claimed using their GMTF Local Code.

Category	Subcategory	Medicines / Agents
Oncology	**Cytotoxic / Chemotherapy Agents**	Actinomycin D; Arsenic Trioxide; Azacitidine*; Cabazitaxel*; Capecitabine; Carboplatin; Chlorambucil; Cisplatin; Cyclophosphamide; Cytarabine; Daunorubicin; Docetaxel; Doxorubicin; Etoposide; Fludarabine*; Gemcitabine; Hydroxycarbamide; Idarubicin; Ifosfamide; Irinotecan*; Melphalan*; Mercaptopurine; Methotrexate; Nab-Paclitaxel*; Paclitaxel; Temozolomide; Topotecan*; Tretinoin; Vinblastine; Vincristine; Vinorelbine*
	Targeted Therapy Agents	Abiraterone; Apalutamide; Bicalutamide; Dasatinib; Enzalutamide; Imatinib; Ibrutinib; Lapatinib*; Nilotinib*; Olaparib*; Palbociclib*; Ponatinib*; Ribociclib*
	Hormonal Therapy Agents	Anastrozole; Diethylstilbestrol; Exemestane; Fulvestrant*; Goserelin*; Letrozole; Leuprolide*; Megestrol Acetate; Tamoxifen
	Immunotherapy / Biological Agents (all require prior authorisation)	Bevacizumab*; Denosumab*; Pembrolizumab*; Pertuzumab*; Rituximab*; Trastuzumab*; Trastuzumab deruxtecan*; Trastuzumab emtansine*; Venetoclax*
Supportive Care	**Antiemetics**	Aprepitant; Fosaprepitant*; Granisetron; Metoclopramide; Ondansetron; Palonosetron; Promethazine Hydrochloride
	Analgesics and Pain Management	Codeine; Diclofenac; Ibuprofen; Ketamine; Lidocaine; Morphine Sulphate; Paracetamol; Tramadol Hydrochloride
	Antimicrobials (for neutropenic and immunocompromised patients)	Acyclovir; Amikacin; Amoxicillin + Clavulanic Acid; Aztreonam; Cefepime; Ceftazidime; Ceftriaxone; Ciprofloxacin; Clindamycin; Cloxacillin; Co-trimoxazole; Doxycycline; Fluconazole; Liposomal Amphotericin B; Meropenem; Piperacillin + Tazobactam; Vancomycin
	Haematopoietic Growth Factors	Epoetin Beta; Filgrastim; Pegfilgrastim
	Anticoagulants	Dalteparin; Enoxaparin; Heparin; Rivaroxaban; Warfarin
	Bone Protection	Denosumab*; Pamidronate; Zoledronic Acid
	Gastrointestinal and Fluid Management	Aluminium Hydroxide; Bisacodyl; Esomeprazole; Furosemide; Lactulose; Loperamide; Omeprazole; Oral Rehydration Salts; Senna
	Corticosteroids	Dexamethasone; Hydrocortisone; Prednisolone
	Psychotropic and Neurological Agents (Symptom Management)	Amitriptyline; Baclofen; Diazepam; Fluoxetine; Gabapentin; Haloperidol; Lorazepam; Midazolam; Olanzapine; Pregabalin; Sertraline; Topiramate; Zolpidem
	Other	Allopurinol (tumour lysis prophylaxis); Folinic Acid (Leucovorin rescue); Mesna (uroprotection); Naloxone (opioid reversal); Rasburicase* (tumour lysis management); Tranexamic Acid

**Pre-authorisation required*

5 GMTF Medicines Price List

All prices are in Ghana Cedis (GHS) per unit (tablet, capsule, ampoule, vial, sachet, suppository, or tube as applicable). Items marked (*) require prior GMTF authorisation before dispensing.

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
1.	ABIRATTA1	Abiraterone	Tablet	250 mg	47.30
2.	ABIRATTA2	Abiraterone (Zytiga)	Tablet	500 mg	120.40
3.	ACTINOIN1	Actinomycin D	Injection	0.5 mg	234.35
4.	ACICLOIN1	Acyclovir	Injection	250 mg	155.19
5.	ACICLOTA1	Acyclovir	Tablet	200 mg	2.26
6.	ACICLOSU2	Acyclovir	Suspension	200 mg/5 mL	315.68
7.	ADREPIIN1	Adrenaline	Injection	1 mg/1 mL (1:1000)	8.78
8.	ADREPIIN2	Adrenaline	Injection	1:10,000	7.47
9.	ALENDRTA1	Alendronate	Tablet	70 mg	14.30
10.	ALLOPUTA1	Allopurinol	Tablet	100 mg	1.07
11.	ALLOPUTA2	Allopurinol	Tablet	300 mg	1.25
12.	ALUHYDTA1	Aluminium Hydroxide	Tablet	500 mg	0.22
13.	AMIKACIN2	Amikacin	Injection	250 mg/mL in 2 mL vial (500 mg total)	27.50
14.	AMITRITA1	Amitriptyline	Tablet	10 mg	0.75
15.	AMITRITA2	Amitriptyline	Tablet	25 mg	0.21
16.	AMITRITA3	Amitriptyline	Tablet	50 mg	0.75
17.	COAMOXIN1	Amoxicillin + Clavulanic Acid	Injection	500 mg + 100 mg	21.32
18.	COAMOXIN2	Amoxicillin + Clavulanic Acid	Injection	1.2 g	18.58
19.	COAMOXSU1	Amoxicillin + Clavulanic Acid	Suspension	250 mg + 62 mg	22.25
20.	COAMOXSU2	Amoxicillin + Clavulanic Acid	Suspension	400 mg + 57 mg	29.48
21.	COAMOXTA1	Amoxicillin + Clavulanic Acid	Tablet	500 mg + 125 mg	2.63
22.	COAMOXTA2	Amoxicillin + Clavulanic Acid	Tablet	875 mg + 125 mg	3.40
23.	ANASTRTA1	Anastrozole	Tablet	1 mg	11.04
24.	APALUTTA1	Apalutamide	Tablet	240 mg	117.85
25.	APREPICA1	Aprepitant	Capsule	125 mg + 80 mg (combination pack)	218.90

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
26.	APREPICA2	Aprepitant	Capsule	80 mg	275.00
27.	APREPICA3	Aprepitant	Capsule	125 mg	275.00
28.	ARSTRIIN1	Arsenic Trioxide	Injection	10 mg/10 mL	115.50
29.	ASPARAIN1	Asparaginase *	Injection	10,000 IU	1,760.00
30.	AZACITIN1	Azacitidine *	Injection	100 mg	1,210.00
31.	AZTREOIN1	Aztreonam	Injection	500 mg/vial	176.00
32.	AZTREOIN2	Aztreonam	Injection	1 g/vial	132.00
33.	AZTREOIN3	Aztreonam	Injection	2 g/vial	385.00
34.	BACLOFTA1	Baclofen	Tablet	10 mg	1.76
35.	BACLOFTA2	Baclofen	Tablet	10 mg (alternative formulation)	0.95
36.	BEVACIIN1	Bevacizumab (MabThera) *	Injection	100 mg/4 mL	2,030.68
37.	BEVACIIN2	Bevacizumab (MabThera) *	Injection	400 mg/16 mL	6,568.25
38.	BICALUTA1	Bicalutamide	Tablet	50 mg	23.43
39.	BISACOTA1	Bisacodyl	Tablet	5 mg	1.25
40.	BISACORE1	Bisacodyl	Suppository	5 mg	7.70
41.	BISACORE2	Bisacodyl	Suppository	10 mg	11.00
42.	BISOPRTA1	Bisoprolol	Tablet	5 mg	1.12
43.	BISOPRTA2	Bisoprolol	Tablet	10 mg	1.16
44.	CABAZIIN1	Cabazitaxel *	Injection	60 mg/1.5 mL	3,166.63
45.	CALVITSY2	Calciferol	Tablet	10,000 units	5.45
46.	CALCITIN1	Calcitonin	Injection	100 IU	203.50
47.	CALCARTA1	Calcium Carbonate	Tablet	500 mg	3.76
48.	CALGLUIN1	Calcium Gluconate	Injection	100 mg/mL	33.86
49.	CAPECITA1	Capecitabine	Tablet	500 mg	21.82
50.	CARBOPIN1	Carboplatin	Injection	150 mg	438.90
51.	CARBOPIN2	Carboplatin	Injection	450 mg	638.04
52.	CARBOPIN3	Carboplatin	Injection	50 mg	500.91
53.	CARVEDTA1	Carvedilol	Tablet	3.125 mg	1.20
54.	CARVEDTA2	Carvedilol	Tablet	12.5 mg	1.61
55.	CEFEPIIN1	Cefepime	Injection	500 mg/vial	121.00
56.	CEFEPIIN2	Cefepime	Injection	1 g/vial	110.00

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
57.	CEFTAZIN1	Ceftazidime	Injection	500 mg/vial	110.00
58.	CEFTAZIN2	Ceftazidime	Injection	1 g/vial	165.00
59.	CEFTRIIN2	Ceftriaxone	Injection	500 mg	10.03
60.	CEFTRIIN3	Ceftriaxone	Injection	1 g	15.05
61.	CHLORATA1	Chlorambucil	Tablet	2 mg	19.25
62.	CHLORPSY1	Chlorpheniramine	Syrup	2 mg/5 mL	12.54
63.	CHLORPTA1	Chlorpheniramine	Tablet	4 mg	0.19
64.	CIPROFIN1	Ciprofloxacin	Infusion	2 mg/mL	10.66
65.	CIPROFTA1	Ciprofloxacin	Tablet	250 mg	0.70
66.	CIPROFTA2	Ciprofloxacin	Tablet	500 mg	0.70
67.	CISPLAIN1	Cisplatin	Injection	50 mg/50 mL	177.20
68.	CLINDACA1	Clindamycin	Capsule	150 mg	0.88
69.	CLINDAIN1	Clindamycin	Injection	150 mg/mL	33.25
70.	CLINDAIN2	Clindamycin	Gel	1%	321.75
71.	CLINDASU1	Clindamycin	Suspension	75 mg/5 mL	237.01
72.	CLINDASO1	Clindamycin Topical	Solution	1%	114.11
73.	CLOXACIN1	Cloxacillin	Injection	250 mg	3.09
74.	CLOXACIN2	Cloxacillin	Injection	500 mg	12.86
75.	COTRIXSU1	Co-trimoxazole	Suspension	240 mg/5 mL	10.78
76.	CODEINTA1	Codeine	Tablet	30 mg	2.05
77.	CYCLOPIN1	Cyclophosphamide	Injection	500 mg	45.00
78.	CYCLOPIN2	Cyclophosphamide	Injection	1 g	69.00
79.	CYCLOPTA1	Cyclophosphamide	Tablet	50 mg	1.93
80.	CYTARAIN1	Cytarabine	Injection	100 mg/1 mL	283.67
81.	CYTARAIN2	Cytarabine	Injection	500 mg/5 mL	283.67
82.	DALSODIN1	Dalteparin	Injection	5,000 units/0.2 mL	116.37
83.	DASATITA1	Dasatinib	Tablet	50 mg	660.00
84.	DASATITA2	Dasatinib	Tablet	100 mg	47.15
85.	DAUNORIN1	Daunorubicin	Injection	20 mg	256.19
86.	DENOSUIN1	Denosumab *	Injection	60 mg/mL in 1 mL	3,300.00
87.	DENOSUIN2	Denosumab *	Injection	70 mg/mL (120 mg/1.7 mL), single-dose vial	5,977.40

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
88.	DEXAMETA1	Dexamethasone	Tablet	500 microgram	0.07
89.	DEXAMETA2	Dexamethasone	Tablet	2 mg	7.34
90.	DEXAMETA3	Dexamethasone	Tablet	4 mg	5.37
91.	DEXAMEIN1	Dexamethasone	Injection	4 mg/mL	3.45
92.	DEXAMEIN2	Dexamethasone	Injection	8 mg/2 mL	2.51
93.	DEXSALIN1	Dextrose Saline	Infusion	500 mL	14.74
94.	DIAZEPRS1	Diazepam	Rectal Tube	2 mg/mL	6.27
95.	DIAZEPIN1	Diazepam	Injection	5 mg/mL	9.01
96.	DIAZEPTA1	Diazepam	Tablet	5 mg	0.19
97.	DIAZEPTA2	Diazepam	Tablet	10 mg	0.25
98.	DIETHYTA1	Diethylstilbestrol	Tablet	5 mg	9.86
99.	DIPHENIN1	Diphenhydramine	Injection	50 mg/mL	88.00
100.	DIPHENSY1	Diphenhydramine	Oral	50 mg/30 mL	27.50
101.	ASPIRITA1	Dispersible Aspirin	Tablet	75 mg	0.38
102.	DOCETAIN1	Docetaxel	Injection	20 mg/mL	242.25
103.	DOXORUIN1	Doxorubicin	Injection	50 mg	148.20
104.	DOXYCYCA1	Doxycycline	Capsule	100 mg	1.05
105.	DULHYDTA1	Duloxetine Hydrochloride	Capsule	20 mg	5.50
106.	DULHYDTA2	Duloxetine Hydrochloride	Capsule	30 mg	3.84
107.	DULHYDTA4	Duloxetine Hydrochloride	Capsule	60 mg	5.12
108.	ENALAPTA2	Enalapril	Tablet	5 mg	0.95
109.	ENALAPTA3	Enalapril	Tablet	10 mg	1.10
110.	ENALAPTA4	Enalapril	Tablet	20 mg	1.65
111.	ENOSODIN2	Enoxaparin	Injection	40 mg/0.4 mL	144.21
112.	ENZALUCA1	Enzalutamide	Capsule	160 mg	84.98
113.	EPOBETIN2	Epoetin Beta	Injection	4,000 units/0.3 mL prefilled syringe	133.10
114.	ESOMEPCA2	Esomeprazole	Capsule	40 mg	3.88
115.	ETOPOSCA1	Etoposide	Capsule	50 mg	280.47
116.	ETOPOSIN1	Etoposide	Injection	100 mg	68.34
117.	EXEMESTA1	Exemestane	Tablet	25 mg	5.26
118.	FERSULSY1	Ferrous Sulphate	Syrup	60 mg/5 mL	21.32

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
119.	FERSULTA1	Ferrous Sulphate	Tablet	60 mg (Elemental Iron)	0.13
120.	FILGRAIN2	Filgrastim	Injection	480 mcg/1.6 mL (300 mcg/mL vial)	200.75
121.	FILGRAIN3	Filgrastim	Injection	300 mcg	440.00
122.	FLUCONCA1	Fluconazole	Capsule	150 mg	12.16
123.	FLUCONCA2	Fluconazole	Capsule	200 mg	10.03
124.	FLUCONTA1	Fluconazole	Tablet	50 mg	31.60
125.	FLUDARIN1	Fludarabine *	Injection	50 mg	1,045.00
126.	FLUOXECA1	Fluoxetine	Capsule	20 mg	1.63
127.	FOLACIIN1	Folinic Acid	Injection	10 mg/mL	124.97
128.	FOLINITA1	Folinic Acid	Tablet	15 mg	124.97
129.	FOSAPRIN2	Fosaprepitant *	Injection	150 mg/vial	825.00
130.	FULVESIN1	Fulvestrant (Faslodex) *	Injection	250 mg/5 mL	6,811.20
131.	FUROSEIN1	Furosemide	Injection	10 mg/mL	1.78
132.	FUROSETA1	Furosemide	Tablet	40 mg	0.32
133.	GABAPETA1	Gabapentin	Tablet	100 mg	1.43
134.	GABAPETA2	Gabapentin	Tablet	300 mg	2.20
135.	GABAPETA3	Gabapentin	Capsule	400 mg	3.85
136.	GABAPETA4	Gabapentin	Capsule	600 mg	4.84
137.	GEMCITIN1	Gemcitabine	Injection	200 mg	692.51
138.	GEMCITIN2	Gemcitabine	Injection	1,000 mg	254.02
139.	GLYCERRE1	Glycerol	Suppository	1 g	9.68
140.	GLYCERRE2	Glycerol	Suppository	2 g	5.50
141.	GLYCERRE3	Glycerol	Suppository	4 g	12.65
142.	GLYCOPIN1	Glycopyrrolate	Injection	0.2 mg/mL in 1 mL ampoule	92.95
143.	GOSEREIN1	Goserelin (Zoladex) *	Injection	3.6 mg	1,623.60
144.	GOSEREIN2	Goserelin (Zoladex) *	Injection	10.8 mg	2,701.48
145.	GRANISTA1	Granisetron	Tablet	1 mg	20.38
146.	GRANISIN1	Granisetron	Injection	1 mg/mL	95.59
147.	HALOPEIN1	Haloperidol	Injection	5 mg/5 mL	10.53
148.	HALOPETA1	Haloperidol	Tablet	0.5 mg	1.08
149.	HALOPETA2	Haloperidol	Tablet	5 mg	1.61

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
150.	HALOPETA3	Haloperidol	Tablet	10 mg	1.88
151.	HEPARIIN1	Heparin	Injection	1,000 units/mL	126.78
152.	HEPARIIN2	Heparin	Injection	5,000 units/mL	103.58
153.	HYDROCIN1	Hydrocortisone	Injection	100 mg	16.50
154.	HYDROCCR1	Hydrocortisone	Cream	1%	13.75
155.	HYDROXCA1	Hydroxycarbamide	Capsule	500 mg	4.01
156.	HYOBUTTA1	Hyoscine-N-Butyl Bromide	Tablet	10 mg	1.13
157.	HYOBUTIN1	Hyoscine-N-Butyl Bromide	Injection	20 mg/mL	7.52
158.	IBRUTICA1	Ibrutinib	Capsule	140 mg	65.92
159.	IBUPROTA1	Ibuprofen	Tablet	200 mg	0.25
160.	IBUPROTA2	Ibuprofen	Tablet	400 mg	0.32
161.	IBUPROSU1	Ibuprofen	Suspension	100 mg/5 mL	14.42
162.	IDARUBIN1	Idarubicin	Injection	5 mg	256.19
163.	IFOSFAIN1	Ifosfamide	Injection	1 g	314.88
164.	IMATINTA1	Imatinib	Tablet	100 mg	1.40
165.	IMATINTA2	Imatinib	Tablet	400 mg	141.85
166.	IRINOTIN1	Irinotecan	Injection	100 mg	609.46
167.	KETAMIIN1	Ketamine	Injection	10 mg/mL in 20 mL vial	55.00
168.	KETAMIIN2	Ketamine	Injection	50 mg/mL in 10 mL vial	44.00
169.	LACTULLI1	Lactulose	Oral Liquid	3.1–3.7 g/5 mL	82.89
170.	LAPATITA1	Lapatinib	Tablet	250 mg	23.11
171.	LETROZTA1	Letrozole	Tablet	2.5 mg	7.57
172.	LEUPROIN1	Leuprolide (Lupodex) *	Injection	3.75 mg	894.94
173.	LEUPROIN2	Leuprolide (Lupodex) *	Injection	11.25 mg	2,757.38
174.	LIDOCACR1	Lidocaine	Cream	2%	43.89
175.	LIDOCAGE1	Lidocaine	Gel	4%	87.40
176.	AMPCONIN1	Liposomal Amphotericin B (Conventional) [Amphonex]	Injection	50 mg/vial	580.50
177.	LIPDOXIN1	Liposomal Doxorubicin *	Injection	50 mg	1,848.00
178.	PARAFFLI1	Liquid Paraffin	Oral Liquid	100% w/v	28.84
179.	LOPERACA1	Loperamide	Capsule	2 mg	0.55
180.	LORAZEIN1	Lorazepam	Injection	4 mg/mL	106.59

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
181.	LORAZETA1	Lorazepam	Tablet	1 mg	2.01
182.	LORAZETA2	Lorazepam	Tablet	2 mg	0.50
183.	LORAZETA3	Lorazepam	Tablet	2.5 mg	2.51
184.	MEGACETA1	Megestrol Acetate	Tablet	40 mg	11.88
185.	MELATOTA3	Melatonin	Tablet (modified release)	5 mg	2.53
186.	MELPHAIN1	Melphalan *	Injection	50 mg	660.00
187.	MERCAPTA1	Mercaptopurine	Tablet	50 mg	5.57
188.	MEROPEIN1	Meropenem	Injection	500 mg/vial	76.58
189.	MEROPEIN2	Meropenem	Injection	1 g/vial	132.55
190.	MESNAXIN1	Mesna	Injection	400 mg	84.80
191.	METHOTIN1	Methotrexate	Injection	2.5 mg/mL	0.13
192.	METHOTIN2	Methotrexate	Injection	25 mg/mL in 2 mL	62.30
193.	METHYDTA2	Methylphenidate Hydrochloride	Tablet	10 mg	38.50
194.	METHYDTA3	Methylphenidate Hydrochloride	Tablet	20 mg	66.77
195.	METOCLTA1	Metoclopramide	Tablet	10 mg	0.88
196.	METOCLIN1	Metoclopramide	Injection	5 mg/mL	10.03
197.	MIDAZOIN1	Midazolam	Injection	5 mg/5 mL	79.95
198.	MIDAZOTA1	Midazolam	Tablet	15 mg	15.83
199.	MIOFMASU1	Milk of Magnesia	Suspension	8% w/v (80 mg/mL)	27.50
200.	MORPHISY1	Morphine	Oral	10 mg/5 mL	165.00
201.	MORPHIIN1	Morphine Sulphate	Injection	10 mg/mL	25.05
202.	MORPHIIN2	Morphine Sulphate	Injection	10 mg/mL (Preservative Free)	45.09
203.	MORSULTA1	Morphine Sulphate	Tablet	10 mg (slow release)	6.40
204.	MORSULTA2	Morphine Sulphate	Tablet	30 mg (slow release)	10.07
205.	MORSULTA3	Morphine Sulphate	Tablet	10 mg (immediate release)	3.07
206.	NABPACIN1	Nab-Paclitaxel *	Injection	100 mg	343.20
207.	NALOXOIN1	Naloxone	Injection	400 microgram/mL	32.55
208.	NILOTICA2	Nilotinib *	Capsule	200 mg	1,337.60
209.	NYSTATTA2	Nystatin	Tablet	500,000 IU	41.20

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
210.	NYSTATSU1	Nystatin Oral	Suspension	100,000 IU/mL	81.13
211.	OCTREOIN1	Octreotide	Injection	50 mcg/mL in 1 mL ampoule	88.00
212.	OCTREOIN2	Octreotide	Injection	100 mcg/mL in 1 mL ampoule	110.00
213.	OCTREOIN4	Octreotide	Injection	50 mcg/mL in 1 mL ampoule (alt. pack)	71.50
214.	OLANZATA1	Olanzapine	Tablet	10 mg	1.86
215.	OLAPARTA1	Olaparib *	Tablet	150 mg	1,595.00
216.	OMEPRAIN2	Omeprazole	Injection	40 mg	22.57
217.	OMEPRATA1	Omeprazole	Tablet	20 mg	0.26
218.	ONDANSIN1	Ondansetron	Injection	4 mg/2 mL	16.15
219.	ONDANSTA2	Ondansetron	Tablet	4 mg	1.88
220.	ORRESAPO1	Oral Rehydration Salts	Powder	WHO low-osmolarity formula (20.5 g/sachet)	1.68
221.	PACLITIN1	Paclitaxel	Injection	100 mg/16.7 mL	391.25
222.	PALBOCCA1	Palbociclib (Ibrance)	Capsule	125 mg	56.22
223.	PALONOIN2	Palonosetron	Injection	0.25 mg/5 mL	70.40
224.	PAMIDRIN1	Pamidronate	Injection	3 mg/mL (30 mg/10 mL vial)	825.00
225.	PAMIDRIN3	Pamidronate *	Injection	9 mg/mL (90 mg/10 mL vial)	1,590.60
226.	PARACEIN1	Paracetamol	Injection	10 mg/mL	22.00
227.	PARACERE1	Paracetamol	Suppository	125 mg	1.71
228.	PARACERE2	Paracetamol	Suppository	250 mg	2.67
229.	PARACERE3	Paracetamol	Suppository	500 mg	2.75
230.	PARACETA1	Paracetamol	Tablet	500 mg	0.14
231.	PARACESY1	Paracetamol	Syrup	120 mg/5 mL	9.69
232.	PEGASPIN1	Peg-Asparaginase *	Injection	3,750 IU	4,180.00
233.	PEGFILIN1	Pegfilgrastim	Injection	6 mg	973.50
234.	PEMBROIN1	Pembrolizumab *	Injection	100 mg/4 mL	27,306.68
235.	PERTUZIN1	Pertuzumab + Trastuzumab (Phesgo)*	Injection	1200 mg + 600 mg	14,934.85
236.	PERTUZIN2	Pertuzumab + Trastuzumab (Phesgo)*	Injection	600 mg + 600 mg	9,756.16
237.	PIPTAZIN1	Piperacillin + Tazobactam (Tazocin)	Injection	2 g + 0.25 g	104.50

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
238.	PIPTAZIN2	Piperacillin + Tazobactam (Tazocin)	Injection	4 g + 0.5 g	139.64
239.	PONATITA2	Ponatinib	Tablet	45 mg	431.20
240.	PREDNIDT1	Prednisolone	Tablet	5 mg (dispersible)	0.32
241.	PREDNITA1	Prednisolone	Tablet	5 mg	0.23
242.	PREGABTA3	Pregabalin	Tablet	75 mg	2.75
243.	PROMETTA1	Promethazine Hydrochloride	Tablet	25 mg	0.32
244.	PROHYDEL1	Promethazine Hydrochloride	Elixir	5 mg/5 mL	10.50
245.	PROHYDIN1	Promethazine Hydrochloride	Injection	25 mg/mL	2.51
246.	RASBURIN2	Rasburicase *	Injection	1.5 mg	2,267.10
247.	RIBOCITA1	Ribociclib	Tablet	200 mg	104.76
248.	RITUXIIN1	Rituximab *	Injection	100 mg/10 mL	2,622.00
249.	RITUXIIN2	Rituximab *	Injection	500 mg/10 mL	7,427.10
250.	RIVAROTA1	Rivaroxaban	Tablet	2.5 mg	21.84
251.	RIVAROTA2	Rivaroxaban	Tablet	10 mg	8.99
252.	RIVAROTA3	Rivaroxaban	Tablet	15 mg	10.09
253.	RIVAROTA4	Rivaroxaban	Tablet	20 mg	10.64
254.	SENNAXTA1	Senna	Tablet	7.5 mg	5.50
255.	SENNAXSY1	Senna	Syrup	7.5 mg/5 mL	11.00
256.	SERTRATA1	Sertraline	Tablet	50 mg	1.53
257.	SERTRATA2	Sertraline	Tablet	100 mg	2.20
258.	SILCITTA1	Sildenafil Citrate	Tablet	25 mg	3.85
259.	SILCITTA2	Sildenafil Citrate	Tablet	50 mg	3.85
260.	SILCITTA3	Sildenafil Citrate	Tablet	100 mg	4.95
261.	SODBICIN1	Sodium Bicarbonate	Injection	8.4% in 10 mL	57.06
262.	SODCHLIN1	Sodium Chloride	Infusion	0.45% (250 mL)	55.15
263.	SODCHLIN3	Sodium Chloride	Infusion	0.9% (500 mL)	16.38
264.	TAMOXITA2	Tamoxifen	Tablet	20 mg	4.69
265.	TEMOZOCA1	Temozolomide	Capsule	20 mg	69.56
266.	TEMOZOCA2	Temozolomide	Capsule	100 mg	609.46
267.	TEMOZOCA3	Temozolomide	Capsule	250 mg	273.90

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
268.	TOPIRATA1	Topiramate	Tablet	25 mg	4.13
269.	TOPIRATA2	Topiramate	Tablet	50 mg	10.67
270.	TOPIRATA3	Topiramate	Tablet	100 mg	5.28
271.	TOPOTEIN1	Topotecan *	Injection	1 mg/mL	2,635.60
272.	TRAHYDCA1	Tramadol Hydrochloride	Capsule	50 mg	5.50
273.	TRAHYDCA2	Tramadol Hydrochloride	Capsule	100 mg	7.70
274.	TRAHYDIN1	Tramadol Hydrochloride	Injection	50 mg/mL in 1 mL ampoule	19.47
275.	TRAHYDIN2	Tramadol Hydrochloride	Injection	50 mg/mL in 2 mL ampoule	7.70
276.	TRAACICA1	Tranexamic Acid	Capsule	250 mg	4.01
277.	TRAACIIN1	Tranexamic Acid	Injection	500 mg/5 mL	30.57
278.	TRAACITA1	Tranexamic Acid	Tablet	500 mg	5.34
279.	TRASTUIN1	Trastuzumab (Herceptin)*	Injection	600 mg	6,383.82
280.	TRADERIN1	Trastuzumab deruxtecan (Enhertu) *	Injection	100 mg	18,038.50
281.	TRAEMTIN1	Trastuzumab emtansine (Kadcyla) *	Injection	160 mg	5,264.81
282.	TRAEMTIN2	Trastuzumab emtansine (Kadcyla) *	Injection	100 mg	3,278.21
283.	TRETINCA1	Tretinoin	Capsule	10 mg	7.37
284.	UREAXXCR1	Urea	Cream	5%	200.20
285.	VANCOMIN1	Vancomycin	Injection	500 mg/vial	82.50
286.	VANCOMIN2	Vancomycin	Injection	1 g/vial	121.00
287.	VENETOTA2	Venetoclax	Tablet	100 mg	262.16
288.	VINCRIIN1	Vincristine	Injection	1 mg	76.49
289.	VINCRIIN2	Vincristine	Injection	2 mg	23.84
290.	VINOREIN1	Vinorelbine *	Injection	50 mg/5 mL	1,716.00
291.	WARFARTA1	Warfarin	Tablet	1 mg	0.41
292.	WARFARTA2	Warfarin	Tablet	3 mg	0.70
293.	WARFARTA3	Warfarin	Tablet	5 mg (scored)	0.92
294.	ZINCOOTA1	Zinc	Tablet	10 mg	0.21
295.	ZINCOOTA2	Zinc	Tablet	20 mg	0.19
296.	ZOLACIIN1	Zoledronic Acid	Injection	5 mg/100 mL	489.50
297.	ZOLACIIN2	Zoledronic Acid	Injection	4 mg	330.00

No.	EML Code	Drug Name	Dosage Form	Strength / Concentration	Price (GHS)
298.	ZOLPIDTA1	Zolpidem	Tablet	5 mg	5.94
299.	ZOLPIDTA2	Zolpidem	Tablet	10 mg	8.25

** Denotes high-cost medicines requiring pre-authorisation*

6 Contact and Queries

Queries about pre-authorisation, pricing, or claims should be directed to the GMTF.

Contact	Details
Address	Ghana Medical Trust Fund, 5A, Second Circular Road, Cantonments, Accra, Ghana
Telephone	+233 34 229 5105
Email	ask@gmtf.gov.gh
Website	www.gmtf.gov.gh