



# Behaviour Support Plan Comprehensive

**Participant name** \_\_\_\_\_

**Plan ID**  
**(NDIS Commission will forward this to you once you email your plan)** \_\_\_\_\_

**Start date** \_\_\_\_\_

**End date** \_\_\_\_\_

**Review date (must be reviewed within 12 months under the NDIS Rules)** \_\_\_\_\_

**Jurisdiction (enter your state)** \_\_\_\_\_

**Behaviour support practitioner** \_\_\_\_\_

**Specialist behaviour support provider**

\_\_\_\_\_  
**Sources of information (include reports read, people consulted etc...)**

\_\_\_\_\_  
**How was participant involved in the development of this plan?**

## Important information

This form is approved by the NDIS Quality and Safeguards Commissioner for the purposes of section 23 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

## Privacy

This form seeks to collect information—including personal information—for the purpose of administering and enforcing the *National Disability Insurance Scheme Act 2013* and *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Please refer to the Privacy Collection Statement and the NDIS Commission's Privacy Policy at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

## Security

Once the NDIS Quality and Safeguards Commission (NDIS Commission) receives information from you via email or any other means, the information is in a secure environment. Your personal information will not be released unless the law permits it or your permission is granted.

You need to be aware of inherent risks associated with the transmission of information via email and otherwise over the internet. If you have concerns in this regard, the NDIS Commission has other ways of obtaining and providing information including mail, telephone and FilePoint. For advice about how to use FilePoint, please contact the NDIS Commission at 1800 035 544.

## Instructions

This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

**Once completed, email the form together with relevant documents to [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)**

When completed, this document contains information submitted to the NDIS Quality and Safeguards Commission (the NDIS Commission) by a third party for the purposes of the *National Disability Insurance Scheme Act 2013* (Cth). The NDIS Commission makes no representations about, and accepts no liability for, the accuracy of information in this document.

# Person details

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Country of birth \_\_\_\_\_

Address \_\_\_\_\_

Type of residence \_\_\_\_\_

Length of time residing at this address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of contact \_\_\_\_\_

NDIS participant number \_\_\_\_\_

Indigenous status \_\_\_\_\_

CALD status \_\_\_\_\_

Translator needed \_\_\_\_\_

Language \_\_\_\_\_

Person responsible \_\_\_\_\_

Guardian (if appointed) \_\_\_\_\_

Guardian functions  
(e.g. Service, Restrictive Practices, Accommodation) \_\_\_\_\_

Consent to share information received? \_\_\_\_\_

Consent received from  
(name and contact details) \_\_\_\_\_

Date consent received \_\_\_\_\_

# About the person

Strengths, life dreams and aspirations

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Likes/dislikes

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Communication — outline the way that the person best communicates, e.g. expressive and receptive communication abilities, whether alternative communication systems are currently in place.

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Social and emotional wellbeing — outline the person's current social connections and supports, emotional state, e.g. any active mental health symptoms.

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**Relevant history — relevant developmental history (for children participants), previous interventions, adverse life events, anything key to assist in understanding the person and the their behaviour.**

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**Primary disability** \_\_\_\_\_

**Current health status** \_\_\_\_\_

**Sensory Processing and Emotional Regulation — provide an outline of any relevant sensory processing information and the person’s emotional regulation skills.**

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**Does the person receive informal decision-making support?** \_\_\_\_\_

**Family and informal support systems — what family and informal support systems are involved with the person?**

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**Community activities — what community activities does the person currently participate in?**

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**Activities of daily living — indicate the level of independence / prompting required to complete activities of daily living...**

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**Related mainstream services — what other mainstream services are involved with the person?  
E.g. community mental health team, housing...**

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**Treatment order/legal order (if applicable) — include details of any treatment order or legal conditions currently in place**

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**Other**

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## Key contacts

Name \_\_\_\_\_

Relationship to person \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_

Relationship to person \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_

Relationship to person \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

## Assessments

(To be sent to NDIS Commission with this plan)

### Assessment type

#### Functional behavioural assessment

Assessor \_\_\_\_\_

Report date \_\_\_\_\_

Assessor's qualifications \_\_\_\_\_

#### Comprehensive health assessment

Assessor \_\_\_\_\_

Report date \_\_\_\_\_

Assessor's qualifications \_\_\_\_\_

# Behaviours of Concern

## Behaviour 1

Behaviour of concern \_\_\_\_\_

Description \_\_\_\_\_

Frequency/duration \_\_\_\_\_

Intensity \_\_\_\_\_

Setting events \_\_\_\_\_

Triggers \_\_\_\_\_

Low risk scenarios \_\_\_\_\_

High risk scenarios \_\_\_\_\_

Function of behaviour \_\_\_\_\_

## Behaviour 2

Behaviour of concern \_\_\_\_\_

Description \_\_\_\_\_

Frequency/duration \_\_\_\_\_

Intensity \_\_\_\_\_

Setting events \_\_\_\_\_

Triggers \_\_\_\_\_

Low risk scenarios \_\_\_\_\_

High risk scenarios \_\_\_\_\_

Function of behaviour \_\_\_\_\_



### Behaviour 3

Behaviour of concern \_\_\_\_\_

Description \_\_\_\_\_

Frequency/duration \_\_\_\_\_

Intensity \_\_\_\_\_

Setting events \_\_\_\_\_

Triggers \_\_\_\_\_

Low risk scenarios \_\_\_\_\_

High risk scenarios \_\_\_\_\_

Function of behaviour \_\_\_\_\_

### Behaviour 4

Behaviour of concern \_\_\_\_\_

Description \_\_\_\_\_

Frequency/duration \_\_\_\_\_

Intensity \_\_\_\_\_

Setting events \_\_\_\_\_

Triggers \_\_\_\_\_

Low risk scenarios \_\_\_\_\_

High risk scenarios \_\_\_\_\_

Function of behaviour \_\_\_\_\_

## Behaviour 5

Behaviour of concern \_\_\_\_\_

Description \_\_\_\_\_

Frequency/duration \_\_\_\_\_

Intensity \_\_\_\_\_

Setting events \_\_\_\_\_

Triggers \_\_\_\_\_

Low risk scenarios \_\_\_\_\_

High risk scenarios \_\_\_\_\_

Function of behaviour \_\_\_\_\_

(If more than five behaviours of concern include additional information as an attachment)

**Formulation and Hypotheses (Free text box — characters with spaces 5000)**

**Goals for this plan (Outline goals that this behaviour support plan aims to achieve in SMART goal format)**

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**Measures to assess this plan (Outline the measures you will use to assess whether this plan worked, including what impact or change there was on the person quality of life. Eg. quality of life indicators, incident/behaviour data, interviews of the person and /or their careers etc...)**

# Implementing Providers of Behaviour Support Plan

(Enter details of each provider that will be implementing this plan e.g. supported accommodation provider, supported employment etc. Implementing providers will need to sign a copy of this plan below to indicate agreement that they will implement the regulated restrictive practice in accordance with this plan).

## Provider 1

Provider name \_\_\_\_\_

ABN \_\_\_\_\_

Provider Accepted \_\_\_\_\_

Primary contact (name and contact details)

\_\_\_\_\_

Authorised reporting officer (name and contact details)

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Provider 2

Provider name \_\_\_\_\_

ABN \_\_\_\_\_

Provider Accepted \_\_\_\_\_

Primary contact (name and contact details)

\_\_\_\_\_

Authorised reporting officer (name and contact details)

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Provider 3

Provider name \_\_\_\_\_

ABN \_\_\_\_\_

Provider Accepted \_\_\_\_\_

Primary contact (name and contact details)

\_\_\_\_\_

Authorised reporting officer (name and contact details)

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Provider 4

Provider name \_\_\_\_\_

ABN \_\_\_\_\_

Provider Accepted \_\_\_\_\_

Primary contact (name and contact details)

\_\_\_\_\_

Authorised reporting officer (name and contact details)

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**(If more than four providers are implementing regulated restrictive practices provide additional information as an attachment)**

# Behaviour support strategies to be implemented

These strategies apply to the following implementing provider (please tick):

Provider 1

Provider 2

Provider 3

Provider 4

## Ecological Strategies

E.g. outline support protocols and strategies to address environmental factors specific to each provider's environment (including all settings that providers support the participant in). Include details of how routine regulated restrictive practices are used here

# Behaviour support strategies to be implemented

These strategies apply to the following implementing provider (please tick):

Provider 1

Provider 2

Provider 3

Provider 4

## Skill building

E.g. teaching strategies, skill building programs, reinforcement schedules that are required to facilitate the development of the functionally equivalent replacement behaviour



# Behaviour support strategies to be implemented

These strategies apply to the following implementing provider (please tick):

Provider 1

Provider 2

Provider 3

Provider 4

## Response strategies

E.g., outline how staff with this provider should respond when the behaviour occurs.

Procedure for how and when PRN as required (non-routine) regulated restrictive practices are used as part of the response strategies

# Restrictive practice schedule details

## Environmental restraint

Indicate which provider(s) will be implementing this practice

Provider 1

Provider 2

Provider 3

Provider 4

### Restrictive practice details

Restrictive practice type: Environmental restraint

Sub-type \_\_\_\_\_

Administration type \_\_\_\_\_

Consolidated reporting (frequent use PRN allowed) \_\_\_\_\_

Short-term approval in place  
for this restrictive practice (QLD, SA and TAS only) \_\_\_\_\_

Authorisation and consent required \_\_\_\_\_

Consent received \_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation received — evidence of authorisation must be submitted to the Commission

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation and consent start date \_\_\_\_\_

Authorisation and consent end date \_\_\_\_\_

Circumstances in which the restrictive practice is to be used — include any critical information otherwise indicate “refer to authorisation document”

**Statement of why this restrictive practice is the least restrictive way of ensuring the safety of the person or others**

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**Description of the anticipated positive and negative effects on the person of using the restrictive practice**

---

**Strategies for fading out the use of the restrictive practice — identify a staged plan that outline how the restrictive practices will be reduced and eventually eliminated over time.**

---

**Monitoring and evaluation — what monitoring and data collection procedures will take place regarding the use of the restrictive practice?**

---

# Mechanical Restraint

Indicate which provider(s) will be implementing this practice

Provider 1

Provider 2

Provider 3

Provider 4

## Restrictive practice details

Restrictive practice type: Mechanical Restraint

Sub-type \_\_\_\_\_

Administration type \_\_\_\_\_

Consolidated reporting (frequent use PRN allowed) \_\_\_\_\_

Short-term approval in place  
for this restrictive practice (QLD, SA and TAS only) \_\_\_\_\_

Authorisation and consent required \_\_\_\_\_

Consent received \_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation received — evidence of authorisation must be submitted to the Commission

\_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation and consent start date \_\_\_\_\_

Authorisation and consent end date \_\_\_\_\_

Circumstances in which the restrictive practice is to be used — include any critical information  
otherwise indicate “refer to authorisation document”

\_\_\_\_\_

**Statement of why this restrictive practice is the least restrictive way of ensuring the safety of the person or others**

---

**Description of the anticipated positive and negative effects on the person of using the restrictive practice**

---

**Strategies for fading out the use of the restrictive practice — identify a staged plan that outline how the restrictive practices will be reduced and eventually eliminated over time.**

---

**Monitoring and evaluation — what monitoring and data collection procedures will take place regarding the use of the restrictive practice?**

---

# Physical Restraint

Indicate which provider(s) will be implementing this practice

Provider 1

Provider 2

Provider 3

Provider 4

## Restrictive practice details

Restrictive practice type: Physical Restraint

Sub-type \_\_\_\_\_

Administration type \_\_\_\_\_

Consolidated reporting (frequent use PRN allowed) \_\_\_\_\_

Short-term approval in place  
for this restrictive practice (QLD, SA and TAS only) \_\_\_\_\_

Authorisation and consent required \_\_\_\_\_

Consent received \_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation received — evidence of authorisation must be submitted to the Commission

\_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation and consent start date \_\_\_\_\_

Authorisation and consent end date \_\_\_\_\_

Circumstances in which the restrictive practice is to be used — include any critical information  
otherwise indicate “refer to authorisation document”

\_\_\_\_\_

**Statement of why this restrictive practice is the least restrictive way of ensuring the safety of the person or others**

---

**Description of the anticipated positive and negative effects on the person of using the restrictive practice**

---

**Strategies for fading out the use of the restrictive practice — identify a staged plan that outline how the restrictive practices will be reduced and eventually eliminated over time.**

---

**Monitoring and evaluation — what monitoring and data collection procedures will take place regarding the use of the restrictive practice?**

---

# Seclusion

Indicate which provider(s) will be implementing this practice

Provider 1

Provider 2

Provider 3

Provider 4

## Restrictive practice details

Restrictive practice type: Seclusion

Sub-type \_\_\_\_\_

Administration type \_\_\_\_\_

Consolidated reporting (frequent use PRN allowed) \_\_\_\_\_

Short-term approval in place  
for this restrictive practice (QLD, SA and TAS only) \_\_\_\_\_

Authorisation and consent required \_\_\_\_\_

Consent received \_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation received — evidence of authorisation must be submitted to the Commission

\_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation and consent start date \_\_\_\_\_

Authorisation and consent end date \_\_\_\_\_

Circumstances in which the restrictive practice is to be used — include any critical information  
otherwise indicate “refer to authorisation document”

\_\_\_\_\_



**Statement of why this restrictive practice is the least restrictive way of ensuring the safety of the person or others**

---

**Description of the anticipated positive and negative effects on the person of using the restrictive practice**

---

**Strategies for fading out the use of the restrictive practice — identify a staged plan that outline how the restrictive practices will be reduced and eventually eliminated over time.**

---

**Monitoring and evaluation — what monitoring and data collection procedures will take place regarding the use of the restrictive practice?**

---

# Chemical Restraint — PRN

Indicate which provider(s) will be implementing this practice

Provider 1

Provider 2

Provider 3

Provider 4

## Restrictive practice details

Restrictive practice type: Chemical Restraint — PRN

Sub-type \_\_\_\_\_

Administration type \_\_\_\_\_

Consolidated reporting (frequent use PRN allowed) \_\_\_\_\_

Short-term approval in place  
for this restrictive practice (QLD, SA and TAS only) \_\_\_\_\_

Authorisation and consent required \_\_\_\_\_

Consent received \_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation received — evidence of authorisation must be submitted to the Commission

\_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation and consent start date \_\_\_\_\_

Authorisation and consent end date \_\_\_\_\_

Circumstances in which the restrictive practice is to be used — include any critical information  
otherwise indicate “refer to authorisation document”

\_\_\_\_\_

**Statement of why this restrictive practice is the least restrictive way of ensuring the safety of the person or others**

---

**Description of the anticipated positive and negative effects on the person of using the restrictive practice**

---

**Strategies for fading out the use of the restrictive practice — identify a staged plan that outline how the restrictive practices will be reduced and eventually eliminated over time.**

---

**Monitoring and evaluation — what monitoring and data collection procedures will take place regarding the use of the restrictive practice?**

---

## Important note about chemical restraints

All medication must be administered according to a person's current medical record only; information in the behaviour support plan is to record details of chemical restraint for data collection purposes only and should not be used for administering any medication.

### Medication details

Drug name (Refer to Attachment A for a list of chemical restraint drugs)

---

Dosage \_\_\_\_\_

Unit of measurement \_\_\_\_\_

Frequency \_\_\_\_\_

Unit of measurement (day, week, month) \_\_\_\_\_

Route \_\_\_\_\_

Prescriber \_\_\_\_\_

Name \_\_\_\_\_

Date of last review by Doctor \_\_\_\_\_

Conditions/limits of use \_\_\_\_\_

Side effects \_\_\_\_\_

# Chemical Restraint — Routine

Indicate which provider(s) will be implementing this practice

Provider 1

Provider 2

Provider 3

Provider 4

## Restrictive practice details

Restrictive practice type: Chemical Restraint — Routine

Sub-type \_\_\_\_\_

Administration type \_\_\_\_\_

Consolidated reporting (frequent use PRN allowed) \_\_\_\_\_

Short-term approval in place  
for this restrictive practice (QLD, SA and TAS only) \_\_\_\_\_

Authorisation and consent required \_\_\_\_\_

Consent received \_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation received — evidence of authorisation must be submitted to the Commission

\_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Authorisation and consent start date \_\_\_\_\_

Authorisation and consent end date \_\_\_\_\_

Circumstances in which the restrictive practice is to be used — include any critical information  
otherwise indicate “refer to authorisation document”

\_\_\_\_\_

**Statement of why this restrictive practice is the least restrictive way of ensuring the safety of the person or others**

---

**Description of the anticipated positive and negative effects on the person of using the restrictive practice**

---

**Strategies for fading out the use of the restrictive practice — identify a staged plan that outline how the restrictive practices will be reduced and eventually eliminated over time.**

---

**Monitoring and evaluation — what monitoring and data collection procedures will take place regarding the use of the restrictive practice?**

---

## Important note about chemical restraints

All medication must be administered according to a person's current medical record only; information in the behaviour support plan is to record details of chemical restraint for data collection purposes only and should not be used for administering any medication.

### Medication details

Drug name (Refer to Attachment A for a list of chemical restraint drugs)

\_\_\_\_\_

Dosage \_\_\_\_\_

Unit of measurement \_\_\_\_\_

Frequency \_\_\_\_\_

Unit of measurement (day, week, month) \_\_\_\_\_

Route \_\_\_\_\_

Prescriber \_\_\_\_\_

Name \_\_\_\_\_

Date of last review by Doctor \_\_\_\_\_

Conditions/limits of use \_\_\_\_\_

Side effects \_\_\_\_\_

## Important note about chemical restraints

All medication must be administered according to a person's current medical record only; information in the behaviour support plan is to record details of chemical restraint for data collection purposes only and should not be used for administering any medication.

### Medication details

Drug name (Refer to Attachment A for a list of chemical restraint drugs)

---

Dosage \_\_\_\_\_

Unit of measurement \_\_\_\_\_

Frequency \_\_\_\_\_

Unit of measurement (day, week, month) \_\_\_\_\_

Route \_\_\_\_\_

Prescriber \_\_\_\_\_

Name \_\_\_\_\_

Date of last review by Doctor \_\_\_\_\_

Conditions/limits of use \_\_\_\_\_

Side effects \_\_\_\_\_



## Important note about chemical restraints

All medication must be administered according to a person's current medical record only; information in the behaviour support plan is to record details of chemical restraint for data collection purposes only and should not be used for administering any medication.

### Medication details

Drug name (Refer to Attachment A for a list of chemical restraint drugs)

---

Dosage \_\_\_\_\_

Unit of measurement \_\_\_\_\_

Frequency \_\_\_\_\_

Unit of measurement (day, week, month) \_\_\_\_\_

Route \_\_\_\_\_

Prescriber \_\_\_\_\_

Name \_\_\_\_\_

Date of last review by Doctor \_\_\_\_\_

Conditions/limits of use \_\_\_\_\_

Side effects \_\_\_\_\_

## Important note about chemical restraints

All medication must be administered according to a person's current medical record only; information in the behaviour support plan is to record details of chemical restraint for data collection purposes only and should not be used for administering any medication.

### Medication details

Drug name (Refer to Attachment A for a list of chemical restraint drugs)

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Dosage \_\_\_\_\_

Unit of measurement \_\_\_\_\_

Frequency \_\_\_\_\_

Unit of measurement (day, week, month) \_\_\_\_\_

Route \_\_\_\_\_

Prescriber \_\_\_\_\_

Name \_\_\_\_\_

Date of last review by Doctor \_\_\_\_\_

Conditions/limits of use \_\_\_\_\_

Side effects \_\_\_\_\_

## Important note about chemical restraints

All medication must be administered according to a person's current medical record only; information in the behaviour support plan is to record details of chemical restraint for data collection purposes only and should not be used for administering any medication.

### Medication details

**Drug name (Refer to Attachment A for a list of chemical restraint drugs)**

\_\_\_\_\_

**Dosage** \_\_\_\_\_

**Unit of measurement** \_\_\_\_\_

**Frequency** \_\_\_\_\_

**Unit of measurement (day, week, month)** \_\_\_\_\_

**Route** \_\_\_\_\_

**Prescriber** \_\_\_\_\_

**Name** \_\_\_\_\_

**Date of last review by Doctor** \_\_\_\_\_

**Conditions/limits of use** \_\_\_\_\_

**Side effects** \_\_\_\_\_

(If more than five medications are used in relation to influencing the person's behaviour include the additional information as an attachment)

(If more than one of each regulated restrictive practice type or more than one sub-type is used include the additional information as an attachment)

# Declaration

I declare that:

- I am duly authorised by the specialist behaviour support provider (as stated in this form) to submit this behaviour support plan.
- I understand that this information is being collected by the NDIS Quality and Safeguards Commission (NDIS Commission) for the purposes outlined in *the NDIS (Restrictive Practices and Behaviour Support) Rules 2018*.
- I have read the NDIS Commission's NDIS restrictive practices and behaviour support guidance and understand the requirements of registered NDIS Providers in relation to notifying the NDIS Commission of the use of regulated restrictive practices.
- I understand that the NDIS Commission will, if required, use the information to undertake compliance and enforcement activities consistent with *the National Disability Insurance Scheme Act 2013 (the Act)* and any Rules established under the Act.
- I acknowledge the NDIS Commission may share the information contained in the application form with relevant Commonwealth, state and territory agencies, including the police.
- To the best of my knowledge, the information provided in this application is true, correct and accurate.
- I acknowledge that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the *Criminal Code Act 1995*.

**Signature** \_\_\_\_\_

**Full name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Job title** \_\_\_\_\_

**Please email completed form with all attachments to:**  
[behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)

## Office use only

Plan ID number \_\_\_\_\_

Date form received \_\_\_\_\_

Date entered in CBAS \_\_\_\_\_

Entered by \_\_\_\_\_

## Attachment A: Chemical restraint drug names

Abilify	Aromasin	Celapram	Clobemix
Agrylin	Aropax	Celica	Clomipramine hydrochloride
Akineton	Artane	Certirizine	Clonazepam
Aldazine	Ativan	Cetuximab (rmc)	Clopine
Alemtuzumab	Atomoxetine hydrochloride	Chemmart Alprazolam	Clopixol
Alepam	Attenta	Chemmart Citalopram	CloSyn
Allegron	Aurorix	Chemmart Clomipramine	Clozapine
Alodorm	Auscap 20 mg Capsules	Chemmart Diazepam	Clozaril
Alprax	Avanza	Chemmart Fluoxetine	Cogentin
Alprazolam	Avanza SolTab	Chemmart Gabapentin	Comtan
Alprazolam-DP	Avastin	Chemmart Methylphenidate	Concerta Extended-Release Tblt
Amantadine hydrochloride	Axit	Chemmart Mirtazapine	Concorz
Aminoglutethimide	Benzhexol hydrochloride	Chemmart Moclobemide	Copper, intrauterine device
Amira	Benztrop	Chemmart Paroxetine	Cosudex 150 mg
Amisulpride	Benztropine mesylate	Chemmart Sertraline	Cosudex 50 mg
Amisulpride Sandoz	Bevacizumab (rch)	Chemmart Tamoxifen	Cymbalta
Amisulpride Winthrop	Bicalutamide	Chloral hydrate	Cyprohexal 100 mg
Amitriptyline hydrochloride	Biperiden hydrochloride	Chloral Hydrate Mix 1 g/10 mL	Cyprohexal 50 mg
Anafranil	Bortezomib	Chlorpromazine hydrochloride	Cyprone
Anagrelide hydrochloride	Brenda-35 ED	Chlorpromazine Mixture	Cyprostat 50 mg
Anandron	Brevinor, Brevinor-1, Synphasic	Ciazil	Cyprostat-100
Anastrozole	Bromazepam	Cipramil	Cyproterone acetate
Anatensol	Buspar	Cisplatin	Cytadren
Androcur	Buspirone hydrochloride	Cisplatin Ebewe	Dacarbazine
Androcur-100	Cabaser	Cisplatin Injection	Dacarbazine for Injection(DBL)
Anexate	Cabergoline	Cisplatin Injection (DBL)	Dacarbazine Sandoz
Antenex	Camptosar	Citalobell	Dasatinib
APO-go	Carbamazepine	Citalopram 20	DBL Gabapentin Capsules
Apomine Injection	Carbamazepine Sandoz	Citalopram hydrobromide	Depo-Provera
Apomorphine hydrochloride	Carbamazepine-BC	Citalopram Winthrop	Depo-Ralovera
Aricept	Carboplatin	Citalopram-RL	Deptran
Arima	Carboplatin Ebewe	Clobazam	Dexamphetamine sulfate
Arimidex	Carboplatin Injection		
Aripiprazole	Carboplatin Injection (DBL)		

Dexamphetamine Tablets	Epilim	decanoate	Haldol Decanoate
Dexmedetomidine hydrochloride	Erbitux	Fluphenazine hydrochloride	Haloperidol
Diane-35 ED	Erbitux 5 mg/mL	Flutamide	Haloperidol decanoate
Diazepam	Erlotinib hydrochloride	Flutamin	Herceptin
Diazepam Elixir 10 mg/10 mL	Escitalopram oxalate	Fluvoxamine maleate	Hycamtin
Diazepam Injection (DBL)	Esipram	Frisium	Hypnodorm
Diazepam-DP	Estelle-35 ED	Fulvestrant	Hypnovel
Dilantin	Ethinylloestradiol	Gabaheaxal	Imatinib mesylate
Donepezil hydrochloride	Ethosuximide	Gabapentin	Imipramine hydrochloride
Dormizol	Etonogestrel	Gabapentin 300, 400	Imovane
Dosulepin	Etopophos	Gabaran	Implanon Implant
Dothep	Etoposide	Gabitril	Imrest
Dothiepin hydrochloride	Etoposide Ebewe	Galantamine hydrobromide	Invega
Douglas Gabapentin Capsules	Etoposide Injection	Gantin	Iressa
Douglas-Methylphenidate	Etoposide Injection (DBL)	Gefitinib	Irinotecan hydrochloride
Doxepin hydrochloride	Etoposide phosphate	Genox	Irinotecan Injection Concnrte
Doxylamine succinate	Eulexin	GenRx Alprazolam	Irinotecan Sandoz
Dozile	Exelon	GenRx Citalopram	Juliet-35 ED
Droleptan Injection	Exemestane	GenRx Clomipramine	Kalma
Droperidol	Extine	GenRx Cyproterone Acetate 50mg	Keppra
Ducene	Fareston	GenRx Cyproterone Acetate100mg	Kinson
Duloxetine hydrochloride	Faslodex	GenRx Diazepam	Lamictal
Ebixa	Faverin	GenRx Fluoxetine	Lamidus
Edronax	Femara	GenRx Gabapentin Capsules	Lamitrin
Efexor	Femoden ED	GenRx Lamotrigine	Lamogine
Efexor-XR	Fluanxol	GenRx Methylphenidate	Lamotrigine generichealth
Eldepryl	Flumazenil	GenRx Mirtazapine	Lamotrigine-DP
Eleva	Flumazenil Injection DBL	GenRx Moclobemide	Lapatinib ditosylate
Eligard	Flunitrazepam	GenRx Paroxetine	Largactil
Elmendos	Fluohexal	GenRx Sertraline	Letrozole
Eloxatin	Fluoxebell	GenRx Tamoxifen	Leuprorelin acetate
Endep	Fluoxetine 20	GenRx Zolpidem	Levetiracetam
Entacapone	Fluoxetine hydrochloride	Glivec	Levlen ED
	Fluoxetine-DP	Goserelin acetate	Levodopa
	Flupenthixol decanoate	Halcion	
	Fluphenazine		

Levohexal	Microgynon 20 ED	Nitrazepam	Pendine
Levonelle-2	Microgynon 30	Nolvadex, Nolvadex-D	Pergolide mesylate
Levonorgestrel	Microgynon 30 ED	Nordette	Pericyazine
Lexapro	Microgynon 50 ED	Norethisterone	Permax
Lexotan	Microlevlen ED	Noriday 28	Pharmacor Gabapentin
Lithicarb	Microlut	Norimin, Norimin-1, Improvil 28Day	Phenelzine sulfate
Lithium carbonate	Micronor	Norinyl-1	Phenobarbitone
Locilan 28 Day	Microval	NorLevo	Phenobarbitone Elixir 15mg/5mL
Loette	Midazolam hydrochloride	Normison	Phenobarbitone Injection (DBL)
Logynon ED	Midazolam Injection	Nortriptyline hydrochloride	Phenobarbitone sodium
Loratidine	Midazolam Injection BP (DBL)	Nupentin	Phenobarbitone Sodium Inj/Tblt
Lorazepam	Midazolam Sandoz	NuvaRing	Phenytoin Injection BP (DBL)
Lovan	Minulet	Oestrogens, conjugated	Phenytoin sodium
Lucrin	Mirena	Olanzapine	Pimozide
Lucrin Depot	Mirtazapine	Orap	Placil
Lumin	Mirtazapine Sandoz	Ortho-Gynol	Postinor-2
Luvox	Mirtazapine-DP	Ospolot	Pramipexole hydrochloride
Lyrica	Mirtazon	Oxalatin	Precedex
MabCampath	Moclobemide	Oxaliplan	Pregabalin
Mabthera	Modafinil	Oxaliplatin	Premarin Tablets
Madopar	Modavigil	Oxaliplatin (DBL)	Premia (2.5/5 Continuous)
Maosig	Modecate	Oxaliplatin Ebewe	Primidone
Marvelon 28	Mogadon	Oxazepam	Primolut N
Medroxyhexal	Mohexal	Oxcarbazepine	Pristiq
Medroxyprogesterone acetate	Monofeme	Oxetine	Procarbazine hydrochloride
Megace	Movox	Paliperidone	Procur
Megestrol acetate	Multiload-cu 250, cu 375/ SL	Paraldehyde	Procur 100
Melatonin	Murelax	Paraldehyde Injection BP (DBL)	Promethazine (Phenergan)
Melatonin	Mysoline	Parnate	Prothiaden
Memantine hydrochloride	Nardil	Paroxetine 20	Provera
Mestranol	Natulan	Paroxetine hydrochloride	Prozac
Methyl amino hydrochloride	Neulactil	Paroxetine Winthrop	Quetiapine fumarate
Methylphenidate hydrochloride	Neurontin	Paroxetine-DP	
Metvix	Nexavar	Paxam	
Mianserin hydrochloride	Nilotinib	Paxtine	
	Nilutamide		



Quilonum SR	Snuzaid Tabs	Terry White Chem	Unisom Sleepgels
Ralovera	Sodium valproate	Fluoxetine	Valette
Reboxetine mesylate	Sodium Valproate	Terry White Chem	Valium
Remeron	Sandoz	Gabapentin	Valpam
Reminyl	Solian Tablets and Solution	Terry White Chem	Valpro
Restavit Tablets	Somidem	Terry White Chem	Valproate Winthrop
Rilutek	Sorafenib tosylate	Mirtazapine	Velcade
Riluzole	Sprycel	Terry White Chem	Venlafaxine hydrochloride
Risperdal	Stalevo	Moclobemide	Vepesid
Risperdal Consta	Stelazine	Terry White Chem	Vesanoid
Risperdal Consta	Stildem	Paroxetine	Vigabatrin
Risperidone	Stilnox	Terry White Chem	Vimpat
Risperidone Quicklet	Stilnox CR	Sertraline	Voxam
Ritalin 10, Ritalin LA	Strattera	Terry White Chemists	Vumon
Rituximab	Sulthiame	Tamoxifen	Winthrop Oxaliplatin
Rivastigmine hydrogen tartrate	Sunitinib malate	Tetrabenazine	Xanax
Rivotril	Surmontil	Tetrabenazine	Xydep
Rixadone	Sutent	Thioridazine hydrochloride	Yasmin
Sabril	Symmetrel	Tiagabine hydrochloride	Zactin
Seaze	Talam	Tofranil	Zamhexal
Selegiline hydrochloride	Talohexal	Tolerade	Zarontin
Selgene	Tamosin	Tolvon	Zeldox
Serenace	Tamoxen	Topamax	Ziprasidone hydrochloride
Serepax	Tamoxifen citrate	Topiramate	ZolaCos CP
Seroquel	Tamoxifen Hexal	Topotecan hydrochloride	Zoladex 10.8 mg Implant
Sertra	Tarceva	Toremifene citrate	Zoladex 3.6 mg Implant
Sertraline 50, 100	Tasigna	Tranlycypromine sulfate	Zoloft
Sertraline generichealth	Tegretol	Trastuzumab	Zolpidem Sandoz
Sertraline hydrochloride	Temaze	Triazolam	Zolpidem tartrate
Sertraline Winthrop	Temazepam	Trifeme	Zolpidem-DP
Sertraline-DP	Temtabs	Trifluoperazine hydrochloride	Zopiclone
Setrona	Teniposide	Trileptal	Zuclopenthixol
Sifrol	Teril	Trimipramine	Zuclopenthixol acetate
Sinemet	Terry White Chem	Triphasil	Zyprexa
Sinemet CR	Alprazolam	Triquilar ED	Zyprexa IM
Sinequan	Terry White Chem	Tykerb	
Snuzaid Gels	Citalopram		
	Terry White Chem		
	Clomipramine		