NDIS Quality and Safeguards Commission

Behaviour Support Plan
Interim

Person's 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**

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

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 Please select

Country of birth _____

Address _____

Type of residence Please select

Length of time residing at this address _____

Phone number _____

Email _____

Preferred method of contact _____

NDIS participant number _____

Indigenous status Please select

CALD status _____

Translator needed _____

Language _____

Person responsible _____

Guardian (if appointed) Please select

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 (for interim plans provide what information is currently available)

Strengths, life dreams and aspirations

Likes/dislikes

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

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

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.

Primary disability Please select

Current health status

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

Does the person receive informal decision-making support? Please select

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

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

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

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

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

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Other

Key contacts

Name _____

Relationship to person _____

Email _____

Phone number _____

Name _____

Relationship to person _____

Email _____

Phone number _____

Name _____

Relationship to person _____

Email _____

Phone number _____

Behaviours of Concern

Behaviour 1

Behaviour of concern Please select

Description _____

Frequency/duration _____

Intensity _____

Notes (include any relevant information that is known about the behaviour, e.g. contexts, triggers, emergency patterns)

Behaviour 2

Behaviour of concern Please select

Description _____

Frequency/duration _____

Intensity _____

Notes (include any relevant information that is known about the behaviour, e.g. contexts, triggers, emergency patterns)

Behaviour 3

Behaviour of concern Please select

Description _____

Frequency/duration _____

Intensity _____

Notes (include any relevant information that is known about the behaviour, e.g. contexts, triggers, emergency patterns)

Behaviour 4

Behaviour of concern Please select

Description _____

Frequency/duration _____

Intensity _____

Notes (include any relevant information that is known about the behaviour, e.g. contexts, triggers, emergency patterns)

Behaviour 5

Behaviour of concern Please select

Description _____

Frequency/duration _____

Intensity _____

Notes (include any relevant information that is known about the behaviour, e.g. contexts, triggers, emergency patterns)

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

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 Please select

Primary contact (name and contact details)

_____

Authorised reporting officer (name and contact details)

_____

Signed _____

Date _____

Provider 2

Provider name _____

ABN _____

Provider Accepted Please select

Primary contact (name and contact details)

_____

Authorised reporting officer (name and contact details)

_____

Signed _____

Date _____

Provider 3

Provider name _____

ABN _____

Provider Accepted Please select

Primary contact (name and contact details)

_____

Authorised reporting officer (name and contact details)

_____

Signed _____

Date _____

Provider 4

Provider name _____

ABN _____

Provider Accepted Please select

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)

Interim behaviour support strategies to be implemented

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

☐ **Provider 1**

☐ **Provider 2**

☐ **Provider 3**

☐ **Provider 4**

Preventative strategies

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**

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 Please select

Administration type Please select

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 Please select

Administration type Please select

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

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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 Please select

Administration type Please select

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 With/Without support

Administration type Please select

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 Please select

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?

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) Please select

Route Please select

Prescriber Please select

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 Please select

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) Please select

Route Please select

Prescriber Please select

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) Please select

Route Please select

Prescriber Please select

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) Please select

Route Please select

Prescriber Please select

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) Please select

Route Please select

Prescriber Please select

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) Please select

Route Please select

Prescriber Please select

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

Office use only

Plan ID number _____

Date form received _____

Date entered in CBAS _____

Entered by _____

Attachment A: Chemical restraint drug names

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

Dexamphetamine Tablets

Dexmedetomidine hydrochloride

Diane-35 ED

Diazepam

Diazepam Elixir 10 mg/10 mL

Diazepam Injection (DBL)

Diazepam-DP

Dilantin

Donepezil hydrochloride

Dormizol

Dosulepin

Dothep

Dothiepin hydrochloride

Douglas Gabapentin Capsules

Douglas-Methylphenidate

Doxepin hydrochloride

Doxylamine succinate

Dozile

Droleptan Injection

Droperidol

Ducene

Duloxetine hydrochloride

Ebixa

Edronax

Efexor

Efexor-XR

Eldepryl

Eleva

Eligard

Elmendos

Eloxatin

Endep

Entacapone

Epilim

Erbitux

Erbitux 5 mg/mL

Erlotinib hydrochloride

Escitalopram oxalate

Esipram

Estelle-35 ED

Ethinyloestradiol

Ethosuximide

Etonogestrel

Etopophos

Etoposide

Etoposide Ebewe

Etoposide Injection

Etoposide Injection (DBL)

Etoposide phosphate

Eulexin

Exelon

Exemestane

Extine

Fareston

Faslodex

Faverin

Femara

Femoden ED

Fluanxol

Flumazenil

Flumazenil Injection DBL

Flunitrazepam

Fluohexal

Fluoxebell

Fluoxetine 20

Fluoxetine hydrochloride

Fluoxetine-DP

Flupenthixol decanoate

Fluphenazine decanoate

Fluphenazine hydrochloride

Flutamide

Flutamin

Fluvoxamine maleate

Frisium

Fulvestrant

Gabahexal

Gabapentin

Gabapentin 300, 400

Gabaran

Gabitril

Galantamine hydrobromide

Gantin

Gefitinib

Genox

GenRx Alprazolam

GenRx Citalopram

GenRx Clomipramine

GenRx Cyproterone Acetate 50mg

GenRx Cyproterone Acetate100mg

GenRx Diazepam

GenRx Fluoxetine

GenRx Gabapentin Capsules

GenRx Lamotrigine

GenRx Methylphenidate

GenRx Mirtazapine

GenRx Moclobemide

GenRx Paroxetine

GenRx Sertraline

GenRx Tamoxifen

GenRx Zolpidem

Glivec

Goserelin acetate

Halcion

Haldol Decanoate

Haloperidol

Haloperidol decanoate

Herceptin

Hycamtin

Hypnodorm

Hypnovel

Imatinib mesylate

Imipramine hydrochloride

Imovane

Implanon Implant

Imrest

Invega

Iressa

Irinotecan hydrochloride

Irinotecan Injection Concntrte

Irinotecan Sandoz

Juliet-35 ED

Kalma

Keppra

Kinson

Lamictal

Lamidus

Lamitrin

Lamogine

Lamotrigine

Lamotrigine generichealth

Lamotrigine-DP

Lapatinib ditosylate

Largactil

Letrozole

Leuprorelin acetate

Levetiracetam

Levlen ED

Levodopa

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

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