

GOVERNMENT OF ZAMBIA

STATUTORY INSTRUMENT NO. 12 OF 2016

The Medicines and Allied Substances Act, 2013

(Act No. 3 of 2013)

The Medicines and Allied Substances

(Health Shops) Regulations, 2016

ARRANGEMENT OF REGULATIONS

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*Copies of this Statutory Instrument can be obtained from the Government Printer,
P.O. Box 30136, 10101 Lusaka. Price K52.00 each.*

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IN EXERCISE of the powers contained in section *thirty* of the Medicines and Allied Substances Act, 2013, the following Regulations are made:

PART I

PRELIMINARY

- | | | |
|----|--|----------------|
| 1. | These Regulations may be cited as the Medicines and Allied Substances (Health Shops) Regulations, 2016. | Title |
| 2. | In these Regulations, unless the context otherwise requires — | Interpretation |
| | “ authorised supplier ” means a holder of a pharmaceutical licence issued under section <i>thirty-four</i> of the Act; | |
| | “ health shop dispenser ” means a person responsible for managing the health shop and has undergone training approved by the Authority; | |
| | “ patient pack ” means a quantity of medicines sufficient to treat a single patient for a specified condition; | |
| | “ permit ” means a health shop permit issued under section <i>thirty</i> of the Act; | |
| | “ re-packing of medicines ” means the act of removing a preparation from its original primary container and placing it into a patient pack, but does not include the act of cutting of a blister pack; | |
| | “ responsible person ” means a pharmacist or pharmacy technologist; and | |
| | “ supervising pharmacist ” means a pharmacist providing supervisory services to a health shop. | |

PART II

HEALTH SHOP PERMIT

- | | | |
|----|--|------------------------|
| 3. | (1) A person shall apply to the Authority for a permit in Form I set out in the First Schedule. | Application for permit |
| | (2) The Authority shall, within fourteen days of the receipt of an application, notify the applicant of the decision of the Authority in respect of the application. | |
| | (3) A separate application shall be made and a separate permit issued in respect of each premises. | |
| | (4) The Authority may inspect the premises in respect of which an application for a permit is made to determine if the applicant meets the requirements of the Act and the guidelines issued by the Authority. | |

- Request for information 4. The Authority may request an applicant to submit information in relation to an application in Form II set out in the First Schedule.
- Rejection of application for permit 5. (1) The Authority shall reject an application for a permit if -
(a) the applicant fails to comply with any condition precedent to the issue of the permit;
(b) the permit issued to the applicant was revoked by the Authority within a period of two years preceeding the date of the application; or
(c) the applicant is convicted of an offence under the Act or any other relevant written law.
(2) The Authority shall, where it rejects an application under subregulation (1), inform the applicant within seven days of the decision in Form III set out in the First Schedule.
- Issuance of permit 6. (1) The Authority shall, where the applicant meets the requirements of the guidelines issued by the Authority and the Act, issue a permit in Form IV set out in the First Schedule.
(2) A permit shall be valid for two years from the date of issue.
(3) A health shop shall be managed by a health shop dispenser under the supervision of a responsible person.
- Application for renewal of permit 7. (1) An application for the renewal of a permit shall be made to the Authority in Form V set out in the First Schedule.
(2) The Authority shall, within fourteen days of the receipt of an application for the renewal of a permit, grant the application for the renewal of the permit if the applicant meets the requirements of the Act and the guidelines issued by the Authority and has complied with the terms and conditions of the permit.
(3) The Authority shall, where it renews a permit, issue a new permit to the applicant.
(4) A permit that is not renewed by the Authority lapses on its date of expiry.
- Transfer of permit 8. (1) A permit shall be used solely by the holder and is not transferable to any other person without the prior approval of the Authority.
(2) An application for approval to transfer a permit shall be made to the Authority in Form VI set out in the First Schedule.

(3) The Authority shall, within thirty days of receipt of an application for the transfer of a permit, approve the transfer if the applicant meets the requirements of the Act, and issue the transferee with a permit.

(4) The Authority shall reject an application for the transfer of a permit if the applicant fails to comply with the conditions for the grant of the permit, the provisions of the Act and the guidelines issued by the Authority.

(5) The Authority shall, where it rejects an application to transfer a permit under subregulation (4)—

(a) inform the applicant in Form III set out in the First Schedule; and

(b) suspend or revoke the permit.

9. (1) The Authority may amend a permit where—

Amendment
of permit

(a) some other person succeeds to the interest in the business belonging to the holder of the permit; or

(b) the name of the business changes.

(2) An application for the amendment of a permit shall be made in Form VII set out in the First Schedule.

(3) The Authority shall communicate its decision to the permit holder within fourteen days of receipt of the application for the permit.

(4) The Authority shall, where it approves the amendment of a permit, issue the applicant with a new permit.

10. A person shall, where that person's permit is lost, damaged or defaced, apply to the Authority for a duplicate permit in Form VIII set out in the First Schedule.

Application
for duplicate
permit

11. (1) The Authority shall suspend a permit if—

Suspension
of permit

(a) the holder operates the health shop under insanitary conditions;

(b) the holder obtains or sells medicine from unauthorised suppliers or stocks and sells

unauthorised products;

(c) the health shop in respect of which it was issued contravenes the prescribed standards;

(d) the health shop is not managed or controlled by a responsible person determined by the Authority;

- (e) the responsible person fails to maintain the required records on medicines;
- (f) the health shop stocks and sells medicines that are not on the prescribed list; or
- (g) the holder contravenes the terms and conditions of the permit, the provisions of the Act or any other relevant written law.

(2) The Authority shall, before suspending a permit, give notice to the holder of the intention to suspend the permit and request the holder to show cause, within a specified period, why the permit should not be suspended.

(3) A notice of intention to suspend a permit shall be in Form IX set out in the First Schedule.

(4) The Authority shall suspend a permit if the holder of the permit fails to take remedial measures within the period specified in the notice issued under sub-regulation (2).

(5) A notice of the suspension of a permit shall be in Form X set out in the First Schedule.

(6) The product affected by the suspension of the permit shall be quarantined at the cost of the permit holder during the period of the suspension of the permit.

Revocation
of permit

12. (1) The Authority shall revoke a permit if the holder—

- (a) contravenes the provisions of the Act or any other relevant written law or breaches the terms or conditions of the permit;
- (b) fails to take corrective measures following the suspension of the permit within the specified period;
- (c) changes the health shop premises without authorisation;
or
- (d) obtained the permit by fraud or deliberate or negligent submission of false information or statements.

(2) The Authority shall, before revoking a permit, give notice to the holder of the permit of the intention to revoke the permit and request the holder to show cause, within a specified period, why the permit should not be revoked.

(3) A notice of the intention to revoke a permit shall be in Form IX set out in the First Schedule.

(4) The Authority shall revoke a permit if the holder fails to take remedial measures during the period specified by the Authority.

(5) A notice of the revocation of a permit shall be in Form X set out in the First Schedule.

(6) The Authority shall, where it determines that the holder stocks medicines in the health shop under insanitary conditions, direct the holder to dispose of the medicine.

(7) A holder of a permit shall, where the permit is revoked, quarantine the products on the premises and dispose of the products as directed by the Authority at the holder's cost.

13. (1) The Authority shall, in considering an application for a permit, prioritise the submissions filed by applicants in the following areas:

Location of health shop

(a) rural areas and districts where access by the members of the public to medicines is limited; and

(b) peripheral areas of big towns or cities, where access to medicines is limited.

(2) The Authority shall, when considering the grant of a permit, take into account the availability of dispensing facilities in the area with respect to which the permit relates.

14. (1) A holder of a permit shall only sell the medicines prescribed in the Second Schedule.

Sale of medicines

(2) A health shop shall not stock for sale prescription only medicines and pharmacy sale medicines which are not specified in the prescribed list for health shops.

15. A health shop shall affix a standard logo for purposes of identifying the health shop as specified in the guidelines issued by the Authority.

Identity of health shop

16. Dispensing of medicines in a health shop shall be in accordance with the guidelines for dispensing of medicines in a health shop issued by the Authority.

Dispensing of medicines in health shop

17. The storage of medicines in a health shop shall be in the patient pack size and under conditions stipulated by the manufacturer.

Storage of medicines

PART III

GENERAL PROVISIONS

Register of
health shop
permits

18. (1) The Authority shall keep and maintain a register of health shop permits in Form XI set out in the First Schedule.

(2) The register referred to in subregulation (1) shall be kept at the offices of the Authority and shall be open to inspection by the public at such times and upon payment of an inspection fee as prescribed in the Medicines and Allied Substances (Fees) Regulations, 2015.

FIRST SCHEDULE

(Regulations 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12)

Form I

(Regulation 3 (1))

(To be completed in triplicate)



The Medicines and Allied Substances Act, 2013

(Act No. 3 of 2013)

**The Medicines and Allied Substances
(Health Shops) Regulations, 2016**

APPLICATION FOR A HEALTH SHOP PERMIT			
Please complete in block letters	Shaded fields for official use only	Application No.	
		Date and Time	
Information Required	Information Provided		√
PART I PARTICULARS OF APPLICANT			
1.	(a) Name of business entity	_____	
	(b) Registration No.	_____	
2.	Type of business entity	_____	
3.	Business premises	_____	
	(a) Plot No:	_____	
	(b) Street:	_____	
	(c) Telephone No:	_____	
	(d) Fax No:	_____	
	(e) Mobile No:	_____	
	(f) Email address	_____	
	(g) Village	_____	
	(h) Chief	_____	
	(i) Town	_____	
	(j) District	_____	
	(k) Province	_____	
PROPOSED LOCATION OF HEALTH SHOP			
4.	Name of health shop:	_____	
5.	Physical Address	_____	
6.	Postal Address	_____	

PARTICULARS OF HEALTH SHOP DISPENSER			
7.	Name:	_____	

8.	Registration No:	
9.	Date of Issue:	
10.	Signature:	
PARTICULARS OF RESPONSIBLE PERSON		
	(a) Name	
	(b) Registration No.	
	(c) Date of issue:	
	(d) Signature:	
8.	Attachments	
	(a) Valid Practicing Certificate for the Responsible Person	
	(b) Sketch of the floor plan of the premises	
DECLARATION AND SIGNATURE		
<p>I declare that all the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I understand that submission of false information shall render the application void and that if approval is granted, it shall be revoked and the permit revoked.</p>		
Particulars of the Person signing on behalf of the Applicant		
.....	
<i>Name</i>		<i>Designation</i>
.....	
<i>Signature</i>		<i>Date</i>
FOR OFFICIAL USE ONLY		
Date of Submission:		
Application Number:		
Payment Receipt Number:		
Application Accepted (Proceed for Inspection):		
Application Rejected (Notify Applicant).....		
.....		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> OFFICIAL STAMP </div>		

Form II
(Regulation 4)



**The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)**

**The Medicines and Allied Substances
(Health Shops) Regulations, 2016**

REQUEST FOR INFORMATION

To:

Address:

Application No:

You are requested to furnish the following information or documents in respect of your application for.....

(a)

(b)

(c)

(d)

within..... days of this notice.

If you fail to furnish the requested information within the stipulated period, your application will be treated as invalid and shall be rejected.

Dated this..... day of 20.....

.....
Director-General

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mit

Form III
(Regulations 5(2) and 8(5))



THE ZAMBIA MEDICINES REGULATORY AUTHORITY

**The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)**

**The Medicines and Allied Substances
(Health Shops) Regulations, 2016**

(1) Here
insert the full
names and
address of
the applicant

(2) Here
insert the
reference
No. of the
application

NOTICE OF REJECTION OF APPLICATION

To (1).....
.....

IN THE MATTER OF (2) you are notified that your application for a health shop permit has been rejected by the Authority on the following grounds:

- (a).....
- (b).....
- (c).....
- (d).....

Dated this day of, 20.....

OFFICIAL
STAMP

.....
Director-General



THE ZAMBIA MEDICINES REGULATORY AUTHORITY

**The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)**

**The Medicines and Allied Substances
(Health Shops) Regulations, 2016**

HEALTH SHOP PERMIT

Registration No.: **HS/**.....

Permit No.: **HS/**

This is to certify that (Name of Health Shop)

of (Physical Address)

..... is registered to operate a health shop

Name of Responsible person:

The conditions of the health shop permit are overleaf.

Valid until 20

.....
Director-General

OFFICIAL
STAMP

Conditions for Health Shop Permit

1. Any change in the ownership, name and location of the health shop shall be approved by the Authority
2. The health shop shall only sell medicines that are on the prescribed list.
3. The premises and the manner in which the business is to be conducted must comply with the requirements of the Medicines and Allied Substances Act, No. 3 of 2013, and any other relevant written law.
4. The health shop permit is not transferable without the written approval of the Authority.
5. The health shop permit shall, upon grant, be displayed conspicuously at the front shop in a place visible to the public.

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lany

rity.

p in

Form V
(Regulation 7)
(To be completed in triplicate)



THE ZAMBIA MEDICINES REGULATORY AUTHORITY

**The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)**

**The Medicines and Allied Substances
(Health Shops) Regulations, 2016**

APPLICATION FOR RENEWAL OF PERMIT			
Please complete in block letters	Shaded fields for official use only	Application No.	
		Date and Time	
Information Required		Information Provided	
1.	Permit No.		√
2.	Registration No.		
3.	Name of permit holder		
	(a) Plot No:		
	(b) Street:		
	(c) Telephone No:		
	(d) Fax No:		
	(e) Mobile No:		
	(f) Email address		
	(g) Village		
	(h) Chief		
	(i) Town		
	(j) District		
	(k) Province		
5.	Appendix		
	Annual Report		
	(a) Monthly records of quantities of medicines ordered and received		
	(b) Monthly records of names and receipts from authorized suppliers		
	(c) Monthly records of prescriptions for PoMs/Ps dispensed		
	(d) Monthly records of medicines stock-on-hand		
Name of Applicant (individual or authorised representative)			
Date:..... Signature:.....			
FOR OFFICIAL USE ONLY			
Received by:		Receipt No:	
Amount Received:.....			
Serial No. of application:.....			
		OFFICIAL STAMP	

Form VI
 (Regulation 8(2))
 (To be completed in triplicate)



THE ZAMBIA MEDICINES REGULATORY AUTHORITY

**The Medicines and Allied Substances Act, 2013
 (Act No. 3 of 2013)**

**The Medicines and Allied Substances
 (Health Shops) Regulations, 2016**

APPLICATION FOR TRANSFER OF HEALTH SHOP PERMIT			
Please complete in block letters	Shaded fields for official use only	Application No.	
		Date and Time	
<i>Information Required</i>		<i>Information Provided</i>	√
PARTICULARS OF APPLICANT			
1.	(a) Name of business entity		
	(b) Registration No.		
2.	Type of entity		
3.	Business premises		
	(a) Plot No:		
	(b) Street:		
	(c) Telephone No:		
	(d) Fax No:		
	(e) Mobile No:		
	(f) Email address		
	(g) Village		
	(h) Chief		
	(i) Town		
	(j) District		
	(k) Province		
PARTICULARS OF TRANSFEREE			
1.	(a) Name of business entity		
	(b) Registration No.		
2.	Type of entity		
3.	Business premises		
	(a) Plot No:		
	(b) Street:		
	(c) Postal address		
	(d) Telephone No:		
	(e) Fax No:		
	(f) Mobile No:		
	(g) Email address		
	(h) Village		
	(i) Town		

	(j) District	
	(k) Province	
4.	Appendix	
	Contract of sale or acquisition of business between the current permit holder and the proposed permit holder	

DECLARATION AND SIGNATURE

I declare that all the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I understand that submission of false information shall render the application void and that if approval is granted, it shall be revoked and the permit revoked.

Particulars of the Person signing on behalf of the Applicant

.....	
<i>Name</i>	<i>Designation</i>
.....	
<i>Signature</i>	<i>Date</i>
.....	

FOR OFFICIAL USE ONLY

Date of Submission:

Application Number:

Payment Receipt Number:

Application Accepted (Proceed for Inspection):

Application Rejected (Notify Applicant).....

.....

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Form VII
(Regulation 9)

(To be completed in triplicate)



THE ZAMBIA MEDICINES REGULATORY AUTHORITY
The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances
(Health Shops) Regulations, 2016

APPLICATION FOR AMENDMENT OF A HEALTH SHOP PERMIT			
Please complete in block letters	Shaded fields for official use only	Application No.	
		Date and Time	
Information Required	Information Provided		√
PARTICULARS OF APPLICANT			
1.	(a) Name of business entity		
	(b) Registration No.		
2.	Type of entity		
3.	Business premises		
	(a) Plot No:		
	(b) Street:		
	(c) Postal address		
	(d) Telephone No:		
	(e) Fax No:		
	(f) Mobile No:		
	(g) Email address		
	(h) Village		
	(i) Town		
	(j) District		
	(k) Province		
4.	PARTICULARS OF AMENDMENT	DESCRIPTION OF AMENDMENT(S)	
	1.		
	2.		
	3.		

5. EXISTING	PROPOSED AMENDMENT	REASONS FOR AMENDMENT				
<p>6. Appendix</p> <p>Relevant documents relating to proposed amendment as required by the Authority</p>						
<p>DECLARATION AND SIGNATURE</p> <p>I declare that all the information I have stated is correct and truthful to the best of my knowledge and belief.</p> <p>Particulars of the Person signing on behalf of the Applicant</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px dotted black; text-align: center;">Name</td> <td style="width: 50%; border-top: 1px dotted black; text-align: center;">Designation</td> </tr> <tr> <td style="border-top: 1px dotted black; text-align: center;">Signature</td> <td style="border-top: 1px dotted black; text-align: center;">Date</td> </tr> </table>			Name	Designation	Signature	Date
Name	Designation					
Signature	Date					
<p>FOR OFFICIAL USE ONLY</p> <p>Date of Submission:</p> <p>Application Number:</p> <p>Payment Receipt Number:</p> <p>Application Accepted (Proceed for Inspection):</p> <p>Application Rejected (Notify Applicant).....</p> <p>.....</p> <div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> OFFICIAL STAMP </div> </div>						

Form VIII
(Regulation 10)
(To be completed in triplicate)



THE ZAMBIA MEDICINES REGULATORY AUTHORITY

**The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)**

**The Medicines and Allied Substances
(Health Shops) Regulations, 2016**

APPLICATION FOR DUPLICATE PERMIT	
Please complete in block letters	Shaded fields for official use only
	Application No.
Information Required	Date and Time
	Information Provided
1.	Name of business entity
2.	Permit No.
3.	Registration No.
4.	Address
5.	Affidavit of loss of permit
DECLARATION AND SIGNATURE	
I declare that all the information I have stated is correct and truthful to the best of my knowledge and belief.	
Particulars of the Person signing on behalf of the Applicant	
..... <i>Name</i> <i>Designation</i>
..... <i>Signature</i> <i>Date</i>
FOR OFFICIAL USE ONLY	
Date of Submission:	
Application Number:	
Payment Receipt Number:	
Application Accepted (Proceed for Inspection):	
Application Rejected (Notify Applicant):	
.....	
OFFICIAL STAMP	

Form IX
(Regulation 11(3) and 12 (3))



THE ZAMBIA MEDICINES REGULATORY AUTHORITY

**The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)**

**The Medicines and Allied Substances
(Health Shops) Regulations, 2016**

**NOTICE OF INTENTION TO SUSPEND/REVOKE HEALTH SHOP
PERMIT**

(1) Here insert the full names and address of holder of permit

To (1).....
.....
.....

(2) Here insert the Permit No.

IN THE MATTER OF (2) you are notified that the Authority intends to *suspend/revoke your permit on the following grounds:

- (a)
- (b)
- (c)
- (d)

(3) Here insert the number of days stipulated

Accordingly, you are requested to show cause why your permit should not be suspended/revoked and to take action to remedy the breaches set out in paragraphs.....(above) within (3).....days of receiving this notice. Failure to remedy the said breaches shall result in the *suspension/revocation of your permit.

Dated this.....day of20.....

(4) Signature of Director-General

(4).....
Director-General

*Delete as appropriate

OFFICIAL
STAMP



THE ZAMBIA MEDICINES REGULATORY AUTHORITY

**The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)**

**The Medicines and Allied Substances
(Health Shops) Regulations, 2016**

**NOTICE OF SUSPENSION OR REVOCATION OF
HEALTH SHOP PERMIT**

(1) Here insert the full names and address of holder of permit

To (1).....
.....
.....

(2) Here insert the Permit No.

IN THE MATTER OF (2) you are notified that the Authority intends to *suspend/revoke your permit on the following grounds:

- (a)
- (b)
- (c)
- (d)

Dated this.....day of.....20.....

(4).....
Director-General



*Delete as appropriate

Form XI
(Regulation 19)**ZAMBIA MEDICINES REGULATORY AUTHORITY****The Medicines and Allied Substances Act, 2013**
(Act No. 3 of 2013)**The Medicines and Allied Substances**
(Health Shops) Regulations, 2016

REGISTER OF HEALTH SHOP PERMITS					
No.	Name and Address of business	Permit Number	Registration number	Date of issue	Expiry Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					

SECOND SCHEDULE

(Regulation 14)

PRESCRIBED LIST OF MEDICINES FOR HEALTH SHOPS			
	<i>Item</i>	<i>Strength</i>	<i>Pack Size</i>
	Medicines for Asthma		
1	Salbutamol tablets	2mg	Patient Pack
2	Salbutamol Inhaler	100mcg/dose	Patient Pack
	Antibiotics		
3	Amoxicillin tablets/capsules	250mg	Patient Pack
4	Amoxicillin oral suspension	125mg/5ml	Patient Pack
5	Co-trimoxazole tablets	400/80 mg	Patient Pack
6	Co-trimoxazole suspension	200/40mg/5ml	Patient Pack
7	Doxycycline capsules/tablets	100mg	Patient Pack
8	Metronidazole tablets	200mg	Patient Pack
9	Tetracycline Hyclate Ointment	1%	Patient Pack
10	Silver sulfadiazine cream	10g	Patient Pack
	Antihelmentics		
11	Albendazole tablets	400mg	Patient Pack
	Anti-inflammatory/Analgesics		
12	Ibuprofen tablets	200mg	Patient Pack
13	Hydrocortisone ointment/cream	1%	Patient Pack
14	Paracetamol tablets	100mg, 500mg	Patient Pack
15	Acetylsalicylic acid (Aspirin) tablets	300mg	Patient Pack
	Anti-fungal Agents		
16	Nystatin oral suspension	50mg/5ml, 100,000 UI/ml	Patient Pack
17	Clotrimazole cream	1%, 10%	Patient Pack
18	Clotrimazole vaginal tablets	100mg, 500mg	Patient Pack

	Anti-malarials		
19	Artemether-Lumefantrine tablets	20/120mg	Patient Pack
	Laxatives		
20	Bisacodyl tablets	5mg	Patient Pack
	Anti-histamines		
21	Cetirizine hydrochloride tablets	10mg	Patient Pack
22	Cetirizine hydrochloride oral solution	5mg/5ml	Patient Pack
23	Chlorpheniramine Maleate tablets	4mg	Patient Pack
24	Chlorpheniramine Maleate syrup	2mg/5ml	Patient Pack
	Oral Contraceptives		
25	Ethinylestadiol + Northisterone tablets	0.03mg/0.3mg	Patient Pack
26	Ethinylestadiol + Levonogestrel tablets	0.03mg/0.15mg	Patient Pack
	Minerals/Vitamins		
27	Vitamin B Complex tablets		Patient Pack
28	Zinc Sulfate tablets	20mg	Patient Pack
	Fluids and Electrolytes		
29	Normal Saline IV		0.90% 1 Liters
30	Ringers Lactate IV		1 Litres

PART B

All general sale medicines.

Note: Patient pack means a quantity of medicines sufficient to treat a single patient for a specified condition.

Dr. J. Kasonde,
Minister of Health

LUSAKA

27th January, 2016

[MH/101/16/1]

