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

PART I
PRELIMINARY

1. Title
2. Application of relevant Acts

PART II
HEALTH SHOP PERMIT

3. Application for permit
4. Request for information
5. Rejection of application for permit
6. Issuance of permit
7. Application for renewal of permit
8. Transfer of permit
9. Amendment of permit
10. Application for duplicate permit
11. Suspension of permit
12. Revocation of permit
13. Location of health shop

Copies of this Statutory Instrument can be obtained from the Government Printer, P.O. Box 30136, 10101 Lusaka. Price K52.00 each.
14. Sale of medicine
15. Identity of health shop
16. Dispensing of medicines in health shop
17. Storage of medicine

PART III

GENERAL PROVISIONS

18. Register of health shop permits
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.

2. In these Regulations, unless the context otherwise requires —
   “authorised supplier” means a holder of a pharmaceutical licence issued under section thirty-four 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 thirty 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.

   (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.
4. The Authority may request an applicant to submit information in relation to an application in Form II set out in the First Schedule.

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 preceding 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.

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.

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.

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—

(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.

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

(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.

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 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:

   (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.

(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.

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.

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

GENERAL PROVISIONS

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.
### APPLICATION FOR A HEALTH SHOP PERMIT

**Please complete in block letters**

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### PART I

**PARTICULARS OF APPLICANT**

1. (a) Name of business entity
   
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**

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<td>Registration No.</td>
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**Attachments**

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<td>(a)</td>
<td>Valid Practicing Certificate for the Responsible Person</td>
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<td>(b)</td>
<td>Sketch of the floor plan of the premises</td>
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**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**

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**FOR OFFICIAL USE ONLY**

Date of Submission: .................................................................
Application Number: ...............................................................
Payment Receipt Number: ...........................................................
Application Accepted (Proceed for Inspection): ..........................
Application Rejected (Notify Applicant): .................................
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
THE ZAMBIA MEDICINES REGULATORY AUTHORITY

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

THE ZAMBIA MEDICINES REGULATORY AUTHORITY

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

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.............

..........................................................
Director-General

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

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

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

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.
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

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<td>1. Permit No.</td>
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<td>2. Registration No.</td>
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<td>3. Name of permit holder</td>
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<td>(k) Province</td>
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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
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

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<th>INFORMATION REQUIRED</th>
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### 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
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**

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Application Number: ...............................................................

Payment Receipt Number: ..........................................................

Application Accepted (Proceed for Inspection): ................................

Application Rejected (Notify Applicant): .......................................
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

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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**

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6. **Appendix**

Relevant documents relating to proposed amendment as required by the Authority

**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**

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Date of Submission: .................................................................

Application Number: .................................................................

Payment Receipt Number: ..........................................................

Application Accepted (Proceed for Inspection): ..........................

Application Rejected (Notify Applicant): ....................................
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

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<td>Date and Time</td>
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</table>

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

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FOR OFFICIAL USE ONLY

Date of Submission: .................................................................
Application Number: .................................................................
Payment Receipt Number: .............................................................
Application Accepted (Proceed for Inspection): ................................
Application Rejected (Notify Applicant): ........................................
TO (1)......................................................................................................................
......................................................................................................................
......................................................................................................................

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) ......................................................................................................................

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 of ..........................................................20.................

(4).........................................................

Director-General

*Delete as appropriate
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

To (1)...........................................................................................................................................
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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]
### 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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name and Address of business</th>
<th>Permit Number</th>
<th>Registration number</th>
<th>Date of issue</th>
<th>Expiry Date</th>
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</tr>
<tr>
<td>7.</td>
<td></td>
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</tr>
</tbody>
</table>
## SECOND SCHEDULE

(Regulation 14)

### PRESCRIBED LIST OF MEDICINES FOR HEALTH SHOPS

<table>
<thead>
<tr>
<th>Item</th>
<th>Strength</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicines for Asthma</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Salbutamol tablets</td>
<td>2mg</td>
</tr>
<tr>
<td>2</td>
<td>Salbutamol Inhaler</td>
<td>100mcg/dose</td>
</tr>
<tr>
<td><strong>Antibiotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Amoxycillin tablets/capsules</td>
<td>250mg</td>
</tr>
<tr>
<td>4</td>
<td>Amoxycillin oral suspension</td>
<td>125mg/5ml</td>
</tr>
<tr>
<td>5</td>
<td>Co-trimoxazole tablets</td>
<td>400/80 mg</td>
</tr>
<tr>
<td>6</td>
<td>Co-trimoxazole suspension</td>
<td>200/40mg/5ml</td>
</tr>
<tr>
<td>7</td>
<td>Doxycycline capsules/tablets</td>
<td>100mg</td>
</tr>
<tr>
<td>8</td>
<td>Metronidazole tablets</td>
<td>200mg</td>
</tr>
<tr>
<td>9</td>
<td>Tetracycline Hyclate Ointment</td>
<td>1%</td>
</tr>
<tr>
<td>10</td>
<td>Silver sulfadiazine cream</td>
<td>10g</td>
</tr>
<tr>
<td><strong>Antihelmentics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Albendazole tablets</td>
<td>400mg</td>
</tr>
<tr>
<td><strong>Anti-inflammatory/Analgesics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Ibuprofen tablets</td>
<td>200mg</td>
</tr>
<tr>
<td>13</td>
<td>Hydrocortisone ointment/cream</td>
<td>1%</td>
</tr>
<tr>
<td>14</td>
<td>Paracetamol tablets</td>
<td>100mg, 500mg</td>
</tr>
<tr>
<td>15</td>
<td>Acetylsalicylic acid (Aspirin) tablets</td>
<td>300mg</td>
</tr>
<tr>
<td><strong>Anti-fungal Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Nystatin oral suspension</td>
<td>50mg/5ml, 100,000 UI/ml</td>
</tr>
<tr>
<td>17</td>
<td>Clotrimazole cream</td>
<td>1%, 10%</td>
</tr>
<tr>
<td>18</td>
<td>Clotrimazole vaginal tablets</td>
<td>100mg, 500mg</td>
</tr>
<tr>
<td></td>
<td>Anti-malarials</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>19</td>
<td>Artemether-Lumefantrine tablets 20/120mg</td>
<td>Patient Pack</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Laxatives</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Bisacodyl tablets 5mg</td>
<td>Patient Pack</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Anti-histamines</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Cetirizine hydrochloride tablets 10mg</td>
<td>Patient Pack</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Cetirizine hydrochloride oral solution 5mg/5ml</td>
<td>Patient Pack</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Chlorpheniramine Maleate tablets 4mg</td>
<td>Patient Pack</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Chlorpheniramine Maleate syrup 2mg/5ml</td>
<td>Patient Pack</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Oral Contraceptives</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Ethinylestadiol + Northisterone tablets 0.03mg/0.3mg</td>
<td>Patient Pack</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Ethinylestadiol + Levonogestrel tablets 0.03mg/0.15mg</td>
<td>Patient Pack</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Minerals/Vitamins</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Vitamin B Complex tablets</td>
<td>Patient Pack</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Zinc Sulfate tablets 20mg</td>
<td>Patient Pack</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Fluids and Electrolytes</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Normal Saline IV 0.90% 1 Liters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Ringers Lactate IV 1 Litres</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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]