

Report of the Professional Conduct Committee to  
the Council of the Pharmaceutical Society of Ireland in  
relation to a complaint made pursuant to Part 6 of the  
Pharmacy Act 2007.



## Introduction - Summary Details

Registered Pharmacy:	Enda Horan Limited
Pharmacy Registration Number:	5531
Complaint Reference(s):	678.2022
Date of Inquiry:	19 February & 29 April 2024
Public/Private Hearing:	Public
Meeting Format:	In-person PSI House
Members of Committee:	Mr Dermott Jewell Mr Conor McCrystal MPSI Ms Lorraine Gannon
Legal Assessor:	Mr Nicholas Butler S.C.
Appearances:	
For the Registrar:	Ms Caoimhe Daly, B.L. Ms Dena Keane, Solicitor, Fieldfisher LLP
For the Registrant:	Ms Elaine Finneran, B.L. Mr Mark Mullaney, Solicitor, Mullaney Solicitors
Registrant in attendance:	Company Secretary, [REDACTED]
Witnesses (if applicable):	Mr. Shane McGlynn, PSI
Other Attendees:	Ms Deirdre O' Malley D. O'Malley Stenography
In Attendance from the PSI:	Mr. Des Butler, Solicitor, PSI Ms. Clara O'Reilly, Regulatory Executive, PSI

## 1. Subject Matter of the Complaint and Proceedings

The complaint was made by the Registrar in respect of Enda Horan Limited t/a Enda Horan Ltd (5531) on 25 January 2022. The complaint was referred by the Preliminary Proceedings Committee on 02 June 2022 to the Professional Conduct Committee on the grounds provided for in Sections 36(1)(b) and/or 36(1)(ba)(i) and/or 36 (1)(d) and/or 36 (1)(e) of the Pharmacy Act 2007.

## 2. Applications

An application was made by Ms Finneran on behalf of the Registrant that the Inquiry be held other than in public. Having carefully considered the submissions made and the advice received, the Committee's decision was that the hearing would be held in public but that any reporting of any kind would be restricted.

Matters considered are outlined in the Application Transcript with the reasons for the Committee's decision provided at Page 13 Line 22 to Page 14 Line 10.

It was clarified to the Committee that a prosecution had been taken against [REDACTED] in the District Court in February 2023. This had been a public hearing. [REDACTED] [REDACTED]

## 3. Allegations

The allegations against the Registrant as set out in the Notice of Inquiry dated 02 January 2024 are:

Allegation 1: That on or about 2nd April 2021, [REDACTED] and/or Enda Horan Limited, being Pharmacy Owners:

- a) Supplied and/or caused to be supplied and/or permitted to be supplied one or more of the prescription-only and/or pharmacy-only medications outlined at Appendix A, otherwise than by or under the personal supervision of a registered pharmacist;  
*and/or*

Allegation 2: That on or about 22nd April 2021, [REDACTED] and/or Enda Horan Limited, being Pharmacy Owners:

- a) Supplied and/or caused to be supplied and/or permitted to be supplied one or more of the prescription-only and/or pharmacy-only medications outlined at Appendix B otherwise than by under the personal supervision of a registered pharmacist;

*and/or*

Allegation 3: Such further or other allegations as may be notified to you in advance of notice of the Inquiry

**And further** by reason of one or more of the allegations set out at 1 and/or 2 above, taken individually and/or cumulatively and/or in combination, [REDACTED], being a Pharmacy Owner of the Pharmacy:

- a. has committed misconduct such that were he to apply to the Council of the PSI for registration as a pharmacist, the Council of the PSI would be likely to refuse to register him; *and/or*

**And further** by reason of one or more of the allegations set out at 1 and/or 2 above, taken individually and/or cumulatively and/or in combination, Enda Horan Limited, being a Pharmacy Owner:

- b. has committed misconduct such that were Enda Horan Limited to apply to the Council of the PSI for registration as a pharmacist, the Council of the PSI would be likely to refuse to register that person; *and/or*

**And further** by reason of the misconduct of [REDACTED] and/or Enda Horan Limited, as referred to at (a) and/or (b) above, were [REDACTED] and/or Enda Horan Limited to apply to the Council of the PSI for registration as a pharmacist, the Council of the PSI would be likely to refuse to register that person.

## 4. Evidence

### Legal Matters:

**Ms. Finneran** raised an issue in regard to the jurisdiction of the Committee to make findings against [REDACTED] personally. **Ms Daly**, to assist the Committee in regard to the allegations and the distinction between the registered retail pharmacy business and the individual, outlined the provisions of Section 36(1) of the Act, in this matter. (Transcript Page 24 Line 8 to Page 36 Line11 and Page 29 Lines 17 to Page 31 Line 1).

Ms. Finneran opened correspondence in terms of admissions and undertakings.

By letter dated the 8th February 2024 to Fieldfisher LLP, on behalf of Enda Horan Limited, Mullaney Solicitors advised that Allegations 1 and 2 were admitted.

In addition, correspondence before the Inquiry referred to a proposal to deal with the complaint by

way of undertakings (a) not to repeat the conduct to which the complaint related, (b) that all employees of the Pharmacy would strictly adhere to all legal and professional responsibilities as set out in the Pharmacy Act, 2007 and (c) a consent to being admonished by the Council. The Registrar had suggested to the Registrant that this proposal be brought to the attention of the Committee at the opening of the Inquiry. In addition, the Registrar requested clarification as to whether the admissions were acknowledging that the Allegations amounted to misconduct as outlined in the Notice of Inquiry. The Registrar's opinion was that this was not a matter for resolution by means of undertakings.

Ms. Finneran confirmed that there was no admission to the type of misconduct alleged in the Notice of Inquiry.

Following legal discussion, clarification, agreement and advice from the legal assessor (Transcript Page 47 Line 22 to Page 50 Line 5) the Inquiry proceeded.

**Ms. Daly** opened the case to the Committee.

The Company Registration Office (CRO) details for Enda Horan Limited list [REDACTED] as Company Secretary. The shareholding of the company indicate [REDACTED] to hold 50% with the remaining 50% under the estate of [REDACTED]

On the 7<sup>th</sup> of June 2021, by email to the PSI, [REDACTED], (then Superintendent of Enda Horan Pharmacy Limited), sought advice upon how to remove her name as superintendent pharmacist. She confirmed on the 9<sup>th</sup> of June 2021 that she was removing her name effective from that date.

On the 27<sup>th</sup> July 2021, **Mr McGlynn**, an authorised officer of the PSI, conducted an unannounced inspection visit at the Pharmacy. It became apparent that on April 2<sup>nd</sup> and 22<sup>nd</sup> there was a gap in professional cover, that the pharmacy was open and that prescriptions were dispensed (*See appendix A and Appendix B to the Notice of Inquiry, reproduced for ease of reference at the conclusion of this Report*) in the absence of appropriate cover as is required under the provisions of Section 6 of the 2007 Act and Regulation 5(d) of the Retail Pharmacy Business Regulations Act. The inspection indicated that the Pharmacy was closed on 6 dates but that dispensing had taken place on 2 of those dates – the 2<sup>nd</sup> and the 22<sup>nd</sup> of April 2021.

On the 2<sup>nd</sup> of April, 20 patients were supplied and 78 items were dispensed, of which 77 were prescription-only medicines. (Appendix A)

On the 22<sup>nd</sup> of April, 29 patients were supplied and 97 items were dispensed, of which 92 were prescription-only medicines. (Appendix B).

A statement from [REDACTED] was read into the record. She had worked in Enda Horan Pharmacy, Sligo Town as Superintendent and Supervising Pharmacist for 15 years. She indicated that *'Due to [REDACTED] dangerous actions, I was forced to leave my job in Enda Horan Pharmacy on Wednesday 2<sup>nd</sup> June 2021.'*

She had become aware of and concerned that the Pharmacy had been open without a pharmacist on Friday the 2<sup>nd</sup> of April and also on Thursday the 22<sup>nd</sup> of April 2021. A review of the dispensing records indicated that medicines had been dispensed and, of particular concern to her, an entry in the Controlled Drug Register bearing a version of the signature of a staff member who was not on the premises on that date. On Monday the 31<sup>st</sup> of May 2021 she raised the issue with [REDACTED] who confirmed that it was he who had dispensed the medicines.

The staff member whose signature was added to the Controlled Drug Register as issuing the two entries for Palexia 50mg tablets was also contacted. Ms. Maria Ryan advised that she had not been working in the pharmacy on either of the two dates under investigation but did confirm that, on arriving at the Pharmacy on the 3<sup>rd</sup> of April 2021, she noticed that the prescription and invoice had been left on the dispensing counter and had not been entered into the MDA Register. A post-it note was on the counter requesting that she enter it into the Register. She duly did as instructed so that the Register and the safe contents would correspond.

On the 8<sup>th</sup> of September 2021 [REDACTED] was interviewed. The record of this interview, signed by [REDACTED] was read to the Committee.

He advised that the first day that he opened the Pharmacy on his own was on the 2<sup>nd</sup> of April. It was Good Friday and he went in initially to manage paperwork. People came and he allowed them entry. He said *'I deeply regret it and see in hindsight how stupid it was, but it was just me on my own.'*

He confirmed also that on the second date that he was on his own, that he again dispensed prescription-only medications. He was unclear on recall of the detail of much of the events surrounding the dispensing and supply of prescription-only medicines.

He concluded his interview advising that he regretted his actions and that he took full responsibility for them.

**Mr Shane McGlynn** gave evidence of this inspection at Enda Horan Pharmacy Limited as an authorised Officer of the PSI.

He clarified the legal position outlining that Sections 26(1) and 28(c) of the Pharmacy Act state clearly that the sale and supply of medicines, which also includes records as to keeping, compounding, preparing and dispensing, must always be made by or under the personal supervision of a registered pharmacist. Importantly, in reference to the 'keeping', a non-pharmacist staff member cannot be on the premises in the absence of a pharmacist.

Scheduled 2 controlled drugs are subject to the highest level of controls in a retail pharmacy setting. Every single supply must be manually recorded in the Controlled Drug Register, in handwriting.

Regarding the dispensing of Palexia, Mr McGlynn outlined that this is an opiate analgesic with extra steps necessitated in prescribing requirements and dispensing requirements to ensure that it is safe and appropriate for supply.

Mr McGlynn confirmed to Ms. Finneran, in cross-examination, that [REDACTED] had been cooperative in his approach to the inspection and had admitted responsibility.

In response to a question from the Committee, Mr McGlynn advised that he had not checked to see if the prescriptions, aligned to the items dispensed, were valid or in date.

He also advised that the original daily audit reports for both dates in question were not present in the pharmacy when he carried out his inspection. It was necessary for him to request these, and the reports for the other dates he was reviewing, to be generated for inspection.

## 5. Submissions

**Ms. Finneran** revisited the earlier issue of undertakings and read these into the record again requesting that the Committee consider requesting these as a means of resolution of the matter. She reflected upon the early admissions to [REDACTED], to the authorised officer and, some time later, before the District Court in the context of a prosecution. There had been admissions. It was accepted that there was wrongdoing and failings in terms of practice. These were indications of insight.

There had not been any expert evidence and it was her submission that a particularly high standard of misconduct was required to be met by the Registrar.

Ms Finneran brought the Committee's attention to a former decision determined through mediation.

**Ms Daly** acknowledged that admissions had been made but considered that it was the seriousness of the alleged misconduct was the real issue and this was not something to be addressed by means of undertakings.

The statutory regime had been ignored, breached and then breached a second time and for the entirety of the day. Over the two-day period, in excess of 150 dispensings had occurred.

In relation to the alleged misconduct, it had to be seen in the context of a retail pharmacy business and had to be seen as reprehensible. In the registrar's submission, this was serious and met the threshold necessary for a finding.

## 6. Decision of the Committee on Undertakings

Having considered all of the submissions and advice the Committee decided not to make a request for undertakings or a consent under Section 46 of the Act.

The application on behalf of Enda Horan Limited was considered on all of the grounds advanced including the early admissions made by [REDACTED] of what had happened, which it was argued demonstrated considerable insight on his part, notwithstanding that the registrant denied misconduct, as defined in Section 36(1)(b) of the Act.

In the committees view this is not sufficient to justify a Section 46 request.



The nature and extent of the allegations in this case are clearly very serious and such a request would not be consistent with the public interest in seeing this inquiry process being brought to a conclusion rather than being deemed to be completed by an undertaking at this point. Neither would it be consistent with the obligation of the PSI to protect the public.

## 7. Findings of the Committee

The Committee applied the criminal standard of proof, namely, beyond reasonable doubt, to all of its findings.

### **FINDINGS OF FACT:**

#### **Allegation 1:**

*“That on or about 02 April 2021, [REDACTED] and/or Enda Horan Limited, being Pharmacy Owners:*

- a. Supplied and/or caused to be supplied and/or permitted to be supplied one or more of the prescription-only and/or pharmacy only medications outlined at Appendix A otherwise than by or under the personal supervision of a registered pharmacist.”*

#### **Finding of Fact:**

The Committee found this allegation to have been proven.

#### **Reasons:**

That this allegation was admitted on behalf of the Registrant. The Committee also relied on the material in the agreed Core Book.

#### **Allegation 2:**

*“That on or about 22 April 2021, [REDACTED] and/or Enda Horan Limited, being Pharmacy Owners:*

- a. Supplied and/or caused to be supplied and/or permitted to be supplied one or more of the prescription-only and/or pharmacy only medications outlined at Appendix B otherwise than by or under the personal supervision of a registered pharmacist.”*

(Note: For ease of reference, Appendix A and Appendix B are reproduced in the schedule to this Report)

### **Finding of Fact:**

The Committee found this allegation to have been proven.

### **Reasons:**

That this allegation was admitted on behalf of the Registrant. The Committee also relied on the material in the agreed Core Book.

### **ALLEGATIONS OF MISCONDUCT:**

The misconduct alleged against this registered retail pharmacy business under section 36(1)(b) of the Act were set out in the Notice of Inquiry (as amended by agreement of the parties) in the terms set out below.

Accordingly, the onus on the Registrar under this heading was to prove to the required standard that, based on the facts found in each instance, there had been misconduct, as alleged in the Notice of Inquiry in terms of a likely refusal by the Council to register the person concerned as a pharmacist in the event of such an application. In the Committee's view this was a high bar, requiring evidence of wrongdoing at a level and of a kind rendering the person concerned unfit to be registered as a pharmacist in the future.

It was agreed that, in respect of each allegation, the same alleged facts formed the basis of each of these misconduct allegations.

The misconduct was alleged in the following terms:

***"AND FURTHER** by reason of one or more of the allegations set out at 1 and/or 2 above, taken individually and/or cumulatively and/or in combination, [REDACTED], being a Pharmacy Owner of the Pharmacy:*

- a. has committed misconduct such that were Enda Horan Limited to apply to the Council of the PSI for registration as a pharmacist, the Council of the PSI would be likely to refused to register that person.*

***AND FURTHER** by reason of one or more of the allegations set out at 1 and/or 2 above, taken individually and/or cumulatively and/or in combination, Enda Horan Limited, being a Pharmacy Owner,*

- b. has committed misconduct such that were Enda Horan Limited to apply to the Council of the PSI for registration as a pharmacist, the Council of the PSI would be likely to refused to register that person.*

**AND FURTHER** by reason of the misconduct of [REDACTED] and/or Enda Horan Limited, as referred to at (a) and/or (b) above, were Enda Horan Limited to apply to the Council of the PSI for registration as a pharmacist, the Council of the PSI would be likely to refuse to register that person.”

#### **FINDINGS OF MISCONDUCT:**

The Committee found that, in respect of Allegation 1 and Allegation 2, Misconduct as alleged in the Notice of Inquiry had been proven, individually, cumulatively and in combination.

#### **Reasons:**

The Committee relied on all of the material in the agreed Core Book and had regard to all submissions made and independent advice given in the presence of the parties.

The facts referred to were clearly “misconduct” in the sense that each supply of prescription-only and pharmacy-only medications was clearly and absolutely prohibited conduct and impermissible. They were also unlawful under the provisions of the Pharmacy Act, 2007.

The misconduct on 2 April 2021 related to the supply of 78 such products, the vast majority of which (77) were prescription-only items. On 22 April 2021 approximately 97 such products were supplied, of which 92 were prescription-only items. The supply of these items in this case was absolutely prohibited. It was unlawful conduct on a scale which gives rise to the most serious concerns. In terms of the misconduct on 22 April 2021, the even greater number of items dispensed on that date, within such a short time of the misconduct on 2 April 2021, gives rise to even greater concern.

Each one of the 20 patients supplied on 2 April 2021 was entitled to the professionalism and expertise of a qualified registered pharmacist whose conduct would be appropriately regulated by the PSI. In the Committee’s view, this is central to the safety of the public and to the trust which they are entitled to have when they go into a pharmacy to have their prescriptions dispensed.

A breach of any of these fundamental principles goes to the heart of the practice of pharmacy and the way in which the profession is regulated.

The Committee also looked at the surrounding circumstances and under this heading considered it relevant that [REDACTED] appeared to embark on this misconduct on each occasion in the certain knowledge that it was unlawful and wrong at every level.

He described his behaviour as “stupid” and said that he regretted it.

He did not identify any inadvertence or any conceivable excuse for what he did.

It was noteworthy that the items supplied on the 2<sup>nd</sup> of April 2021 included 9 tablets of Palexia 50mg (a Schedule 2 controlled drug).

The Committee is satisfied that this deliberate and extensive disregard of pharmaceutical norms and the unlawful nature of each supply are such that any application to the Council of the PSI for registration as a pharmacist by a person with a record of such misconduct would be likely to be refused by the Council. Such an applicant would not succeed in satisfying the Council that he or she was fit to be a pharmacist or could be trusted in that role.

In terms of the misconduct found and likelihood of a refusal of the Council to register such an applicant as a pharmacist, the Committee applied a threshold of seriousness.

The Committee carefully considered the submission that such a finding should not be made in the absence of expert evidence. However, in reaching its findings, for the reasons identified, no pharmaceutical expertise was considered necessary because the issues involved straightforward facts and fundamental principles of the profession of pharmacy which are universally recognised and acknowledged. For this reason, expert evidence was not required by the Committee to reach these findings.

## 8. Submissions as to Sanction

**Ms Daly** summarised that, in the context that admissions were made, what remained between the parties was alleged misconduct and, if it were determined by the Committee that misconduct was committed, were Enda Horan Limited to apply for registration to the PSI as a pharmacist, the Council would be likely to refuse to register that person.

The facts were admitted and were now the determining factor to assess misconduct. There was a wholesale breach of the statutory regime. It had been ignored, breached and then breached a second time and for the entirety of the day. Over the two separate day periods, the inspection records indicated that, a total of 49 patients received dispensing of 175 items, 169 of which were prescription-only medicines. All this had occurred in the absence of a registered pharmacist. The Committee must look at the language of misconduct and its ordinary and natural meaning. Effectively, it was conduct that was impermissible, and reprehensible.

██████████ had confirmed that he was aware of the regulatory requirements for dispensing, notwithstanding that, he ignored their provisions and repeated the breach by opening again, 3 weeks

later and for the full day.

It was clear that he regretted his actions and that he took full responsibility. However, it was a serious breach over a sustained duration, numerous patients were involved and there had been convictions in this regard.

Regarding the “likelihood to refuse” Ms Daly outlined that, as the Committee were considering Misconduct and not Professional Misconduct, there was no need for an expert as it was considered that the Committee had the experience and ability to assess whether an individual would be likely to be refused or not.

Referring to *Corbally* and the threshold of seriousness it was her submission that it applied to the conduct admitted.

**Ms Finneran** also focused upon the allegation of misconduct and its specific nature in the allegation. It was her submission that sanctions must have regard to the threshold of seriousness in terms of Section 36(1)(b) of the Act. She stressed the absence of expert evidence and contended that a finding of the misconduct alleged could not be made in the absence of such evidence, particularly in the context of the standard of proof required, namely, beyond reasonable doubt.

## 9. Legal Assessor’s Advice

**There was significant legal discussion throughout the course of this 2-day Inquiry which can be engaged with through the transcripts.**

**Notable advises in the areas noted below can be viewed at:**

**Transcript Day 1 24022024:**

**Page 7 Line 24 to Page 10 Line 5 and Page 126 Line 29 to Page 130 Line 25.**

**Transcript Day 2 24042024:**

**Page 33 Line 15 to Page 38 Line 15 and Page 54 Line 18 to Page 55 Line 30.**

**Undertaking:**

Mr Butler's advice was that the question of making a request under the section was entirely at the discretion of the Committee. There was no procedural difficulty. All of the considerations which had been put were relevant and should be considered.

He did address the question of precedence and the duty to follow the principles in other decisions. It did not arise in quite the same way here.

### **Findings**

**Mr. Butler**, in matters of findings, advised the Committee and all present that the allegations would be found to have been proven as to fact and the reasons for that finding would be the admissions made and also through the documentary evidence admitted by agreement. The consideration in regard to misconduct had been engaged with in significant detail.

### **Sanction**

**Mr. Butler** advised the Committee that a full range of sanctions was open to it. He outlined certain of the authorities that had set out the purposes of sanction by reference to the authorities, the Sanctions Guidance of the PSI and the regulatory framework. Public protection was the paramount consideration and, notably, in the sense of making sure that as far as possible the choice of sanction can reassure the public of the serious view the PSI takes of such findings so as to promote and maintain public confidence in pharmacists, and the way in which they are regulated by the PSI.

## **10. Committee Recommendations on Sanction**

The Committee carefully considered the submissions and advice in relation to sanctions in the light of its findings.

It sought a sanction to meet the paramount objective of protecting the public, not only in terms of the risks associated with the misconduct found but also to maintain public trust and confidence in the pharmacists and in the PSI. The sanction should send the appropriate message to Enda Horan Limited and all registrants as to the seriousness of the misconduct found. It should also show lenience where possible, based on any mitigating features identified and it must be proportionate.

The misconduct found was of the gravest nature, such as to make any application for registration as a pharmacist by a person who had engaged in such conduct likely to be refused by the PSI. The features of the case leading to this characterisation of the wrongdoing have already been discussed in the

Committee's reasons for its findings and are equally relevant to its sanction recommendation. This assessment of the misconduct was a key feature of the Committee's sanction recommendation.

In mitigation, this appears to be the first time the Registrant has come to the adverse notice of the PSI. Also, the factual elements of the misconduct were admitted, first to the Authorised Officer and later at the Inquiry.

In terms of possible insight, [REDACTED] described what he had done as "stupid" and "irresponsible" and expressed regret. He stressed that he alone had been engaged in the offending conduct. For the purposes of a sanction recommendation, the Committee would have been prepared to give credit to the registrant, a corporate body, for any insight on [REDACTED] part. Apart from these brief statements to the Authorised Officer, [REDACTED] did not explain his conduct in any way and did not give evidence. As a result, there was little or no basis on which the Committee could find any real insight.

The Committee reviewed the PSI's Sanction Guidance and considered the available sanctions in ascending order of severity.

Admonishment or censure were clearly inadequate as sanctions for such serious misconduct.

The Committee considered the Registrar's submission that a censure and the attachment of robust conditions would be the appropriate sanction. In response to the Committee, it was suggested that the conditions might be in the form of an audit or periodic audits. The Committee was not persuaded that this approach would meet the objectives of sanction. It was unable to conclude with any confidence that these, or any conditions, would be practical or realistic. Specifically, one of its principal concerns was the continuation of [REDACTED] personally in a position of power and influence over the manner in which Enda Horan Limited carried on its pharmacy business. His deliberate and casual approach to dispensing prescription-only and pharmacy-only medications on the scale found was such that, even three years later, the safety of the public requires a much more fundamental change in the way this pharmacy business is run.

The Committee considered one or more conditions whereby [REDACTED] would be excluded from a position of authority or control of Enda Horan Limited when it came to the operation of the pharmacy but this was not considered practical or realistic. It was noted from the Authorised Officer's Report dated 28 October 2021 that the name of the pharmacy is Enda Horan Limited, [REDACTED] is a 50%

shareholder (the other 50% owner being the estate of [REDACTED] and a director and the secretary or the company.

The Committee then considered the options of cancellation and suspension of registration for a specified period. In the absence of any mitigation and having regard to the nature of the findings made and the reasons for them, cancellation would have been the appropriate sanction. Taking mitigation into account, the Committee has decided that the appropriate sanction recommendation, for reasons identified, would be a suspension of the registration of Enda Horan Limited as the registered business owner for a period of six months.

One of the primary considerations leading to this recommendation was the need and the importance, in the public interest that [REDACTED] would not be involved, directly or indirectly, in the running of this pharmacy in the future.

The Committee is aware that suspension of registration may be disruptive and have potentially adverse effects on employees of this pharmacy and the community which they serve. Arrangements may be decided on to minimise these regrettable but necessary consequences and the Committee therefore further recommends that the suspension should not take effect for a period of three months after any decision to suspend registration is confirmed.

**SIGNED:**



**Dermott Jewell, Chairperson**

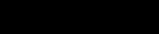
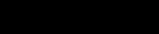
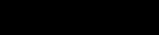
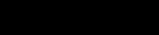









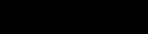
**DATE: 05 JUNE 2024**



## SCHEDULE

### Appendix A

	Patient	Drug Name	Supply Status	Quantity
1	████████	Lercanidipine tablets 10mg	Prescription-only medicine	28 units
2	██████████████	Circadin tablets 2mg	Prescription-only medicine	30 units
3	████████	Serimel tablets 50mg	Prescription-only medicine	64 units
4	████████	Olanzapine tablets 2.5mg	Prescription-only medicine	16 units

5		Calcichew tablets 1000mg/800IU	Pharmacy only medicine	30 units
6		Ativan tablets 1mg	Prescription-only medicine	120 units
7		Eltroxin tablets 25mcg	Prescription-only medicine	30 units
8		Sinemet tablets 12.5mg/50mg	Prescription-only medicine	30 units
9		Lansoprazole gastric capsules	Prescription-only medicine	28 units
10		Alopur tablets 300 mg	Prescription-only medicine	15 units
11		Amlodipine teva tablets 5mg	Prescription-only medicine	28 units
12		Eltroxin tablets 100mcg	Prescription-only medicine	28 units
13		Combodart hard capsules 0.5mg/0.4mg	Prescription-only medicine	30 units
14		Etoflam gel 5%	Prescription-only medicine	200 units
15		Paralief 500mg tablets (100 pack)	Prescription-only medicine	100 units
16		Vitafen tablets 100mg	Prescription-only medicine	20 units
17		Altavita soft capsules	Prescription-only medicine	12 units
18		Paralief 500mg tablets (100 pack)	Prescription-only medicine	100 units

19		Exputex Oral Solution 250mg/5ml	Pharmacy only medicine	300 units
20		Zopitan tablets 7.5mg	Prescription-only medicine	30 units
21		Escitalopram tablets 20mg	Prescription-only medicine	30 units
22		Calcichew tablets 500mg	Pharmacy only medicine	60 units
23		Pinamox capsules 500mg	Prescription-only medicine	21 units
24		Difene capsules 75mg	Prescription-only medicine	14 units
25		Tramadol capsules 50mg	Prescription-only medicine	7 units
26		Glucophage tablets 1000mg	Prescription-only medicine	60 units
27		Furosemide tablets 20mg	Prescription-only medicine	28 units
28		Nuprin Aspirin Gastric tablets 75 mg	Prescription-only medicine	28 units
29		Bisoprolol tablets 7.5 mg	Prescription-only medicine	28 units
30		Ramipril tablets 5 mg	Prescription-only medicine	28 units
31		Atorvastatin tablets 40 mg	Prescription-only medicine	28 units
32		Insulin Humulin M3 Kwikpen 100IU/ml 3ml SUSP/INJ 100IUML	Prescription-only medicine	5 units

33		Lumigan eye drop soln 0.1	Prescription-only medicine	3 units
34		Azarga 5ml eye drops susp 10mg/5mg	Prescription-only medicine	1 unit
35		Eltroxin tablets 50mcg	Prescription-only medicine	15 units
36		Eltroxin tablets 100mcg	Prescription-only medicine	15 units
37		Lansoprazole capsules 15mg	Prescription-only medicine	30 units
38		Nitrolingual Pumpspray 400mcg 200 DS Sublingsprsol 400mcg/MET	Prescription-only medicine	1 unit
39		Lansoprazole capsules 30mg	Prescription-only medicine	60 units
40		Metformin tablets 500mg	Prescription-only medicine	60 units
41		Mirap tablets 15mg	Prescription-only medicine	30 units
42		Clopidogrel tablets 75mg	Prescription-only medicine	30 units
43		Acercyl tablets 10mg/5mg	Prescription-only medicine	30 units
44		Atorvastatin tablets 80mg	Prescription-only medicine	30 units
45		Ranexa tablets 500mg	Prescription-only medicine	90 units
46		Bisoprolol tablets 2.5mg	Prescription-only medicine	30 units

47	██████ ██████	Nuprin Aspirin gastro resistant tablets 75mg	Prescription-only medicine	30 units
48	██████ ██████	Zoton tablets 30mg	Prescription-only medicine	30 units
49	██████ ██████	Inegy tablets 10mg/20mg	Prescription-only medicine	30 units
50	██████ ██████	Fosamax tablets 70mg	Prescription-only medicine	4 units
51	██████ ██████	Calcichew tablets 500mg/400IU	Pharmacy only medicine	60 units
52	██████ ██████	Nu-Seals gastric release tablets 75mg	Prescription-only medicine	30 units
53	██████ ██████	Acerycal tablets 10mg/10mg	Prescription-only medicine	30 units
54	██████ ██████	Bisoprolol tablets 10mg	Prescription-only medicine	30 units
55	██████ ██████	Lipitor tablets 20mg	Prescription-only medicine	30 units
56	██████	Candesartan tablets 4mg	Prescription-only medicine	28 units
57	██████	Cubitan strawberry 200ml	Pharmacy only medicine	6 units
58	██████	Macrolief 13.8g powder oral solution sachet 13.125g	Prescription-only medicine	90 units
59	██████	Stemetil tablets 2mg	Prescription-only medicine	56 units
60	██████	Dexamethasone tablets 2mg	Prescription-only medicine	7 units

61		Esomeprazole capsules 40mg	Prescription-only medicine	60 units
62		Cubitan strawberry 200ml	Pharmacy only medicine	28 units
63		Lactulose Fresenius 670mg/ml	Pharmacy only medicine	1000 units
64		Paralief 500mg tablets (100 pack)	Prescription-only medicine	56 units
65		Eltroxin tablets 100mcg	Prescription-only medicine	14 units
66		Eltroxin tablets 50mcg	Prescription-only medicine	14 units
67		Palexia tablets 50mg	Prescription-only medicine	9 units
68		Celebrex hard capsules 200mg	Prescription-only medicine	30 units
69		Esomeprazole capsules 40mg	Prescription-only medicine	28 units
70		Calcichew tablets 1000mg/800IU	Pharmacy only medicine	30 units
71		Lercanidipine tablets 10mg	Prescription-only medicine	28 units
72		Seretide 250 Evohaler 25/250mcg	Prescription-only medicine	1 units
73		Cozaar tablets 100mg	Prescription-only medicine	28 units
74		Nuprin aspirin tablets 75mg	Prescription-only medicine	28 units

75		Solpadol tablets 500mg/30mg	Prescription-only medicine	60 units
76		Symbicort Turbohaler 200mcg/6mcg	Prescription-only medicine	1 units
77		Difene capsules 50mg	Prescription-only medicine	56 units
78		Amlodipine tablets 5mg	Prescription-only medicine	28 units



















### Appendix B

	Patient	Drug Name	Supply Status	Quantity
1		Vimovo tablets 500mg/20mg	Prescription-only medicine	28 units
2		Eltroxin tablets 50mcg	Prescription-only medicine	28 units
3		Lamictal tablets 50mg	Prescription-only medicine	60 units
4		Lamictal tablets 100mg	Prescription-only medicine	60 units
5		Vivio Junior	Pharmacy only medicine	250 units
6		Fortisip Compact	Pharmacy only medicine	30 units
7		Escitalopram tablets 10mg	Prescription-only medicine	30 units
8		Rosuvastatin tablets 20mg	Prescription-only medicine	30 units
9		Desunin tablets 40001U	Prescription-only medicine	30 units
10		Augmentin tablets 500mg/125mg	Prescription-only medicine	21 units
11		Cordarone tablets 100mg	Prescription-only medicine	30 units
12		Tears Naturale Eye Drops Solution 0.1%/0.3%	Pharmacy only medicine	15 units
13		Nuprin aspirin tablets 75mg	Prescription-only medicine	30 units

14		Ventolin Evohaler 100mcg	Prescription-only medicine	1 unit
15		Amlodipine tablets 10mg	Prescription-only medicine	30 units
16		Losartan tablets 50mg	Prescription-only medicine	30 units
17		Desunin tablets 800IU	Prescription-only medicine	30 units
18		Omeprazole capsules 20mg	Prescription-only medicine	30 units
19		Rosuvastatin tablets 40mg	Prescription-only medicine	30 units
20		Ranexa tablets 500mg	Prescription-only medicine	60 units
21		Bisoprolol tablets 2.5mg	Prescription-only medicine	30 units
22		Tears Naturele Eye Drops Solution 0.1%/0.3%	Pharmacy only medicine	15 units
23		Zirtek tablets 10mg	Pharmacy only medicine	30 units
24		Betnovate Cream 0.1%	Prescription-only medicine	30 units
25		Paralief 500mg tablets (100 pack)	Prescription-only medicine	56 units
26		Prednisolone tablets 5mg	Prescription-only medicine	16 units
27		Jardiance tablets 10mg	Prescription-only medicine	28 units
28		Amoclav tablets 500mg/125mg	Prescription-only medicine	15 units
29		Lansoprazole capsules 30mg	Prescription-only medicine	30 units
30		Atorvastatin tablets 40mg	Prescription-only medicine	30 units
31		Olmesartan Medoxomil tablets 20mg	Prescription-only medicine	30 units
32		Aldara cream 5%	Prescription-only medicine	12 units
33		Altavita capsules 25000IU	Prescription-only medicine	1 unit
34		Lansoprazole capsules 30mg	Prescription-only medicine	30 units
35		Lercanidipine tablets 10mg	Prescription-only medicine	30 units
36		Folic acid tablets 5mg	Prescription-only medicine	4 units



37	██████████	Lescol tablets 80mg	Prescription-only medicine	30 units
38	██████████	Trelegy ellipta 92/55/22mcg inhaler	Prescription-only medicine	1 unit
39	██████████	Paralief 500mg tablets (100 pack)	Prescription-only medicine	100 units
40	██████████	Seropia Quetiapine tablets 25mg	Prescription-only medicine	7 units
41	██████████	Esomeprazole capsules 40mg	Prescription-only medicine	7 units
42	██████████	Prozamel capsules 20mg	Prescription-only medicine	14 units
43	██████████	Eltroxin tablets 25mcg	Prescription-only medicine	7 units
44	██████████	Folic Acid tablets 5mg	Prescription-only medicine	7 units
45	██████████	Antepsin 1g tablets	Prescription-only medicine	14 units
46	██████████ ██████████	Tritace tablets 2.5mg	Prescription-only medicine	28 units
47	██████████ ██████████	Beclazone 200mcg inhaler solution	Prescription-only medicine	1 unit
48	██████████ ██████████	Desunin tablets 4000IU	Prescription-only medicine	30 units
49	██████████ ██████████	Furosemide tablets 40mg	Prescription-only medicine	28 units
50	██████████ ██████████	Nuprin aspirin tablets 75mg	Prescription-only medicine	30 units
51	██████████ ██████████	Atorvastatin tablets 40mg	Prescription-only medicine	30 units
52	██████████ ██████████	Bisoprolol tablets 5mg	Prescription-only medicine	30 units
53	██████████ ██████████	Metformin tablets 500mg	Prescription-only medicine	90 units

54		Omeprazole tablets 20mg	Prescription-only medicine	30 units
55		Paralief 500mg tablets (100 pack)	Prescription-only medicine	100 units
56		Dovobet 50mcg/g & 0.5mcg/g gel	Prescription-only medicine	60 units
57		Pregabalin capsules 150mg	Prescription-only medicine	90 units
58		Lercanidipine tablets 10mg	Prescription-only medicine	30 units
59		Raporsin doxazosin tablets 8mg	Prescription-only medicine	30 units
60		Esomeprazole capsules 40mg	Prescription-only medicine	28 units
61		Lercanidipine tablets 10mg	Prescription-only medicine	28 units
62		Bisoprolol tablets 2.5mg	Prescription-only medicine	28 units
63		Escitalopram tablets 20mg	Prescription-only medicine	28 units
64		Aldactone tablets 25mg	Prescription-only medicine	14 units
65		Olanzapine tablets 2.5mg	Prescription-only medicine	28 units
66		Tamnexyl tablets 400mcg	Prescription-only medicine	28 units
67		Amlodipine /valsartan tablets 5mg/80mg	Prescription-only medicine	28 units
68		Serc tablets 16mg	Prescription-only medicine	21 units
69		Acerycal tablets 5mg/10mg	Prescription-only medicine	30 units
70		Sertraline tablets 100mg	Prescription-only medicine	28 units
71		Pregabalin capsules 50mg	Prescription-only medicine	56 units

72		Diltiazem capsules 120mg	Prescription-only medicine	28 units
73		Zestoretic tablets 20mg/12.5mg	Prescription-only medicine	28 units
74		Nuprin aspirin tablets 75mg	Prescription-only medicine	30 units
75		Clopidogrel tablets 75mg	Prescription-only medicine	30 units
76		Zestril tablets 10mg	Prescription-only medicine	30 units
77		Atorvastatin tablets 10mg	Prescription-only medicine	30 units
78		Amlodipine tablets 5mg	Prescription-only medicine	30 units
79		Esomeprazole capsules 40mg	Prescription-only medicine	30 units
80		Atorvastatin tablets 10mg	Prescription-only medicine	30 units
81		Diamicron tablets 30mg	Prescription-only medicine	30 units
82		Janumet tablets 50mg/850mg	Prescription-only medicine	60 units
83		Ramipril tablets 5mg	Prescription-only medicine	30 units
84		Nuprin aspirin tablets 75mg	Prescription-only medicine	30 units