Australian Government
Department of Health, Disability and Ageing
Therapeutic Goods Administration

Notice of final decisions to amend (or not amend) the current Poisons Standard

19 January 2026

Contents

Notice of final decision to amend (or not amend) the current Poisons Standard

This web publication constitutes a notice for the purposes of regulation 42ZCZS and regulation 42ZCZX of the *Therapeutic Goods Regulations 1990* (the **Regulations**). In accordance with regulations 42ZCZS and 42ZCZX, this notice comprises:

- the final decisions made by a delegate[1] of the Secretary of the Department of Health and Aged Care (the **Delegate**) pursuant to regulation 42ZCZR and 42ZCZU
- the reasons for the final decisions, and
- the dates of effect of the these decisions.

This web publication also contains decisions made by the Delegate pursuant to subsection 52D(2) of *Therapeutic Goods Act 1989* (the **Act**).

Defined terms

In this notice the following defined terms are used in addition to those above:

- the Therapeutic Goods Act 1989 (Cth) (the **Act**)
- the Scheduling Policy Framework 2018 (the **SPF**)
- the Scheduling handbook, Guidance for amending the Poisons Standard (the **Handbook**) and
- the Therapeutic Goods Administration (the **TGA**).

Note: additional terms are also defined for individual decisions.

[1] For the purposes of s 52D of the *Therapeutic Goods Act 1989* (Cth).

Final decision on a proposed amendment referred to the Advisory Committee on Chemicals Scheduling (ACCS #38, March 2024)

Final decision in relation to ethyl lactyl retinoate

Proposal

The Delegate received an application to amend the Prescription only medicine (Schedule 4) entry for tretinoin to exempt dermal cosmetic preparations that contain ethyl lactyl retinoate (ELR). This would mean that dermal use preparations containing 0.1% or less of ELR could be made available for general sale. Under the current scheduling, ELR is considered a derivative of tretinoin under the Poisons Standard and, therefore, subject to the controls imposed on Schedule 4 substances.

Final decision

Pursuant to regulation 42ZCZR of the Regulations, the Delegate has made a final decision to vary the interim decision and amend the current Poisons Standard in relation to ethyl lactyl retinoate as follows:[2]

Schedule 4 – Amend entry

TRETINOIN **except** for:

a) ~~the ester~~ hydroxypinacolone retinoate in preparations for dermal use containing 0.5% or less of hydroxypinacolone retinoate; or
b) ethyl lactyl retinoate in preparations for dermal use containing 0.1% or less of ethyl lactyl retinoate.

Appendix D, clause 4 – Poisons available only from or on the order of a specialist physician

A poison specified in the following table may be supplied:

a) only by, or on the prescription or order of, a specialist physician; and
b) if the person to whom the poison is to be supplied is a woman of child-bearing age—only if the specialist physician has:
   i. ensured that the possibility of pregnancy has been excluded prior to commencement of treatment; and
   ii. advised the patient to avoid becoming pregnant during or for a period of 1 month after completion of treatment.

Item	Poison
4	TRETINOIN for human oral use

Appendix F, clause 4 – Warning statements and general safety directions for poisons

(Note: only topical use requirement is included in this decision document; oral use require different warning statements that remain unchanged.)

2 Proposed additions are shown in green underlined font, proposed deletions are shown in red strikethrough font, and text without this formatting represents the current text in the Poisons Standard.

Item	Poison	Warning statement item number	Safety direction item number
347	TRETINOIN—for topical use	62, 77	

Where the required labels are:

Item	Warning statement
62	Do not use if pregnant.
77	WARNING – May cause birth defects.

Appendix L, clause 2 - Requirements for dispensing labels for medicines

(Note: only topical use requirement is included in this decision document; oral use require different warning statements that remain unchanged.)

Item	Poison	Warning statement (item number)
43	TRETINOIN—for topical use	62, 77

Where the required labels are:

Item	Warning statement
62	Do not use if pregnant.
77	WARNING – May cause birth defects.

Materials considered

In making this final decision, the Delegate considered the following material:

- the application to amend the current Poisons Standard with respect to ethyl lactyl retinoate (the Application)
- the 9 public submissions received in response to the pre-meeting consultation under regulation 42ZCZK of the Regulations
- the advice received from the 38th meeting of the Advisory Committee on Chemicals Scheduling (the Committee)
- the interim decision relating to ethyl lactyl retinoate and the materials considered as part of the interim decision, as published on 26 July 2024
- the 6 public submission received in response to the interim decision consultation under regulation 42ZCZP of the Regulations
- subsection 52E(1) of the Therapeutic Goods Act 1989, in particular (a) the risks and benefits of the use of a substance; (b) the purposes for which a substance is to be used and the extent of use of a substance; (c) the toxicity of a substance; (d) the dosage, formulation, labelling, packaging and presentation of a substance; and (e) the potential for abuse of a substance; and (f) any other matters considered necessary to protect public health.
- pursuant to paragraph 52E(2)(a) of the Act, the SPF, and
- the Handbook. and

- Additional data provided by the applicant following the interim decision.

Reasons for the final decision (including findings on material questions of fact)

I have made a final decision to vary my interim decision to amend the current Poisons Standard with respect to dermal cosmetic preparations that contain less than 0.1% ethyl lactyl retinoate (ELR).

In making my final decision, I have taken into account the information previously considered in the interim decision, additional data and clarification provided by the applicant following the interim decision, and the 6 public submissions which were received via public consultation on the interim decision.

ELR is structurally related to, but distinct from, tretinoin, which is classified as a Prescription-only medicine (Schedule 4) due to the potential developmental toxicity for a growing foetus. ELR is currently scheduled under the tretinoin entry as it is a derivative of tretinoin.

The interim decision not to amend the Poisons Standard was in alignment with the Committee recommendations. The reasons for the interim decision included the lack of data, in particular evidence that ELR doesn't hydrolyse into retinoic acid. Retinoic acid is of major concern to human health and safety due to its known ability to cause developmental and reproductive toxicity in a developing foetus following exposure to the expectant mother. In the absence of available information regarding teratogenicity and no clear history of safe use, especially in pregnant women, there was insufficient evidence to support a lower risk to users than tretinoin.

Two submissions were received in favour of the interim decision, while the other 4 submissions were in opposition, with a written component.

The submissions in support of retaining ELR under Schedule 4 of the Poisons Standard were concerned that the lack of safety data in pregnant women might put consumers and their foetus(es) at risk if it was made available in cosmetic preparations and emphasising the need for professional medical oversight.

The submissions supporting the removal of low dose topical preparations of ELR from the Schedule 4 entry provided substantial data packages including clinical studies, expert statements, and published research articles to support the argument that preparations of ELR with a concentration less than 0.1% for use in cosmetic preparations would be unlikely to pose a significant risk to human health.

One submission also highlighted that the interim decision would result in different regulatory controls than exist in other jurisdictions such as the European Union.

Regarding s 52E(1)(a) and (b) of the Act, I note that ELR has been widely available internationally in cosmetic products where it is promoted to improve the appearance of skin. ELR is a synthetically derived molecule that combines alpha hydroxy acids with a retinoid conjugate.

The expert statement and additional information from the applicant inferred that there were no adverse events reported in the use of the products containing ELR from the supply of over 6.2 million units sold internationally between 2015 and 2024.

In relation to s 52E(1) (b), (c), and (d) of the Act, I acknowledge that the proposed 0.1% cut-off exemption to the Schedule 4 entry for tretinoin is based on typical product concentrations from available overseas formulations. According to the clinical data including Human Repeat Insult Patch Tests (HRIPT), tolerability and efficacy studies 0.1% is the typical ELR concentration in the cosmetic products tested. Clinical studies reported minimal skin irritation and no skin sensitisation from HRIPT and maximisation tests, supporting the local tolerability and safety of cosmetic formulations containing less of 0.1% ELR (supplied in-confidence).

The key issues regarding the systemic toxicity of ELR include the quality or lack of information about the level of dermal absorption of ELR; the potential for *in vivo* conversion of ELR to the known teratogen all *trans*-retinoic acid (ATRA); and the potential for ELR to induce teratogenicity in pregnant users of products containing ELR. The applicant has provided further information and clarification with respect to these issues.

An *ex vivo* skin absorption study (OECD TG 428 with study deviations) indicated that ELR has low skin absorption (0.03–0.04%) and is metabolised primarily to lactyl retinoate (supplied in-confidence). Metabolism to retinoic acid was not detected, although an unidentified metabolite, potentially a hydroxylated derivative, was also observed. An *in vitro* enzymatic hydrolysis test in foetal bovine serum confirmed a low probability of ELR conversion to retinoic acid in the presence of serum enzyme. This effect was likely to be the result of steric hindrance of the ethyl lactyl group. An additional *in vitro* study utilising human liver and epidermis (EpiSkin) S9 subcellular fractions, found that ELR was metabolised in the liver ($t_{½}$ = 119 minutes) and skin ($t_{½}$ > 240 minutes) via an esterase pathway, and lactyl retinoate (73.26% in liver S9; 7.74% in skin S9) and a hydroxylated derivative (8.06% in liver S9; 1.05% in skin S9) were the main metabolites. Furthermore, retinoic acid was not detected in this study (LOD 120 nM) (supplied in-confidence).

Some submissions expressed concern that ELR may theoretically bind to retinoic acid receptors (RAR and RXR) or convert to retinoic acid through hydrolysis. However, in a study examining the gene expression in cultured human keratinocytes following 6 hours of incubation with either of ELR, retinal or retinol, no statistically significant increase in the relative gene expression profiles of ELR compared to the other retinoids and controls (supplied in-confidence). While the study was not designed to qualify the downstream retinoid protein synthesis within these cell cultures, the data indicate minimal retinoic acid receptor binding affinity for ELR.

The developmental toxicity potential of ELR and ATRA were examined using the devTox quickPredict assay with induced human pluripotent stem cells. This method measures metabolic changes in ornithine and cystine (expressed as the o/c ratio) where a decrease in the o/c ratio below a threshold (0.85) indicates developmental toxicity potential (dTP) at or above the predicted dTP concentration. This additional *in vitro* data provided by the applicant showed dTP but only at high concentrations of ELR, and at approximately 100-fold less potency than retinoic acid.[3] This information further supports the contention that there is minimal conversion or metabolism of ELR to retinoic acid.

Overall, I am of the view that the additional data and clarification provided by the applicant in their submission following the interim decision, is sufficient to support the contention that the risks of ELR use when used at 0.1% or less in cosmetic formulations are low. I am also of the opinion that there is limited data available at this time to determine the risks at concentrations greater than 0.1%. Moreover, ongoing monitoring of the scientific and medical literature for any adverse consumer reports associated with the use of retinoids including ELR, would be prudent.

In conclusion, I have made the final decision to exempt dermal cosmetic preparations containing 0.1% or less of ELR from the Schedule 4 entry for tretinoin.

Implementation date

1 February 2026

[3] Palmer JA, Smith AM, Egnash LA, Colwell MR, Donley ELR, Kirchner FR, Burrier RE (2017). A human induced pluripotent stem cell-based *in vitro* assay predicts developmental toxicity through a retinoic acid receptor-mediated pathway for a series of related retinoid analogues. Repro Toxicol 73:350-361.

Final decision on a proposed amendment referred to the Advisory Committee on Medicines and Chemicals Scheduling in joint session (Joint ACMS-ACCS #37, June 2024)

Final decision in relation to intravenous potassium salts

Proposal

The Delegate received an application to create a new Prescription-only medicine (Schedule 4) entry for preparations of potassium salts for injection or infusion. Potassium salts for intravenous (IV) administration are currently unscheduled.

Final decision

Pursuant to regulation 42ZCZU of the Regulations, the Delegate has made a final decision to revise the interim decision and amend the current Poisons Standard in relation to potassium salts as follows:[4]

Schedule 4 – New Entry

POTASSIUM SALTS, including chloride, phosphate or acetate salts of potassium alone or in any combination, in preparations for therapeutic use for injection or infusion **except**:

(a) in preparations with a concentration of less than 10 mmol/100 mL of potassium; or

(b) in preparations in pre-mixed infusion bags

Index – Amend entry

POTASSIUM SALTS
cross reference: POTASSIUM CHLORIDE, POTASSIUM PHOSPHATE, POTASSIUM DIHYDROGEN PHOSPHATE, POTASSIUM ACETATE

Schedule 4

Materials considered

In making this final decision, the Delegate considered the following material:

- the application to amend the current Poisons Standard with respect to intravenous potassium salts (the Application)
- the 3 public submissions, with 2 including a written component, received in response to the pre-meeting consultation and a targeted consultation with hospital pharmacy representative peak body - Advanced Pharmacy Australia (AdPha) (the Submissions)
- the advice received from the 37th meeting of the Advisory Committee on Medicines and Chemicals Scheduling in Joint session (the Committee)
- the interim decision relating to intravenous potassium salts and the materials considered as part of the interim decision, as published on 13 December 2024

[4] Proposed additions are shown in green underlined font, proposed deletions are shown in red strikethrough font, and text without this formatting represents the current text in the Poisons Standard.

- the 17 public submissions, with 12 including a written component, received in response to the consultation on interim decision under regulation 42ZCZP
- subsection 52E(1) of the Therapeutic Goods Act 1989, in particular (a) the risks and benefits of the use of a substance; (b) the purposes for which a substance is to be used and the extent of use of a substance; (c) the toxicity of a substance; (d) the dosage, formulation, labelling, packaging and presentation of a substance; and (e) the potential for abuse of a substance; and (f) any other matters considered necessary to protect public health.
- pursuant to paragraph 52E(2)(a) of the Act, the SPF, and
- the Handbook.[5]

Reasons for the final decision (including findings on material questions of fact)

I have made a final decision to amend the current Poisons Standard with respect to intravenous (IV) potassium salts which differs from my interim decision. In consideration of the public submissions received during the interim consultation, I have decided to exempt all concentrations of pre-mixed bags for infusion, rather than specifying a cut-off concentration. In making my final decision, I have considered the material in the interim decision and the 17 public submissions received during public consultation.

Of the submissions received in response to the interim decision, 9 were supportive, 6 were partially supportive, and 2 were opposed. I note that all the submissions provided a written response, except for 5 submissions in support. The submissions in support raised concerns that IV potassium is a high-risk medicine which, if used incorrectly, can result in adverse outcomes or fatality. Hospitals already consider potassium containing fluids to be high-risk medicines. They also noted that the current scheduling for IV potassium is inconsistent with oral potassium products (Schedule 4), despite the IV formulation presenting a higher risk if misused. Generally, these submissions felt that the proposed scheduling would have minimal impact on use of IV potassium products in the healthcare setting, as they already require clinical oversight by a pharmacist or other health professional authorised to purchase/procure the product, and a prescriber to be present at any facility using these products. They also noted that IV potassium ampoules pose a greater risk compared to multi-component mixed bags.

Submissions in partial support of the interim decision noted the efficacy of IV potassium in rapid correction of hypokalaemia is crucial in emergency scenarios and noted that higher concentration IV potassium formulations allow for lower infusion volumes which expedites correction and reduces the risk of fluid overload and related complications (such as arrhythmias). Numerous submissions also noted the significant logistical challenges associated with including IV potassium pre-mixed bags in Schedule 4. Inclusion in Schedule 4 would require storage in lockable compartments (including storerooms, cupboards, trolleys, bed-side drawers, and drug refrigerators) in most facilities to ensure secure handling and access. The physical bulk of IV potassium bags makes it difficult to allocate sufficient secure storage space, particularly in emergency areas where rapid access is critical. Ampoules of IV potassium do not present the same challenge given their smaller size. Numerous submissions also noted that standard professional practice involves storing IV potassium in locked pharmacy rooms and are considered APINCHS[6] medicines (recognised as high risk for medication harm) requiring double checking by staff prior to administration and use of an infusion pump with dose error reduction software.

Submissions opposed to the interim decision raised similar concerns to those in partial support; namely that inclusion of IV potassium bags in Schedule 4 will create significant storage challenges for the commonly used fluids in hospital and ambulance settings. They also echoed that these products are typically stored in locked medication rooms and are already prescribed by authorised prescribers in healthcare organisations. It was also noted that premixed potassium bags have significantly

[5] https://www.tga.gov.au/sites/default/files/scheduling-handbook-guidance-amending-poisons-standard.pdf

[6] APINCHS classification of high-risk medicines | Australian Commission on Safety and Quality in Health Care

reduced risks associated with intravenous potassium administration, and have provided an alternative to concentrated potassium ampoules, with reduced associated risks. Two submissions supported the exemption of pre-mixed uses for Total Parenteral Nutrition (TPN) as they do not pose a risk of a bolus dose. As noted in the interim decision, Nutrition Replacement Preparations are already exempt under Appendix A of the Poisons Standard.

My reason for making the final decision to exempt IV potassium in pre-mixed bags for infusion is weighing up the logistical challenges of storing these bulky preparations and the benefit of maintaining rapid access in emergency care settings. In considering s 52E(1)(a) of the Act, I am of the opinion that the current evidence of IV potassium misuse and adverse outcomes does not support the regulatory burden the proposed scheduling would create for emergency care providers. I acknowledge the challenge this would create for workflow issues, storage and accessibility in the hospital environment where rapid access by emergency healthcare providers is essential. I am satisfied that pre-mixed formulations have a lower risk of a bolus dose being administered, and that current professional practices in storage and dispensing of APINCHS medicines reduces the risk of misuse. However, I am in agreement with the consensus of the public submissions that ampoules of IV potassium for injection pose a greater risk during administration and can more easily be securely stored. As such, I have made the decision to capture ampoule preparations containing greater than 10 mmol/100 mL of potassium in Schedule 4 for the reasons outlined in the interim decision.

Whilst this decision will impact substantially fewer products than the interim decision, I have decided to allow for an extended transition time for industry to accommodate for changes that may have to occur within health professional settings.

Implementation date

1 February 2027

Final decision on a proposed amendment to the current Poisons Standard under regulation 42ZCZU

In my capacity as a delegate of the Secretary for the purpose of regulation 42ZCZU of the Regulations, I have made a final decision under regulation 42ZCZU with respect to the following substance:

- Fenmezoditiaz

Final decision in relation to fenmezoditiaz

Pursuant to regulation 42ZCZU of the Regulations, a Delegate of the Secretary has made a final decision to amend the current Poisons Standard in relation to fenmezoditiaz as follows:[7]

Schedule 6 – New Entry

FENMEZODITIAZ

Index – New Entry

FENMEZODITIAZ

Schedule 6

[7] Proposed additions are shown in green underlined font, proposed deletions are shown in red strikethrough font, and text without this formatting represents the current text in the Poisons Standard

Materials considered

In making this final decision, the Delegate considered the following material:

- The application to amend the current Poisons Standard with respect to fenmezoditiaz (the **Application**)
- Subsection 52E(1) of the Therapeutic Goods Act 1989, in particular (a) the risks and benefits of the use of a substance; (b) the purposes for which a substance is to be used and the extent of use of a substance; (c) the toxicity of a substance; (d) the dosage, formulation, labelling, packaging and presentation of a substance; and (f) any other matters considered necessary to protect public health.
- Pursuant to paragraph 52E(2)(a) of the Act, the SPF
- The Handbook.

Reasons for the final decision (including findings on material questions of fact)

The proposal is to amend the current Poisons Standard to create a Poison (Schedule 6) entry for fenmezoditiaz with no exceptions. Fenmezoditiaz is the agricultural active constituent of a new, proposed product and is not included in the current Poisons Standard.

In determining that this matter will be a delegate-only decision I have taken into account the information provided in the Application, and the matters outlined under s 52E of the Act and the SPF. My reasons for making the final decision follow.

Fenmezoditiaz (CAS No. 2413390-32-4) is a novel nicotinic acetylcholine receptor (nAChR) competitive modulator, indicated for the control of aphids in winter cereal crops (barley, oats and wheat). It belongs to a subgroup of substances called 'mesoionics' and is the first active constituent of this subgroup to be considered for approval in Australia. This class of insecticide has been found to have lower toxicity in off-target organisms when compared to other nAChR-targeting substances.[8]

With reference to s 52E(1)(a) of the Act, the benefits of fenmezoditiaz include improved specificity to target pests – which reduces environmental impact by preserving biodiversity. Insecticide resistance is a pressing issue that threatens to disrupt the global agricultural industry. As fenmezoditiaz is a novel insecticide, it presents reduced insect resistance,[9] thus providing an alternative option for the industry to draw upon when facing a decline in efficacy of other insecticides.[10] Risks associated with fenmezoditiaz include acute oral, dermal and inhalation toxicity.

Regarding s 52E(1)(b) of the Act, I note that fenmezoditiaz will be used almost exclusively for pest control on commercial crops with a maximum of 2 applications per season.

A comprehensive data package was submitted to support the application. The data included studies on *in vivo* and *in vitro* metabolism of fenmezodiatiaz, acute toxicity, short- and long-term repeat dose toxicity, carcinogenicity, genotoxicity, reproductive and developmental toxicity, neurotoxicity, endocrine disruption (oestrogen/androgen), mechanism of action, toxicity of metabolites and impurities, and studies on the acute toxicity and dermal absorption of the product (s 52E(1)(c) of the Act). Fenmezoditiaz has low acute oral toxicity (500 < LD_{50} < 2,000 mg/kg bw), dermal toxicity (LD_{50} >2,000 mg/kg bw) and inhalation toxicity (LC_{50} >2,416 mg/m^3). Fenmezoditiaz is a slight skin irritant, is not irritating to the eyes and is not a skin sensitiser. In summation, fenmezoditiaz exhibits low toxicity

[8] Zhang et al., "Susceptibility, resistance risk and sublethal effect to fenmezoditiaz, a novel mesoionic insecticide, in the brown planthopper, Nilaparvata lugens", *Pesticide Biochemistry and Physiology* 213, issue number 106540 (September 2025). https://doi.org/10.1016/j.pestbp.2025.106540.

[9] Huang et al., "Discovery and biological characterization of a novel mesoionic insecticide fenmezoditiaz", *Pest Management Science* 81, issue number 5 (March 2024). https://doi.org/10.1002/ps.8108

[10] Liang et al., "Insect Resistance to Insecticides: Causes, Mechanisms, and Exploring Potential Solutions", *Archives of Insect Biochemistry and Physiology* 118, issue number 2 (February 2025). https://doi.org/10.1002/arch.70045

across all exposure routes. Fenmezoditiaz was examined for its genotoxic potential in an adequate range of *in vitro* and *in vivo* tests, and all were found to be negative. Fenmezoditiaz did not demonstrate carcinogenic or reproductive toxicity potential at the doses tested, or developmental toxicity at doses that were not maternotoxic. Overall, in relation to toxicity, fenmezoditiaz meets a majority of the Schedule 6 scheduling factors (Schedule 6, Scheduling Factors 1,2 and 4).

Regarding s 52E(1)(d) of the Act, fenmezoditiaz will be packaged as the active constituent in the proposed product which will be available in a 200 g/L suspension concentrate (SC) formulation, in 1-1,000 L pack sizes. The product is intended for professional use, to be diluted and applied mechanically by ground boom or by aircraft, with a maximum of 2 applications per season. Following this decision for the scheduling of fenmezoditiaz, a POISON signal header for the product label will be recommended by the Australian Pesticides and Veterinary Medicines Authority.

With consideration of s 52E(1)(e) and (f) of the Act, fenmezoditiaz has no known potential for misuse or abuse. Exposure to fenmezoditiaz is unlikely except as part of an appropriately labelled and registered agricultural product. Individuals who come into contact with the substance, such as operators working in industrial and large-scale agricultural settings, will be able to refer to the directions for use (DFU) on the proposed product label which will include first aid instructions, safety directions, a re-entry statement and restraints and restrictions should appear on the product label. Therefore, risks can be mitigated through label warnings, safety directions and appropriate packaging (Schedule 6, Scheduling Factor 3). Because the intended product containing fenmezoditiaz is designed for professional use only, applied no more than twice per season using mechanical methods such as ground boom or aerial spraying, general public are unlikely to come into contact with it.

Fenmezoditiaz is an effective alternative pesticide proposed for the control of aphids in winter cereal crops in Australia. Fenmezoditiaz has a well-defined oral, dermal and inhalation toxicity profile and harms to users associated with its oral and inhalation toxicity can be adequately mitigated with appropriate packaging and labelling. For these reasons I have decided to create a Poison (Schedule 6) entry for fenmezoditiaz.

Implementation date

1 February 2026

Amendments to the Poison Standard in relation to New Chemical Entities (NCEs)

The NCEs listed below will be included in the new Poisons Standard that will come into effect on 1 February 2026.

BELANTAMAB MAFODOTIN

Schedule 4 – New Entry

BELANTAMAB MAFODOTIN

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BELANTAMAB MAFODOTIN

Schedule 4

IMLUNESTRANT

Schedule 4 – New Entry

IMLUNESTRANT

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IMLUNESTRANT

Schedule 4

LONCASTUXIMAB TESIRINE

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LONCASTUXIMAB TESIRINE

Schedule 4

MIRVETUXIMAB SORAVTANSINE

Schedule 4 – New Entry

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SODIUM THIOSULFATE ANHYDROUS

Schedule 4 – New Entry

SODIUM THIOSULFATE ANHYDROUS for human therapeutic use in preparations for injection

Index – New Entry

SODIUM THIOSULFATE ANHYDROUS

Schedule 4

TOFERSEN

Schedule 4 – New Entry

TOFERSEN

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TOFERSEN

Schedule 4

Therapeutic Goods Administration

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