Existing Clause	Proposed New Clause	Rationale
VII.3 (CONTROLLED ACTS)		
31. In this Part, "adapt" means to change a patient's prescription respecting, (a) the dose of the prescribed drug, (b) the dosage form of the prescribed drug, (c) the directions for use of the prescribed drug, or 16 (d) the route of administration for taking the prescribed drug, but does not include therapeutic substitution; "Part A pharmacist" means a member who holds a certificate of registration as a pharmacist and who is listed in Part A of the register; "prescriber" means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health profession; "prescription" means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient; "renew" means to provide a patient with a prescription that repeats a prescription previously provided to that patient; "therapeutic substitution" means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent.	**31.** In this Part, "adapt" means to change a patient's prescription respecting, (a) the dose of the prescribed drug, (b) the dosage form of the prescribed drug, (c) the directions for use of the prescribed drug, or 16 (d) the route of administration for taking the prescribed drug, but does not include therapeutic substitution; "Part A pharmacist" means a member who holds a certificate of registration as a pharmacist and who is listed in Part A of the register; "point of care test" means a diagnostic test performed on a patient sample at the site of patient care; "prescriber" means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health profession; "prescription" means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient; "renew" means to provide a patient with a prescription that repeats a prescription previously provided to that patient; "therapeutic substitution" means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent.	To add a definition of "point of care test".
34. (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (3) is authorized to perform the following acts: 1. Administering a substance specified in Schedule 1 by injection to a patient. 2. Administering a substance specified in Schedule 2 by inhalation to a patient.	34. (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (3) is authorized to perform the following acts: 1. Administering a substance specified in Schedule 1 by injection to a patient, except: ~~through a route other than direct intravenous, intravenous push, intravenous bolus, intrathecal, intraarticular, intracardiac, intraspinal, intraocular, and~~	The current regulation restricts administration of substances by injection and inhalation for the purposes of patient education and demonstration, which inherently limits the route of administration. The new regulation removes the restriction on the purpose of administration, resulting in the need to specify which routes of administration are beyond the scope of practice of a pharmacist.

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Existing Clause	Proposed New Clause	Rationale
[…] (3) A member may only perform an act provided for in subsection (1) if he or she complies with the following: 1. The member may only perform the act for the purpose of patient education and demonstration, and before performing the act, i. must explain that purpose to the patient or his or her authorized agent, and ii. must receive an informed consent from the patient or his or her authorized agent. 2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient. 3. The member shall ensure that appropriate infection control procedures are in place. 4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely. 5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances. 6. The member must maintain a patient record that includes, i. the name and address of the patient, ii. the name and address of the member, iii. the date the act was performed, iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient, v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and vi. confirmation that an informed consent was given by the patient or his or her authorized agent.	~~intracavernous.~~: i. a member is not authorized to initiate intravenous access into a patient to administer the substance, and ii. a member is not authorized to administer the substance by one of the following means: A. direct intravenous, B. intravenous push, C. intravenous bolus, D. intrathecal, E. intraarticular, F. intracardiac, G. intraspinal, H. intraocular, and I. intracavernous. 2. Administering a substance specified in Schedule 2 by inhalation to a patient. […] (3) A member may only perform an act provided for in subsection (1) if he or she complies with the following: 1. The member ~~may only perform the act for the purpose of patient education and demonstration, and before performing the act,~~ ~~i. must explain that purpose to the patient or his or her authorized agent, and~~ ~~ii.~~ must receive an informed consent from the patient or his or her authorized agent before performing the act. 2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient. 3. The member shall ensure that appropriate infection control procedures are in place. 4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.	The removal in section 34(3)1. allows for the administration of substances by injection and inhalation beyond the purposes of patient education and demonstration (i.e. for therapeutic purposes). Numbering is adjusted as necessary In addition, to help clarify the appropriate scope for intravenous administration of substances, initiating intravenous access into a patient has been added as a restriction. .

Existing Clause	Proposed New Clause	Rationale
	5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances. 6. The member must maintain a patient record that includes, i. the name and address of the patient, ii. the name and address of the member, iii. the date the act was performed, iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient, v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and vi. confirmation that an informed consent was given by the patient or his or her authorized agent. 7. Where the act is performed for a purpose other than patient education and demonstration, the member must notify the patient's primary care provider (if any) within a reasonable time that the member performed the act and provide details respecting the act.	Communication of services that are provided for patient care or therapeutic purposes are necessary to support continuity and co-ordination of care among the health team.
34. (4) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer influenza vaccine by injection to a patient who is five years of age or older, if the member, (a) administers the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website; (b) receives an informed consent from the patient or his or her authorized agent; and (c) meets all the requirements in paragraphs 2 to 6 of subsection (3). (5) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer a vaccine from one of the vaccines specified in	34. (4) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer influenza vaccine by injection to a patient who is ~~five~~ two years of age or older, if the member, (a) administers the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website; and ~~(b) receives an informed consent from the patient or his or her authorized agent; and~~ (~~c~~b) meets all the requirements in paragraphs ~~2~~ 1 to 6 of subsection (3). (5) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer a vaccine from one of the vaccines specified in	The change in age allows for the administration of the influenza vaccination by injection to a patient who is two years of age or older. Numbering is adjusted as necessary. Removal of the requirement to provide informed consent in (4) a and (5) a is to remove repetition in the drafting. The requirement for informed consent is referenced in paragraph 1 of subsection (3).

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Existing Clause	Proposed New Clause	Rationale
Schedule 3 by injection to a patient who is five years of age or older, if the member, (a) receives an informed consent from the patient or his or her authorized agent; (b) meets all the requirements in paragraphs 2 to 6 of subsection (3); and (c) notifies the patient's primary care provider (if any) within a reasonable time that the member administered a vaccine to the patient and provides details respecting the administration.	Schedule 3 by injection to a patient who is five years of age or older, if the member, (a) ~~receives an informed consent from the patient or his or her authorized agent; (b~~) meets all the requirements in paragraphs ~~2~~1 to 6 of subsection (3); and (~~c~~b) notifies the patient's primary care provider (if any) within a reasonable time that the member administered a vaccine to the patient and provides details respecting the administration.	
36. (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other provisions of this section is authorized to perform the following acts: 1. Adapting a patient's prescription. 2. Renewing a patient's prescription for the purpose of continuity of care. […] (4) A member may only perform an act provided for in subsection (1) if he or she complies with the following: […] 2. If the member is renewing a prescription, he or she must not prescribe a quantity of the drug that exceeds the lesser of, i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and ii. a six months'supply.	36. (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other provisions of this section is authorized to perform the following acts: 1. Adapting a patient's prescription. 2. Renewing a patient's prescription for the purpose of continuity of care. […] (4) A member may only perform an act provided for in subsection (1) if he or she complies with the following: […] 2. If the member is renewing a prescription, he or she must not prescribe a quantity of the drug that exceeds the lesser of, i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and ii. a ~~six~~ twelve months' supply.	Changing a "six months' supply" to a "twelve months' supply" allows pharmacists to renew prescriptions for up to 12 months, enabling greater access and continuity of care to patients, and potentially reducing some of the burden on the system, particularly for patients without access to a primay care physician (e.g. unnecessary visits to the emergency room department).
39. (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (4) is authorized to perform the act of piercing a patient's dermis with a lancet-type device to obtain blood. (2) A member who is a Part A pharmacist, an intern, a registered pharmacy student or a pharmacy technician is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. (3) A pharmacy technician shall not perform the act provided for in subsection (1) unless, (a) a Part A pharmacist is physically present on the premises at the time when the pharmacy technician performs the act; and	39. (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, and subject to subsection (3), a member referred to in subsection (2) who meets all the requirements in subsection (4) is authorized to perform the act of piercing a patient's dermis with a lancet-type device to obtain blood. (2) A member who is a Part A pharmacist, an intern, a registered pharmacy student or a pharmacy technician is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. (3) A pharmacy technician shall not perform the act provided for in subsection (1) unless, (a) a Part A pharmacist is physically present on the premises at the time when the pharmacy technician performs the act; ~~and~~	The current regulation restricts the act of piercing the dermis to purposes related to patient education and self monitoring of a chronic disease. Removal of this restriction allows for members to perform the act of piercing below the dermis for other purposes, such as point of care testing. This is an enabling change in the event that point of care testing is permitted in the future as a result of amendments to the Ministry's regulations under the Laboratory Speciman Collection and Centre Licensing Act. Numbering is adjusted as necessary.

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Existing Clause	Proposed New Clause	Rationale
(b) the pharmacy technician is under the direction of a Part A pharmacist at the time when the pharmacy technician performs the act.	(b) the pharmacy technician is under the direction of a Part A pharmacist at the time when the pharmacy technician performs the act, and (c) where the act is performed to administer a point of care test, a Part A pharmacist interprets the results of the test and makes the professional decision arising from the results of the test.	Consistent with the scope of practice of pharmacy technicians, this addition enables performamce of the act of piercing the dermis for additional purposes, but restricts pharmacy technicians from interpreting the results and making a therapeutic decision to act on the results.
(4) A member may only perform the act provided for in subsection (1) if he or she complies with the following: 1. The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient's self care and education or for the patient's self monitoring of his or her chronic disease, and before performing the act, i. shall explain that purpose to the patient or his or her authorized agent, and ii. shall receive an informed consent from the patient or his or her authorized agent. 2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient. 3. The member shall ensure that appropriate infection control procedures are in place. 4. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively. 5. The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances. 6. The member must maintain a patient record that includes, i. the name and address of the patient and the member, ii. the date the act was performed, and iii. confirmation that an informed consent was given by the patient or his or her authorized agent.	(4) A member may only perform the act provided for in subsection (1) if he or she complies with the following: 1. ~~The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient's self care and education or for the patient's self monitoring of his or her chronic disease, and before performing the act,~~ Where there are applicable regulations under the *Laboratory and Specimen Collection Centre Licensing Act*, the member shall only perform the act in accordance with those regulations ~~i. shall explain that purpose to the patient or his or her authorized agent, and ii. shall~~ The ~~member must~~ ~~ii.~~ 2. The member shall receive an informed consent from the patient or his or her authorized agent before performing the act. ~~2.~~ 3. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient. ~~3.~~ 4. The member shall ensure that appropriate infection control procedures are in place. ~~4.~~ 5. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively. ~~5.~~ 6.The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.	As noted above, removal of the specific purpose for performing the act of piercing the dermis, enables additional purposes such as point of care testing. Made specific reference to the *Laboatory and Specimen Collection Centre Licensing Act* to ensure that registrants will not be in breach of the Act and its regulation. Numbering is adjusted as necessary. Communication of services that are provided for patient care or therapeutic purposes are necessary to support continuity and co-ordination of care among the health team. These requirements are consistent with the other patient care

Existing Clause	Proposed New Clause	Rationale
	~~76.~~ 7. The member must maintain a patient record that includes, i. the name and address of the patient ~~and the member,~~ , ii. the ~~date~~name and address of the member, iii. the date the act was performed, ~~and~~ ~~iii.~~ iv. the circumstances relating to the act and any adverse reaction experienced by the patient, v. where the member performed the act to administer a point of care test, the results of the test, vi. the professional decision arising from the results of the point of care test and the rationale forthe decision, and vii. confirmation that an informed consent was given by the patient or his or her authorized agent. 8. Where the act is performed for a purpose other than patient education and demonstration, the member must notify the patient's primary care provider (if any) within a reasonable time that the member performed the act and provide details respecting the act.	documentation requirments, and include the requirements specific to point of care testing.

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Clause by Clause Comparison for Schedule 1

Existing Clause	Proposed New Clause (Categories)
Rationale for proposed changes:	The College proposes to move from a list of drugs to categories according to the American Hospital Formulary Service Pharmacologic-Therapeutic Classification, as categories are more responsive to changes when drugs are added or removed from distribution. Drug categories have been added to correspond with their currency and in order to be comprehensive, to increase patient access to care and patient convenience (e.g. antipsychotic medications, local anesthetics). No restrictions on dose are currently proposed. Pharmacists must continue to adhere to the College's Guideline for Administering a Substance by Injection or Inhalation. Substances not listed in the Schedules to the regulations may only be administered in the context of a medical directive.

SCHEDULE 1 INJECTED SUBSTANCES (Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)	SCHEDULE 1 INJECTED SUBSTANCES (Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)
1. 8:00 Anti-infective Agents i. 8:18 Antivirals A. 8:18.08.04 HIV Entry and Fusion Inhibitors 1. Enfuvirtide B. 8:18.20 Interferons 1. Interferon Alfa-2b 2. Peginterferon alfa-2a 3. Peginterferon alfa-2b	1. 8:00 Anti-infective Agents i. 8:12 Antibacterials ii. 8:18 Antivirals
2. 10:00 Antineoplastic Agents 1. Goserelin 2. Leuprolide 3. Methotrexate	2. 10:00 Antineoplastic Agents
3. 12:00 Autonomic Drugs i. 12:12 Sympathomimetic (Adrenergic) Agents A. 12:12.12 Alpha- and Beta-Adrenergic Agonists 1. Scopolamine 2. Hyoscine 3. Glycopyrrolate 4. Epinephrine	3. 12:00 Autonomic Drugs i. 12:08 Antimuscarinic Antispasmodics ii. 12:12 Sympathomimetic (Adrenergic) Agents iii. 12:16 Sympatholytic (Adrenergic Blocking) Agents
4. 20:00 Blood Formation and Coagulation i. 20:04 Antianemia Drugs A. 20:04.04 Iron Preparations 1. Iron	4. 20:00 Blood Formation and Coagulation i. 20:04 Antianemia Drugs
ii. 20:12 Coagulants and Anticoagulants A. 20:12.04 Anticoagulants	ii. 20:12 Coagulants and Anticoagulants

1. Dalteparin 2. Danaparoid 3. Enoxaparin 4. Fondaparinux 5. Heparin 6. Nadroparin 7. Tinazaparin iii. 20:16 Hematopoietic Agents 1. Ancestim 2. Darbepoetin alfa 3. Epoetin alfa 4. Filgrastim 5. Pegfilgrastim 6. Romiplostim	iii. 20:16 Hematopoietic Agents iv. 20:28.92 Antihemorrhagic Agents, Miscellaneous 5. 24:00 Cardiovascular Drugs i. 24:06.24 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors
5. 28:00 Central Nervous System Agents i. 28:08 Analgesics and Antipyretics A. 28:08.08 Opiate Agonists 1. Codeine 2. Hydromorphone 3. Meperidine 4. Morphine B. 28:08.12 Opiate Partial Agonists 1. Nalbuphine 2. Pentazocine	6. 28:00 Central Nervous System Agents i. 28:08 Analgesics and Antipyretics ii. 28:10 Opiate Antagonists
ii. 28:16 Psychotherapeutic Agents A. 28:16.08 Antipsychotics 1. Haloperidol 2. Methotrimeprazine	iii. 28:16 Psychotherapeutic Agents iv. 28:24.08 Bezodiazepines
iii. 28:32 Antimigraine Agents A. 28:32.28 Selective Serotonin Agonists 1. Sumatriptan	v. 28:32 Antimigraine Agents vi. 28.36 Antiparkinsonian Agents vii. 28:92 Miscellaneous Central Nervous System Agents
6. 40:00 Electrolytic, Caloric, and Water Balance i. 40:12 Replacement Preparations	7. 40:00 Electrolytic, Caloric, and Water Balance

1. Normal saline 7. 48:00 Respiratory Tract Agents i. 48:92 Respiratory Tract Agents, Miscellaneous 1. Omalizumab	i. 40:12 Replacement Preparations 8. 44:00 Enzymes 9. 48:00 Respiratory Tract Agents i. 48:92 Respiratory Tract Agents, Miscellaneous
8. 56:00 Gastrointestinal Drugs i. 56:22 Antiemetics A. 56:22.08 Antihistamines 1. Dimenhydrinate 2. Prochlorperazine ii. 56:32 Prokinetic Agents 1. Metoclopropamide iii. 56:92 GI Drugs, Miscellaneous 1. Certolizumab Pegol 2. Methylnaltrexone	10. 56:00 Gastrointestinal Drugs i. 56:22 Antiemetics ii. 56:32 Prokinetic Agents iii. 56:92 GI Drugs, Miscellaneous
9. 64:00 Heavy Metal Antagonists 1. Deferoxamine	11. 64:00 Heavy Metal Antagonists
10. 68:00 Hormones and Synthetic Substitutes i. 68:18 Gonadotropins 1. Follitropin-alpha 2. Follitropin-beta 3. Gonadotropin-chorionic 4. Gonadotropin-chorionic-alfa 5. Gonadotropin-human 6. Lutropin-alfa 7. Menotropins 8. Urofollitropin	12. 68:00 Hormones and Synthetic Substitutes i. 68:04 Adrenals ii. 68:08 Androgens iii. 68:18 Gonadotropins
ii. 68:20 Antidiabetic Agents 1. Exenatide 2. Insulins	iv. 68:20 Antidiabetic Agents

3. Liraglutide iii. 68:22 Antihypoglycemic Agents A. 68:22:12 Glycogenolytic Agents 1. Glucagon iv. 68:24 Parathyroid 1. Calcitonin Salmon 2. Teriparatide v. 68:28 Pituitary 1. Desmopressin 2. Vasopressin vi. 68:30 Somatotropin Agonists and Antagonists A. 68:30.04 Somatotropin Agonists 1. Somatropin B. 68:30.08 Somatotropin Antagonists 1. Pegvisomant vii. 68:32 Progestins 1. Medroxyprogesterone	v. 68:22 Antihypoglycemic Agents vi. 68:24 Parathyroid vii. 68:28 Pituitary viii. 68:29:04 Somatostatin Agonists ix. 68:30 Somatotropin Agonists and Antagonists x. 68:32 Progestins xi. 68:36:04 Thyroid Agents 13. 72:00 Local Anesthetics 14. 84:92 Misc. Skin and Mucous Membrane Agents
11. 88:00 Vitamins i. 88:08 Vitamin B Complex 1. Cyanocobalamin 2. Folic Acid 3. Methylcobalamin 4. Pyridoxine 5. Thiamine ii. 88:12 Vitamin C	15. 88:00 Vitamins i. 88:08 Vitamin B Complex ii. 88:12 Vitamin C

1. Ascorbic Acid iii. 88:24 Vitamin K Activity 1. Vitamin K 12. 92:00 Miscellaneous Therapeutic Agents i. 92:12 Antidotes 1. Leucovorin ii. 92:20 Biologic Response Modifiers 1. Denosumab 2. Glatiramer 3. Interferon-Beta-1A 4. Interferon-Beta-1B 5. Natalizumab iii. 92:36 Disease-modifying Antirheumatic Drugs 1. Abatacept 2. Adalimumab 3. Anakinra 4. Etanercept 5. Gold Sodium Thiomalate 6. Golimumab 7. Ustekinumab iv. 92:40 Gonadotropin- releasing Hormone Antagonists 1. Cetrorelix 2. Ganirelix v. 92:92 Other Miscellaneous Therapeutic Agents 1. Octreotide 13. Miscellaneous 1. Sterile Water for Injection (Diluent)	iii. 88:24 Vitamin K Activity 16. 92:00 Miscellaneous Therapeutic Agents i. 92:12 Antidotes i. 92:20 Biologic Response Modifiers ii. 92:32 Complement Inhibitors iii. 92:36 Disease-modifying Antirheumatic Drugs iv. 92:40 Gonadotropin- releasing Hormone Antagonists v. 92:44 Immunosuppressive Agents vi. 92:92 Other Miscellaneous Therapeutic Agents 17. Miscellaneous

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Clause by Clause Comparison for Schedule 2

Existing Clause	Proposed New Clause (Categories)
Rationale for proposed changes:	The College proposes to move from a list of drugs to categories according to the American Hospital Formulary Service Pharmacologic-Therapeutic Classification, as categories are more responsive to changes when drugs are added or removed from distribution. Drug categories have been added to correspond with their currency and in order to be comprehensive, to increase patient access to care and patient convenience (e.g. antipsychotic medications, local anesthetics). No restrictions on dose are currently proposed. Pharmacists must continue to adhere to the College's Guideline for Administering a Substance by Injection or Inhalation. Substances not listed in the Schedules to the regulations may only be administered in the context of a medical directive.

SCHEDULE 2 INHALED SUBSTANCES (Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)	SCHEDULE 2 INHALED SUBSTANCES (Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)
1. 8:00 Anti-infective Agents	1. 8:00 Anti-infective Agents
i. 8:18 Antivirals	i. 8:18 Antivirals
A. 8:18.28 Neuraminidase Inhibitors	
1. Zanamivir	
ii. 8:12 Antibacterials	ii. 8:12 Antibacterials
A. 8:12.07.16 Monobactams	
1. Tobramycin	
2. Aztreonam	
2. 12:00 Autonomic Drugs	2. 12:00 Autonomic Drugs
i. 12:08 Anticholinergic Agents	i. 12:08 Anticholinergic Agents
A. 12:12.08 Antimuscarinics/Antispasmodics	
1. Ipratropium	
2. Tiotropium	
ii. 12:12 Sympathomimetic (Adrenergic) Agents	ii. 12:12 Sympathomimetic (Adrenergic) Agents
A. 12:12.08.12 Selective Beta2- Adrenergic Agonists	
1. Fenoterol	
2. Formoterol	
3. Salbutamol	
4. Salmeterol	
5. Terbutaline	
iii. 12:16 Sympatholytic (Adrenergic Blocking) Agents	iii. 12:16 Sympatholytic (Adrenergic Blocking) Agents
A. 12:16.04.04 Non-Selective alpha-Adrenergic Blocking Agents	
1. Dihyroergotamine	

iv. 12:92 Autonomic Drugs, Miscellaneous	iv. 12:92 Autonomic Drugs, Miscellaneous
1. Nicotine	
3. 28:00 Central Nervous System Agents	3. 28:00 Central Nervous System Agents
i. 28:08 Analgesics and Antipyretics	i. 28:08 Analgesics and Antipyretics
A. 28:08.12 Opiate Partial Agonists	
1. Butorphanol	
ii. 28:32 Antimigraine Agents	ii. 28:32 Antimigraine Agents
A. 28:32.28 Selective Serotonin Agonists	
1. Sumatriptan	
2. Zolmitriptan	
4. 40:00 Electrolytic, Caloric, and Water Balance	4. 40:00 Electrolytic, Caloric, and Water Balance
i. 40:12 Replacement Preparations	i. 40:12 Replacement Preparations
1. Sodium chloride	
5. 48:00 Respiratory Tract Agents	5. 48:00 Respiratory Tract Agents
i. 48:24 Mucolytic Agents	i. 48:12.08 Anticholinergic Agents
1. Dornase alfa	ii. 48:24 Mucolytic Agents
6. 52:00 Eye, Ear, Nose and Throat (EENT) Preparations	6. 52:00 Eye, Ear, Nose and Throat (EENT) Preparations
i. 52:02 Antiallergic Agents	i. 52:02 Antiallergic Agents
1. Sodium Cromoglycate	
2. Levocabastine	
ii. 52:08 Anti-inflammatory Agents	ii. 52:08 Anti-inflammatory Agents
A. 52:08.08 Corticosteroids	
1. Beclomethasone	
2. Budesonide	
3. Ciclesonide	
4. Flunisolide	
5. Fluticasone	
6. Mometasone	

7. Triamcinolone iii. 52:32 Vasoconstrictors 1. Oxymetazoline 2. Phenylephrine 3. Xylometazoline	iii. 52:32 Vasoconstrictors
7. 68:00 Hormones and Synthetic Substitutes i. 68:18 Gonadotropins 1. Buserelin 2. Nafarelin	7. 68:00 Hormones and Synthetic Substitutes i. 68:18 Gonadotropins
ii. 68:24 Parathyroid 1. Calcitonin Salmon	ii. 68:24 Parathyroid
iii. 68:28 Pituitary 1. Desmopressin 2. Vasopressin	ii. 68:28 Pituitary
8. 92:00 Miscellaneous Therapeutic Agents i. 92:12 Antidotes 1. Acetylcysteine	8. 92:00 Miscellaneous Therapeutic Agents i. 92:12 Antidotes