Board of Directors Meeting Agenda

WEDNESDAY DECEMBER 3, 2025
1:00 PM – 2:00 PM
MEETING LINK

1. **Welcome and Land Acknowledgement**
   A Land Acknowledgement will be offered by Board Director, Danny Paquette.

2. **Approval of Agenda**
   The Board will be asked to approve the agenda.

3. **Declaration of Conflict of Interest**
   Board members will be asked to identify any items on the agenda with which they have or may appear to have a conflict of interest.

4. **Minutes of Board Meeting – For Decision**
   The Board will consider the minutes of the November 20, 2025, meeting for approval.

5. **Amending regulation under the *Drug and Pharmacies Regulation Act, 1990* – For Decision**
   The Board will be asked to approve, for submission to the Ministry, the proposed amending regulation, made under the *Drug and Pharmacies Regulation Act, 1990* to align O. Reg 264/16 with recent As of Right legislative changes.

MEETING ADJOURNMENT

Ontario College of Pharmacists
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MINUTES OF A
BOARD OF DIRECTORS MEETING
NOVEMBER 20, 2025

8:00 A.M. TO 9:00 A.M.

1. **Noting Members Present**
2. **Declaration of Conflict**
3. **Proposed Amendments to O. Reg 264/16 (General) under the *Drug and Pharmacies Regulation Act, 1990***
4. **Adjournment**

THURSDAY, NOVEMBER 20, 2025 – 8:00 A.M.
HELD VIA VIDEOCONFERENCE

OCP Board of Directors
Simon Boulis
Douglas Brown (Chair)
Leyland Brown
Akil Dhirani
Andrea Edginton
Scott Ford
Jae-Yon Jung
James Killingsworth
Elnora Magboo
Francis Michaud
Danny Paquette
Siva Sivapalan (Vice Chair)
Cindy Wagg
Devinder Walia
Victor Wong

Regrets
Jennifer Antunes
Simran Bal
Lisa Dolovich
Adrienne Katz
Stephen Molnar
Wilfred Steer
Alain Stintzi

Management
Jay O'Neill, Registrar and CEO
Susan James, Director, Registration and Quality
Thomas Custers, Director, Corporate Services
Angela Bates, Director, Conduct
Christian Guerette, General Counsel and Chief Privacy Officer
Todd Leach, Director, Communications and Knowledge Mobilization

Staff
Allena Nguyen, Executive Assistant, Temporary Assignment
Sharlene Rankin, Executive Assistant, Directors & Corporate Policy

The Chair called the meeting to order at 8:00 a.m.

1. Land Acknowledgement

The meeting began with a land acknowledgment led by Devinder Walia in recognition and respect for Indigenous peoples.

2. Approval of Agenda

MOTION:
THAT the Board of Directors approves the agenda for the November 20, 2025, meeting as presented.

Moved by Devinder Walia
Seconded by Scott Ford

The motion **CARRIED**.

3. Declaration of Conflict of Interest

The Chair asked the Board if anyone had any conflicts to declare. None declared.

4. Proposed Amendments to O. Reg 264/16 (General) under the *Drug and Pharmacies Regulation Act, 1990* – For Decision

Susan James, Director, Registration and Quality, provided an overview of the As of Right rules, from when they first came into effect in July 2023 to the current legislative status. The overview covered key areas, including eligibility requirements, criteria for meeting those requirements, and compliance standards during the six-month registration completion timeframe.

During the overview of these areas, Directors raised clarifying questions regarding the legislation's intent, the College's regulatory authority, and the impact of interprovincial variability.

Susan James then continued her overview by outlining the current legislative status of the As of Right rules, including a request from the Ministry for the College to make a regulation under the *Drug and Pharmacies Regulation Act, 1990* to support the legislative changes with an implementation date of January 1, 2026.

The Board was asked to approve a regulation that will serve to amend the general regulation and then seek an exemption from the 60-day circulation requirements.

Following the overview and discussion, the motion was called to a vote.

MOTION:
THAT the Board approve for circulation a proposed regulation, made under the authority of section 161(1) (v) of the *Drug and Pharmacies Regulation Act, 1990*, to amend General Regulation 264/16, by including the definitions of prescribed persons as set out in Appendix 3.

Moved by Elnora Magboo
Seconded by Devinder Walia

A discussion ensued where Directors sought clarification on the purpose of the motion and the College's authority over individuals practicing under As of Right. There were some questions regarding the ability of these individuals to fulfill all roles of a practicing pharmacist, including billing for services and fulfilling the designated manager role in a pharmacy. The discussion highlighted that the College must continue focusing on timely registration processes to bring individuals under their jurisdiction. Susan James confirmed the College would assess the government's regulation under the Pharmacy Act to see if it addresses any of these issues and noted the College could develop a corresponding regulatory response if a gap or concern was identified.

The motion **CARRIED**.

The second motion was called to a vote.

MOTION: THAT the Board seek an exemption from the 60-day circulation requirement under sections 161 (5) and (7) of the *Drug and Pharmacies Regulation Act, 1990*, by the Minister of Health.

Moved by Siva Sivapalan
Seconded by Simon Boulis

A discussion ensued focusing on the implications of the motion. Douglas Brown, Board Chair, noted that the Board would be meeting again to confirm and finalize the regulation before submission. Susan James noted that the second special meeting of the Board would be an opportune time to ensure the College recorded any concerns, and that the College could articulate those concerns with the submission of the regulation.

The motion **CARRIED**.

5. Adjournment

There being no further business, at 9:05 a.m., a motion to adjourn the meeting was moved and seconded.

The motion **CARRIED**.

Allena Nguyen
Executive Assistant, Temporary Assignment

Doug Brown
Board Chair

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BOARD BRIEFING NOTE
MEETING DATE: December 3, 2025

FOR DECISION

From: Executive Committee

Topic: Amendments to General Regulation 264/16 made under the *Drug and Pharmacies Regulation Act, 1990*

ISSUE: The Ministry has directed the College to make regulatory amendments to support recent legislative changes for the expansion of "As of Right" rules which will apply to certain out-of-province health care professionals, effective January 1, 2026. To address the Ministry's request, the Board is being asked to approve a proposed regulation to amend General Regulation 264/16 under the *Drug and Pharmacies Regulation Act, 1990* (*DPRA*) for final submission to the Ministry of Health.

PUBLIC INTEREST RATIONALE: Approving legislative amendments designed to increase the number of qualified health care professionals practicing in Ontario is part of the Ontario College of Pharmacists' (the "College") role as outlined in the *Regulated Health Professions Act, 1991 (RHPA)* (2.1 Schedule 2, Health Professions Procedural Code). "It is a duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals".

STRATEGIC ALIGNMENT, REGULATORY PROCESSES, AND ACTIONS: The Ministry of Health (the "Ministry") has approved legislation that expands "As of Right" exemptions, and the College is accountable to the Ministry for ensuring that any associated regulatory amendments are made. Approving regulations in alignment with the Ministry's "As of Right" legislation is one of the ways the College fulfills its duty to make and administer regulations under the *DPRA*.

BACKGROUND:

- On November 3rd, Bill 56 received Royal Assent that, pending regulatory amendments, expands "As of Right" rules to 16 additional health professions.
- Schedule 3 of Bill 56 provides the College with new regulation making authority allowing the Board, subject to approval, to make a regulation that broadens the meaning of certain terms used in the *DPRA*.
- At a special Board meeting on November 20th, the Board approved for circulation a proposed regulation to amend General Regulation 264/16 under the *Drug and Pharmacies Regulation Act, 1990* to define who is a "person prescribed by the regulations." For details, refer to the meeting materials here.
- A second motion was passed at this special Board meeting to request that the proposed amendments be exempt from the mandatory 60-day consultation based on the Ministry's request to have a signed final regulation submitted by December 5th and their willingness to help expedite the regulation making process. A report on the meeting outcome and associated motions can be found here.
- A letter from the Board Chair requesting exemption from the 60-day circulation was sent to the Ministry following the meeting (see Appendix 1).
- On December 1st, the College received a letter from the Minister of Health approving the College's request to exempt the regulation from a 60-day circulation required by Section 161 (5) of the *DPRA* (see Appendix 2).
- Given circulation was exempted, the amending regulation is the same version as the one approved by the Board for circulation on November 20 (see Appendix 3 for the proposed amending regulation and Appendix 4 for the General Regulation under the *DPRA*, with tracked changes).

ANALYSIS:

Although not specific to the proposed regulation, at the November 20th meeting the Board inquired how the As of Right rules will apply in practice for out-of-province pharmacy professionals. Specifically, directors had questions about how these individuals will bill the Ontario Drug Benefit (ODB) program for pharmacy services they deliver and whether they will be able to serve in the role of a designated manager in community pharmacy. The answer to these questions, along with others, such as their ability to supervise other pharmacy professionals or sign for narcotics, remains unclear.

In addition to the amendments made to *the DPRA,* to enable the expansion of As of Right health professionals who interact with pharmacy, the *Regulated Health Professions Act, 1991* has also been amended with a clear objective of ensuring out of province professionals, certified to practice in another Canadian jurisdiction, have unfettered access to practice in Ontario under the As of Right rules. Currently, there does not appear to be a mechanism to restrict the activities of As of Right pharmacy professionals, including fulfilling the designated manager role. To address these questions fully, further clarification from the Ministry will be required, and in the meantime the College can mitigate potential risks by registering As of Right applicants as quickly as possible. Those with a complete application can be registered in a matter of days.

Regarding the ability to bill to the ODB program, the College is working with the Drug Programs branch of the Ministry to enable the necessary registration.

RECOMMENDATION:

Motion: That the Board approve for submission to the Ministry the proposed regulation, made under the authority of section 161(1) (v) of the *Drug and Pharmacies Regulation Act, 1990*, to amend General Regulation 264/16, by including the definitions of prescribed persons as set out in Appendix 3.

NEXT STEPS:

Pending Board approval of the regulation, the College will complete submission of the final signed regulation to the Ministry by December 5th. College staff will continue to collaborate with Ministry representatives to clarify the regulatory mechanism and implementation process associated with all As of Right regulatory amendments impacting pharmacy and act on all As of Right applications to complete registration for these individuals as quickly as possible.

As noted in the letter from the Ministry, amendments to regulation 381/11 under the *Narcotic Safety and Awareness Act, 2010*, will follow. These changes will ensure that prescribed persons will have the same reporting obligations as members of a regulated health profession.

ATTACHMENTS:

- Appendix 1 – Letter to Minister, *DPRA* Request for exemption
- Appendix 2 – Minister Letter to OCP, re – *DPRA* Reg Circulation
- Appendix 3 – Proposed Amending Regulation
- Appendix 4 – General Regulation 264/16 under the *DPRA*, with tracked changes

Ontario College of Pharmacists
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Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

November 21, 2025

Hon. Sylvia Jones
Deputy Premier
Minister of Health
College Park 5th Floor, 777 Bay Street
Toronto, ON M7A 2J3

Dear Minister Jones,

On behalf of the Board (Council) of the Ontario College of Pharmacists (the College), I am writing to respectfully request your approval to exempt the required 60-day circulation period for the attached proposed regulation made under the authority of section 161 (1) v of the *Drug and Pharmacies Regulation Act, 1990* (DPRA).

The College has drafted the regulation to amend General Regulation 264/16 under the *Act* to support the recent legislative changes made to the *DPRA,* enabling certain out of province health professionals to work in Ontario under the As of Right rules and engage as necessary with the drug and pharmacy system.

This request is made in response to Assistant Deputy Minister Dr. Karima Velji's letter dated November 14th, 2025, which asked the College to initiate the attached regulation and deliver a final signed version by December 5th, 2025. We understand that these timelines are intended to ensure alignment with the January 1, 2026, effective date for the statutory changes introduced under Bill 56, *Building a More Competitive Economy Act, 2025* which expands the As of Right rules to help ensure the Ontarians have timely access to an adequate number of qualified health professionals.

While the College fully recognizes the importance of consultation with interested parties on regulatory amendments, we note that the proposed changes are consistent with policy and legislative initiatives that were subject to government-led consultation earlier this year. The College participated in that process and expressed its support for the government's commitment to innovative health human resource solutions that strengthen capacity within the healthcare system.

Timely approval of the requested regulatory amendments will allow the College to demonstrate its continued support for these objectives. Accordingly, we respectfully seek your consideration and approval to waive the 60-day consultation requirement.

Thank you for your attention to this matter. Please do not hesitate to contact me should you require any additional information.

Sincerely,

Douglas Brown
Chair, Ontario College of Pharmacists

cc. Karima Valji, Office of the Chief of Nursing and Professional Practice and Assistant Deputy Minister, Ministry of Health

Patrick Dicerni, Assistant Deputy Minister and Executive Officer, Health Programs and Delivery Division, Ministry of Health

Jay O'Neill, Registrar and CEO, Ontario College of Pharmacists

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et ministre de la Santé

777, rue Bay, 5e étage
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Ontario

December 1, 2025

Douglas Brown
President
Council of the Ontario College of Pharmacists
483 Huron Street
Toronto ON., M5R 2R4

Dear Mr. Brown:

Thank you for your letter of November 20, 2025, in which the College Council has requested approval for an exemption from the 60-day circulation period for proposed regulatory amendments made under the *Drug and Pharmacies Regulation* Act (DPRA). This 60-day circulation period is required under subsection 161 (5) of the DPRA.

Your support of the Ontario government's efforts to reduce barriers to registration and practise for regulated health professionals has been vital to ensuring that Ontarians have access to timely pharmacy services. I understand that the proposed regulation amendments are necessary to enable out-of-province pharmacists and pharmacy technicians practising under Ontario's first-in-Canada "As of Right" rules to practise within Ontario's drug and pharmacies sector. As you have noted, January 1, 2026, is the day that the *Building a More Competitive Economy Act, 2025* comes into force and embedded in that Act is the expanded "As of Right" rules for regulated health professions.

Subsection 161 (7) of the DPRA permits Council to exempt a proposed regulation from the requirement that it be circulated or to abridge the 60-day period with the approval of the Minister of Health. In this limited circumstance and because the regulation amendments must be in place before January 1, 2026, I am approving your proposal to exempt the circulation requirement of 60 days for public consultation.

…/2

Please note that my approval of the exemption of the circulation period is not an endorsement of the contents of the regulatory amendments and should not be taken as such. As always, College regulations are subject to my review and approval by the Lieutenant Governor in Council.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Deborah Richardson, Deputy Minister, Ministry of Health
Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice, Ministry of Health
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Ministry of Health

PROPOSED AMENDING REGULATION

to be made under the

DRUG AND PHARMACIES REGULATION ACT

Amending O. Reg. 264/16

(GENERAL)

1. Ontario Regulation 264/16 is amended by adding the following section:

Prescribed persons

2.1 (1) A person who is exempted from subsections 10 (1) and (2) of the *Chiropody Act, 1991* by a regulation made under that Act is a prescribed person for the purposes of the definition of "chiropodist" in subsection 1 (1) of the Act.

(2) A person who is exempted from subsections 9 (1) and (2) of the *Dental Hygiene Act, 1991* by a regulation made under that Act is a prescribed person for the purposes of the definition of "dental hygienist" in subsection 1 (1) of the Act.

(3) A person who is exempted from subsections 8 (1) and (2) of the *Midwifery Act, 1991* by a regulation made under that Act is a prescribed person for the purposes of the definition of "midwife" in subsection 1 (1) of the Act.

(4) A person who is exempted from subsections 9 (1) and (2) of the *Optometry Act, 1991* by a regulation made under that Act is a prescribed person for the purposes of the definition of "optometrist" in subsection 1 (1) of the Act.

(5) A person who is exempted from subsections 10 (1) and (2) of the *Pharmacy Act, 1991* by a regulation made under that Act and who holds, in another jurisdiction specified in that regulation, the equivalent of a certificate of registration in the pharmacist class in Ontario is a prescribed person for the purposes of the definition of "pharmacist" in subsection 1 (1) of the Act.

(6) A person who is exempted from subsections 10 (1) and (2) of the *Pharmacy Act, 1991* by a regulation made under that Act and who holds, in another jurisdiction specified in that regulation, the equivalent of a certificate of registration in the pharmacy technician class in Ontario is a prescribed person for the purposes of the definition of "pharmacy technician" in subsection 1 (1) of the Act.

Commencement

2. This Regulation comes into force on the later of January 1, 2026 and the day this Regulation is filed.

Drug and Pharmacies Regulation Act
Loi sur la réglementation des médicaments et des pharmacies

ONTARIO REGULATION 264/16
GENERAL

Consolidation Period: From August 1, 2016 to the e-Laws currency date.

No amendments.

This Regulation is made in English only.

CONTENTS

PART 1
INTERPRETATION

Interpretation

1. (1) In this Regulation,

"automated pharmacy system" means a mechanical system that performs operations or activities with respect to the storage and packaging of drugs or medications, and with respect to their dispensing or distribution directly to the public;

"dispensary" means the area of a pharmacy that is accredited as a community pharmacy where drugs are stored and prepared for dispensing and distribution and to which the public has no access, but does not include an automated pharmacy system;

"document" includes a prescription, record of information in any form, and report;

"medications" means drugs and other substances usually maintained in a pharmacy, including substances used in the compounding of drugs;

"National Drug Schedules" means the National Drug Schedules that are part of the National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities, as those Schedules are amended from time to time;

"owner" means any person or persons who own the pharmacy and, where the owner is or includes a corporation, includes each director of the corporation;

"sell" includes offer for sale, expose for sale, have in possession for sale, and distribute, whether or not the distribution is for consideration.

(2) In this Regulation, unless the context provides otherwise, reference to a pharmacy includes a hospital pharmacy.

Remote dispensing location

2. For the purposes of the Act and this Regulation,

"remote dispensing location" means a place where drugs are dispensed or sold by retail to the public under the supervision of a pharmacist who is not physically present.

Prescribed persons

2.1 (1) A person who is exempted from subsections 10 (1) and (2) of the *Chiropody Act, 1991* by a regulation made under that Act is a prescribed person for the purposes of the definition of "chiropodist" in subsection 1 (1) of the Act.

(2) A person who is exempted from subsections 9 (1) and (2) of the *Dental Hygiene Act, 1991* by a regulation made under that Act is a prescribed person for the purposes of the definition of "dental hygienist" in subsection 1 (1) of the Act.

(3) A person who is exempted from subsections 8 (1) and (2) of the *Midwifery Act, 1991* by a regulation made under that Act is a prescribed person for the purposes of the definition of "midwife" in subsection 1 (1) of the Act.

(4) A person who is exempted from subsections 9 (1) and (2) of the *Optometry Act, 1991* by a regulation made under that Act is a prescribed person for the purposes of the definition of "optometrist" in subsection 1 (1) of the Act.

(5) A person who is exempted from subsections 10 (1) and (2) of the *Pharmacy Act, 1991* by a regulation made under that Act and who holds, in another jurisdiction specified in that regulation, the equivalent of a certificate of registration in the pharmacist class in Ontario is a prescribed person for the purposes of the definition of "pharmacist" in subsection 1 (1) of the Act.

(6) A person who is exempted from subsections 10 (1) and (2) of the *Pharmacy Act, 1991* by a regulation made under that Act and who holds, in another jurisdiction specified in that regulation, the equivalent of a certificate of registration in the

pharmacy technician class in Ontario is a prescribed person for the purposes of the definition of "pharmacy technician" in subsection 1 (1) of the Act.

2. Commencement

This Regulation comes into force on the later of January 1, 2026 and the day this Regulation is filed.

PART II
DRUG SCHEDULES

Drug Schedules

3. (1) Schedules I, II, III and U are established for the purposes of the Act.

(2) The following substances are prescribed as being included in Schedule I for the purposes of the Act:

1. The substances listed in Schedule I of the National Drug Schedules.
2. The substances listed in the Prescription Drug List established under section 29.1 of the *Food and Drugs Act* (Canada).
3. The substances listed in the Schedules to the *Controlled Drugs and Substances Act* (Canada).

(3) The substances listed in Schedule II of the National Drug Schedules are prescribed as being included in Schedule II for the purposes of the Act.

(4) The substances listed in Schedule III of the National Drug Schedules are prescribed as being included in Schedule III for the purposes of the Act.

(5) The substances listed in the Unscheduled Category of the National Drug Schedules are prescribed as being included in Schedule U for the purposes of the Act.

(6) The substances listed in Schedule A to this Regulation are not drugs for the purposes of the Act.

(7) Despite clause (f) of the definition of "drug" in subsection 1 (1) of the Act, any substance that is a natural health product containing pseudoephedrine or its salts, or ephedrine or its salts, or any combination of them, is a drug for the purposes of the Act.

Sale in community pharmacy

4. (1) At a pharmacy that is accredited as a community pharmacy, drugs in Schedule I shall only be available for sale from the dispensary or, where sold in a remote dispensing location, the dispensary or an automated pharmacy system.

(2) At a pharmacy that is accredited as a community pharmacy, drugs in Schedule II shall only be available for sale from the following locations:

1. A dispensary.
2. Another area of the pharmacy to which the public does not have access and which does not permit self-selection of drugs by patients.
3. Where sold in a remote dispensing location, the dispensary or an automated pharmacy system.

(3) At a pharmacy that is accredited as a community pharmacy, drugs in Schedule III shall only be available for sale from the following locations:

1. A dispensary.
2. Another area of the pharmacy that allows for self-selection of drugs by patients as long as a member is available for consultation.
3. Where sold in a remote dispensing location, an area in the remote dispensing location to which the public does not have access.

Transferring prescriptions

5. Subject to compliance with any other applicable federal or provincial laws, a prescription shall be transferred from a pharmacy that is accredited as a community pharmacy on the request of the patient or a person acting on behalf of the patient.

PART III
CERTIFICATES OF ACCREDITATION — ISSUANCE AND RENEWAL

Definition

6. In this Part,

"applicant" means each proposed owner of the pharmacy.

Classes of certificates of accreditation

7. (1) Community pharmacies and hospital pharmacies are established as classes of certificates of accreditation.

(2) A pharmacy that is accredited by the College immediately before this Regulation comes into force shall be deemed to be accredited as a community pharmacy under this Regulation and shall be subject to the same terms, conditions and limitations that were imposed on the certificate of accreditation immediately before this Regulation came into effect.

(3) If an applicant intends to sell drugs by retail, the applicant shall apply for a certificate of accreditation of the community pharmacy class.

(4) Every operator of a remote dispensing location must hold a certificate of accreditation of the community pharmacy class.

Qualifications for the issuance of a certificate of accreditation for any class

8. (1) For each class, an applicant is qualified for the issuance of a certificate of accreditation to establish and operate a pharmacy if all of the following requirements are met:

1. The applicant files a completed application in the form required by the College and pays the required fees.
2. The applicant provides further information to the College if requested by the Registrar or the Accreditation Committee.
3. All information provided by the applicant to the College is full, accurate and complete.
4. The past and present conduct of each person who is an applicant affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law.
5. In the case of a corporation, the past and present conduct of each director of the corporation affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law.

(2) It is a condition of the issuance of a certificate of accreditation that the Registrar or the Accreditation Committee is satisfied that the pharmacy meets the applicable standards for accreditation.

Additional requirements, remote dispensing location

9. An applicant is qualified for the issuance of a certificate of accreditation to establish and operate a pharmacy that permits the operation of remote dispensing locations if, in addition to the requirements set out in section 8, there are reasonable grounds for the belief that the applicant will be able to supervise all aspects of the operation of the proposed remote dispensing locations properly and effectively.

Deemed reasonable grounds for belief

10. For the purposes of paragraphs 4 and 5 of subsection 8 (1), and without limiting its generality, there shall be deemed to be reasonable grounds for the belief that the pharmacy will not be operated with decency, honesty and integrity and in accordance with the law if any one or more of the following has occurred:

1. A false or misleading statement or representation was made in the application or any information provided to the College in respect of the application.
2. There was a failure or refusal to provide information requested under paragraph 2 of subsection 8 (1).

Issuance, name and address

11. (1) A certificate of accreditation shall be issued in the specific name of the person who owns the pharmacy and for the specific municipal address or addresses at which the pharmacy is to be operated.

(2) A certificate of accreditation that permits the operation of remote dispensing locations shall specify the locations of the permitted remote dispensing locations.

Amendment, remote dispensing location

12. An owner shall apply for an amended certificate of accreditation if the owner wishes to,

(a) operate a remote dispensing location where the certificate does not already permit the operation of remote dispensing locations; or

(b) operate a remote dispensing location at a location other than the location specified on the certificate of accreditation.

Expiry

13. (1) Subject to subsections (2) to (5), every certificate of accreditation automatically expires on May 10 in each year unless renewed on or before that date.

(2) A certificate of accreditation shall be deemed to have expired if there is a permanent closure of or discontinuance of service at the pharmacy.

(3) If there is a permanent closure of or discontinuance of service at a pharmacy, any permission granted on a certificate of accreditation to operate a remote dispensing location shall be deemed to have expired.

(4) Where the Registrar refers an application for the renewal of a certificate of accreditation to the Accreditation Committee, the certificate of accreditation does not expire until the decision of the Accreditation Committee becomes final.

(5) Where the Accreditation Committee directs the Registrar not to renew the certificate of accreditation of a pharmacy, the certificate of accreditation shall be deemed to have expired as of the date the decision of the Accreditation Committee becomes final.

Qualification for renewal of a certificate of accreditation

14. (1) A holder of a certificate of accreditation is qualified for the renewal of that certificate if the certificate holder meets the following requirements:

1. The certificate holder files a completed application in the form required by the College and pays the required fees.
2. The certificate holder provides further information to the College if requested by the Registrar or the Accreditation Committee.
3. All information provided by the certificate holder to the College is full, accurate and complete.
4. There is no default in the payment of any fees required by the College to be paid or any money owed to the College in relation to the pharmacy.
5. The past and present conduct of each person who is a certificate holder affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law.
6. In the case of a corporation, the past and present conduct of each director of the corporation affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law.
7. The operation of the pharmacy is in compliance with the Act, the regulations under the Act and the by-laws of the College governing the establishment and operation of the pharmacy.

(2) A certificate of accreditation shall not be renewed where an inspection of the pharmacy or of any of its remote dispensing locations has taken place under the Act and where the inspector identified a failure to conform to the requirements of the Act and the regulations that poses a risk of harm to the public, unless the Registrar is satisfied that such failure has been addressed either to the Registrar's satisfaction or, failing that, to the satisfaction of the Accreditation Committee.

Removal of terms, conditions and limitations

15. Where terms, conditions and limitations are imposed on the certificate of accreditation, the Registrar may remove any or all of them,

(a) where the Registrar is satisfied that the terms, conditions and limitations have been complied with; or

(b) with the approval of the Accreditation Committee.

Revocation

16. (1) The Registrar may propose to the Accreditation Committee the revocation of a certificate of accreditation where the Registrar is satisfied that the certificate was issued or renewed based on the false or misleading information of an applicant or owner.

(2) The Accreditation Committee may direct the Registrar to revoke a certificate of accreditation where it is satisfied that it was issued or renewed based on the false or misleading information of an applicant or owner and where it is satisfied that it is appropriate to do so.

PART IV
STANDARDS FOR ACCREDITATION

APPLICATION

Remote dispensing locations

17. Every standard for accreditation that applies to a pharmacy applies to a remote dispensing location, unless the standard provides otherwise.

Standards for accreditation

18. (1) The standards for accreditation are those set out in sections 19 to 23.

(2) Every owner and designated manager shall ensure that the standards for accreditation of a pharmacy are maintained.

(3) The additional standards for accreditation relative to a remote dispensing location are those set out in sections 24 to 27.

(4) Every owner and designated manager of a pharmacy whose certificate of accreditation permits the operation of a remote dispensing location shall ensure that the additional standards for accreditation are maintained.

STANDARDS FOR ACCREDITATION

Requirements of a pharmacy

19. Every pharmacy must,

(a) be safe, clean, orderly and properly maintained;

(b) be suitable for the pharmacy services provided at the pharmacy;

(c) be designed, constructed and maintained to ensure the integrity and the safe and appropriate storage of all drugs, other medications, natural health products and substances and preparations referred to in Schedule U;

(d) have procedures in place to protect the confidentiality of all personal health information and other personal information maintained by the pharmacy and to protect the privacy of persons who receive pharmacy services at the pharmacy;

(e) be secure and safeguarded from unauthorized access;

(f) contain equipment, technology and facilities that are,

(i) safe to use and fit for their purpose, including, as applicable, for the preparation, dispensing, distribution, storage and compounding of drugs and other medications,

(ii) safeguarded from unauthorized access, and

(iii) in a state of good repair;

(g) have information management systems that,

(i) support the delivery of patient care,

(ii) permit information to be recorded, displayed, stored and exchanged, and

(iii) facilitate information exchange with external systems, while preserving the confidentiality, security and integrity of all personal health information and other personal information;

(h) have the necessary equipment, systems and staffing, to allow members practising in the pharmacy to meet the standards of practice of the profession;

(i) have available the references and resources that are required by members practising in the pharmacy to meet the standards of practice of the profession and to support the pharmacy services the members provide;

(j) have the College's trademarked symbol in its unaltered form, and any other trademarks that may be developed and adopted from time to time by the College, clearly displayed so as to be easily visible to patients or the public either before or immediately after entering the pharmacy; and

(k) have systems in place to maintain an audit trail of the acquisition and movement of drugs.

Recordkeeping

20. (1) In every pharmacy, the following documents shall be maintained:

1. Documents required to be made and maintained under the Act and the regulations.
2. Documents required to be made and maintained by members under the *Pharmacy Act, 1991* and its regulations and any federal or provincial legislation governing the purchase or sale of drugs.
3. Documents required to be made and maintained by members practising in the pharmacy in order to meet the standards of practice of the profession.
4. Documents relating to the acquisition and movement of drugs.

(2) The documents referred to in subsection (1) shall be maintained in the pharmacy in a manner that is secure, auditable, traceable and allows for their easy retrieval.

(3) In respect of a remote dispensing location, the documents referred to in subsection (1) shall be maintained in the pharmacy whose certificate of accreditation permits its operation.

Length of retention

21. Subject to the Act, documents relating to the care of a patient shall be maintained for a period of at least 10 years from the last recorded pharmacy service provided to the patient, or until 10 years after the day on which the patient reached or would have reached the age of 18 years, whichever is longer.

Dispensary, pharmacies, accredited as community pharmacies

22. (1) Subject to subsection (2), every pharmacy that is accredited as a community pharmacy shall have a dispensary which shall be designed, constructed and maintained so that it is not accessible to the public.

(2) A remote dispensing location in which all drugs are dispensed or distributed from an automated pharmacy system is not required to have a dispensary.

Lock and leave, pharmacies accredited as community pharmacies

23. If, pursuant to subsection 146 (2) of the Act, a pharmacy that is accredited as a community pharmacy is operated without the supervision of a pharmacist who is physically present, the public shall be completely restricted, by physical impediments, from access to any drugs referred to in Schedule I, II or III that are in the pharmacy.

ADDITIONAL STANDARDS FOR ACCREDITATION FOR REMOTE DISPENSING LOCATIONS

Access and supervision

24. A remote dispensing location shall only be accessible to the public if the following requirements are met:

1. A pharmacist is physically present in the pharmacy whose certificate of accreditation permits its operation.
2. A pharmacist is communicating with pharmacy technicians or member of the public, as applicable, at the remote dispensing location by means of a live, two-way audio-visual link.

Technology

25. (1) Every automated pharmacy system that is contained in a remote dispensing location shall employ technology for the creation and transmission of a digitally scanned image of a paper-based prescription.

(2) Only technology approved by the Council as enabling verification of the prescription's authenticity and ensuring the confidentiality and integrity of all personal health information and other personal information transmitted using the technology shall be considered technology for the purpose of subsection (1).

Controlled drugs, narcotic drugs, targeted substances and verbal prescription narcotics

26. (1) In this section,

"controlled drug" means a substance set out in the Schedule to Part G of the *Food and Drug Regulations* under the *Food and Drugs Act* (Canada) and includes a substance that contains one or more controlled drugs and one or more medicinal ingredients in a recognized therapeutic dose that are not controlled drugs;

"narcotic drug" means a substance referred to in the Schedule to the *Narcotic Control Regulations* under the *Controlled Drugs and Substances Act* (Canada) or anything that contains any substance set out in that Schedule;

"targeted substance" means a targeted substance as defined in the *Benzodiazepines and Other Targeted Substances Regulations* under the *Controlled Drugs and Substances Act* (Canada);

"verbal prescription narcotic" means a verbal prescription narcotic as defined in the *Narcotic Control Regulations* under the *Controlled Drugs and Substances Act* (Canada).

(2) No controlled drugs, narcotic drugs, targeted substances or verbal prescription narcotics shall be located at or made available from a remote dispensing location, unless the remote dispensing location has safeguards in place that have been approved by the Council as preventing the unauthorized access to, or diversion of, such drugs and substances.

Information and notices to be displayed

27. (1) The following information shall be clearly and prominently displayed in every remote dispensing location:

1. Address and contact information for the pharmacy under whose certificate of accreditation the remote dispensing location operates.
2. Address and contact information for the pharmacy where the patient records are kept.
3. Notices required under the *Drug Interchangeability and Dispensing Fee Act*.

(2) The containers in which drugs are dispensed, supplied or sold from a remote dispensing location shall be clearly marked with the following information:

1. Address and contact information for the pharmacy under whose certificate of accreditation the remote dispensing location operates.
2. Information identifying the remote dispensing location where the drugs were dispensed, supplied or sold.

PART V
ADVERTISING

Definitions

28. In this Part and for the purposes of section 32,

"advertise" includes advertising through any medium and includes the publication, display, distribution or use of an advertisement;

"advertisement" includes an announcement, directory listing or other form of communication similar to an advertisement.

Advertising requirements

29. (1) No person shall advertise or permit, directly or indirectly, another person to advertise a pharmacy or its services in a manner that,

(a) is false, misleading or deceptive, including as a result of the inclusion or omission of information;

(b) is not dignified and in good taste;

(c) contains anything that cannot be verified;

(d) contains testimonials, comparative statements or endorsements relating to the quality of drugs or services provided in any pharmacy;

(e) inappropriately uses a term, title or designation to indicate or imply that a member practising in the pharmacy has a specialization in the profession; or

(f) contains any representations as to the safety or effectiveness or an indication for use of a drug in Schedule I.

(2) If an advertisement includes price information relating to a drug in Schedule I, the advertisement shall contain the length of time the advertised price will be available and sufficient information to enable a reasonable member of the public to understand the price of the drug having regard to its quantity, strength, dosage and the fee for dispensing it.

(3) No person shall advertise the price of a drug in Schedule I unless the advertisement also contains prices of a sufficient number of other drugs such that a reasonable member of the public would not be encouraged to obtain pharmacy services from a pharmacy, or to transfer their prescriptions between pharmacies, principally on the basis of the price of the drug in Schedule I.

ODBA information

30. Nothing in this Part prohibits advertising the co-payment or dispensing fee charged by a pharmacy for supplying a drug that is a listed drug product under the *Ontario Drug Benefit Act* to an eligible person under that Act.

PART VI
MISCONDUCT

Definition

31. In this Part,

"prescription information" means information that relates to the prescribing and dispensing, in a pharmacy, of drugs pursuant to prescriptions.

Acts of proprietary misconduct

32. The following are acts of proprietary misconduct for the purposes of section 140 of the Act:

CERTIFICATES AND STANDARDS OF ACCREDITATION

1. Contravening a term, condition or limitation imposed on a certificate of accreditation.
2. Failing to maintain any of the standards of accreditation.

RELATIONSHIP WITH THE COLLEGE

3. Failing to reply within a reasonable time to a written or electronic inquiry or request from the College.
4. Failing to co-operate with an inspector or investigator of the College.
5. Failing to comply with an order of a committee or a panel of a committee of the College.
6. Failing to carry out or abide by an undertaking given by the pharmacy to the College or breaching an agreement with the College, the Registrar or a committee or a panel of a committee of the College.

RECORDS AND INFORMATION PRACTICES

7. Failing to keep documents as required respecting patients, the operation of the pharmacy or the practice of members practising in the pharmacy.
8. Falsifying documents relating to the pharmacy or to a patient's health record.
9. Signing or issuing a document that contains a false or misleading statement.
10. Failing to keep confidential personal health information or other personal information concerning a patient, except with the consent of the patient or the patient's authorized representative or as otherwise permitted or required by law.
11. Disclosing prescription information, unless,
    i. the disclosure is made in accordance with a written agreement between the owner and the person to whom the disclosure is made, and that agreement requires that any prescription information that is disclosed will not include anything that would reasonably be expected to identify the patient, and
    ii. the designated manager or contact person of the pharmacy, as applicable, is aware of the existence of the written agreement.
12. Failing to respond, or to respond accurately, to an inquiry about whether or not prescription information is disclosed to third parties or, where there is a response, failing to provide to the person making the inquiry either the nature of the disclosed information or to whom such information is disclosed.

BUSINESS PRACTICES

13. Operating a pharmacy while in a conflict of interest as defined by section 34 of this Regulation.
14. Submitting an account or charge that is false or misleading.
15. Charging a fee or an amount that is excessive in relation to the service or product provided.
16. Charging a person, including the executive officer as defined in the *Ontario Drug Benefit Act*, more for a drug in Schedule I than what was advertised, pursuant to subsection 29 (2) of this Regulation, as the total cost for the drug including any dispensing fee.
17. Soliciting or permitting the solicitation of an individual unless,
    i. the person being solicited is advised, at the earliest possible time during the communication, that the purpose of the communication is to solicit use of the pharmacy's services and that the person may elect to end the solicitation immediately or at any time during the solicitation if he or she wishes to do so, and
    ii. the solicitation ends immediately if the person who is subject of the solicitation so elects.
18. Entering into an agreement that restricts a person's choice of a pharmacy or pharmacist without the person's written consent.

PHARMACY SERVICES AND PROFESSIONAL MATTERS

19. In a pharmacy that is accredited as a community pharmacy, returning to stock, reselling or redispensing a drug that was previously sold or dispensed, unless,
    i. the drug is listed in Schedule II or III, does not require refrigeration, and is in its original, unopened packaging, or
    ii. the purpose is to repackage and redispense the drug to the same patient, the drug is suitable for re-packaging and the drug is repackaged and redispensed to only that patient.
20. In a pharmacy that is accredited as a hospital pharmacy, returning to stock, reselling or redispensing a drug that was previously sold or dispensed, unless,
    i. the drug is returned to the pharmacy in a sealed dosage unit or container as originally dispensed,
    ii. the drug is returned with the labelling intact and the label includes a legible drug lot number and expiry date, and
    iii. the integrity of the drug can be verified.
21. Dispensing, selling or compounding a drug, or administering a substance, that is not of good quality or does not meet the standards required by law.
22. Dispensing, selling or compounding a drug that does not contain a substance that the drug is meant to contain.
23. Permitting, counselling or assisting, whether expressly or by implication, any member to contravene, or to practise in a manner that is inconsistent with, a term, condition or limitation of the member's certificate of registration.

24. Permitting, counselling or assisting a person who is not a member to represent himself or herself as a member or to perform a controlled act that the person is not authorized to perform.

25. Inappropriately using a term, title or designation in respect of the practice of a member practising in the pharmacy.

26. Inappropriately using a term, title or designation in such a way that indicates or implies that a member practising in the pharmacy has a specialization in the profession.

MISCELLANEOUS

27. Contravening the *Drug and Pharmacies Regulation Act*, the *Pharmacy Act, 1991*, the *Regulated Health Professions Act, 1991*, the *Narcotics Safety and Awareness Act, 2010*, the *Drug Interchangeability and Dispensing Fee Act*, the *Ontario Drug Benefits Act* or the regulations under those Acts.

28. Contravening a federal, provincial or territorial law or any municipal by-law,

    i. with respect to the distribution, purchase, sale, dispensing or prescribing of any drug product, the administering of any substance or the piercing of the dermis,

    ii. where the purpose of the law or by-law is to protect or promote public health, or

    iii. where the law or by-law relates to the operation of the pharmacy or the provision of pharmacy services.

29. Using, or knowingly permitting the use of, the premises in which a pharmacy is located, or the area adjacent to such premises, for unlawful purposes.

30. Permitting, consenting to, approving, counselling or assisting, whether expressly or by implication, the commission of an offence under any Act relating to the practice of pharmacy or the sale of drugs.

31. Engaging in conduct or performing an act relevant to the operation of a pharmacy that, having regard to the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Conflict of interest, definitions

33. In this section and sections 34 and 35,

"benefit" means any incentive or inducement of more than nominal value, whether direct or indirect, and includes a rebate, credit or gift;

"child" means a child within the meaning of the *Family Law Act*;

"non-arm's length relationship" means a relationship between two or more parties such that one party has the ability to exercise, directly or indirectly, control or significant influence over the operating and financial decisions of another party and includes a relationship between the owner or designated manager of the pharmacy and a related person or a related corporation;

"parent" means a parent within the meaning of the *Family Law Act*;

"related corporation" means a corporation wholly or substantially owned or controlled, directly or indirectly, by the owner or designated manager of the pharmacy or a related person;

"related person" means any person who has one of the following relationships to the owner or designated manager of the pharmacy or to the spouse of the owner or designated manager, whether based on blood, marriage, common-law or adoption:

1. A child or the spouse of a child.
2. A grandchild or the spouse of a grandchild.
3. A parent or the spouse of a parent.
4. A grandparent or the spouse of a grandparent.
5. A sibling or the spouse of a sibling;

"spouse" means,

(a) a spouse within the meaning of the *Family Law Act*, or

(b) either of two persons who live together in a conjugal relationship outside marriage.

Conflict of interest

34. It is a conflict of interest for an owner or designated manager of a pharmacy to do, or to cause or permit another person to do, directly or indirectly, any of the following:

1. Refer a patient to another person if the owner or designated manager, or a person in a non-arm's length relationship with the owner or designated manager, requests, accepts or receives a benefit by reason of the referral.
2. Offer, make or confer a benefit to a person by reason of the referral of a patient to a pharmacy associated with the owner or designated manager.
3. Offer, make or confer a benefit to a patient in relation to the sale of a drug or the provision of pharmacy services other than,
    i. an adjustment in the fee or amount that would otherwise be charged with regard to that patient for that drug or that pharmacy service, or
    ii. the provision to a patient, at no charge, of an item of nominal value to be used in maintaining or promoting well-being or health.
4. Enter into any agreement or arrangement that influences or encourages, or appears to influence or encourage, a prescriber to promote the services of a pharmacy with which the owner or designated manager is associated.
5. Enter into any agreement or arrangement that adversely influences or appears to adversely influence the exercise of professional expertise or judgment or the ability of a member working in the pharmacy to engage in the practice of the profession in an ethical manner or in accordance with the standards of practice of the profession.

No conflict of interest, examples

35. (1) No conflict of interest arises under paragraph 1 or 2 of section 34,

(a) solely as a result of a referral to a person who is in a non-arm's length relationship with an owner or designated manager of a pharmacy if,

(i) no direct benefit is received by the owner or designated manager, and

(ii) before making the referral, the nature of the relationship between the owner or designated manager and the person in the non-arm's length relationship is disclosed to the patient; or

(b) solely as a result of a referral from a person who is in a non-arm's length relationship with an owner or designated manager of a pharmacy if,

(i) no direct benefit is received by the owner or designated manager, and

(ii) before any pharmacy services are provided, the nature of the relationship between the owner or designated manager and the person in the non-arm's length relationship is disclosed to the patient.

(2) No conflict of interest arises under section 34 in connection with the paying of rent with respect to premises leased for the purposes of operating a pharmacy if the rent reflects the normal rent payable for the same type of premises in the same geographical area.

(3) No conflict of interest arises under section 34 in connection with an owner or designated manager of a pharmacy or a related person or related corporation having a financial interest in the manufacturer, vendor or supplier of a drug or substance if,

(a) before any pharmacy services are provided in relation to the drug or substance, the fact of the financial interest is disclosed to the patient; or

(b) the manufacturer, vendor or supplier of the drug or substance is a corporation, the shares of which are publicly traded through a stock exchange, and none of the owner or designated manager, a related person, a related corporation or any combination wholly or substantially owns the corporation or has the ability to exercise, directly or indirectly, control or significant influence over its operating or financial decisions.

PART VII
EXAMINATION AND AUDIT

Examination and audit

36. (1) The Registrar may at any time require an examination and audit to be made by such persons appointed by the Registrar, including without limitation a public accountant, for the purposes of ascertaining whether information provided to the College by the owner, the designated manager or anyone acting on their behalf is correct.

(2) If the Registrar appoints a person under subsection (1), the owner and the designated manager shall co-operate fully and shall provide to the appointed person all evidence, vouchers, records, books, documents and papers that may be requested for the purpose of the examination and audit and the appointed person shall report the results of the examination and audit to the Registrar after completing the examination and audit.

PART VIII (OMITTED)

37. OMITTED (REVOKES OTHER REGULATIONS).

38. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

SCHEDULE A

1. 2-phenylbenzimidazole-5-sulfonic acid.
2. 4-methylbenzylidene camphor.
3. Acid (calcium d-pantothenate).
4. Acid (dexpanthenol).
5. Alginic acid.
6. Allantoin.
7. Alpha-galactosidase.
8. Alum.
9. Aluminium chlorohydrate.
10. Aluminum chloride — when in an antiperspirant preparation, not more than 5 per cent.
11. Aluminum chlorohydrate.
12. Aluminum hydroxide.
13. Aluminum hydroxide — magnesium carbonate codried gel.
14. Aluminum potassium sulphate.
15. Aluminum sesquichlorohydrate.
16. Aluminum zirconium tetrachlorohydrex glycine.
17. Aluminum zirconium trichlorohydrex glycine.
18. Ammonium bicarbonate.
19. Ammonium carbonate.
20. Ammonium chloride.
21. Aralia racemosa.
22. Arrowroot.
23. Balmony.
24. Balsam mecca.
25. Balsam tolu.
26. Beef, iron and wine.
27. Benzalkonium chloride — in liquid preparations in concentrations not more than 2 per cent.
28. Benzethonium chloride — in liquid preparations in concentrations not more than 1 per cent.
29. Benzoic acid.
30. Benzoin.
31. Benzyl alcohol.
32. Biguanide polyaminopropyl.
33. Bile extract.
34. Biotin.
35. Bismuth subcarbonate (oxycarbonate).
36. Bismuth subgallate.
37. Bismuth subsalicylate.
38. Boldo.
39. Buchu.

40. Butyl methoxydibenzoylmethane.
41. Caffeine.
42. Caffeine citrate.
43. Calcium carbonate.
44. Calcium gluconate, except in injectable form for parenteral nutrition.
45. Calcium glycerophosphate.
46. Calcium hydroxide.
47. Calcium lactate.
48. Calcium phosphate (dibasic).
49. Calcium undecylenate.
50. Canada balsam.
51. Capsicum oleoresin.
52. Carbetapentane citrate.
53. Castor oil.
54. Cetrimide.
55. Cetylpyridinium gluconate.
56. Chamomile.
57. Chlorhydrol — when in an antiperspirant preparation.
58. Chlorobutanol.
59. Chloroxylenol.
60. Choline.
61. Citric acid.
62. Clove.
63. Cochineal.
64. Cocillana.
65. Cocoa butter.
66. Cod liver oil.
67. Copper sulfate, except in injectable form for parenteral nutrition.
68. Creosote.
69. Croton oil.
70. Culver’s root.
71. Cynara scolymus.
72. Dea methoxycinnamate.
73. Dimethicone.
74. Disodium edetate.
75. Disodium lauroamphodiacetate conc.
76. Domiphen bromide.
77. Dyclonine hydrochloride for use in lozenges only.
78. Edetic acid.
79. Essence of peppermint.
80. Eucalyptol.

81. Eucalyptus.
82. Eucalyptus oil.
83. Eugenol.
84. Fennel.
85. Fir.
86. Frangula.
87. Gelatin.
88. Gentiana lutea.
89. Ginger.
90. Glycerine.
91. Glycyrrhiza glabra.
92. Glycyrrhizin.
93. Guaiacol.
94. Hamamelis virginiana.
95. Hemlock spruce.
96. Hexylresorcinol.
97. Homosalate.
98. Honey.
99. Hydrogen peroxide — not more than 3 per cent.
100. Hydroxyquinoline.
101. Irgasan DP 300 — when in an antiperspirant preparation, not more than 0.4 per cent.
102. Juglans.
103. Juniper tar.
104. Lanolin.
105. Linseed.
106. Linum usitatissimum.
107. Liquid paraffin (mineral oil).
108. Magaldrate.
109. Magnesium carbonate.
110. Magnesium chloride.
111. Magnesium citrate except for cathartics.
112. Magnesium hydroxide.
113. Magnesium oxide.
114. Magnesium sulfate (epsom salts).
115. Magnesium trisilicate.
116. Menthol.
117. Menthyl anthranilate.
118. Merbromin (mercurochrome) solution — not more than 2 per cent.
119. Methylbenzethonium chloride — when in an antiperspirant preparation not more than 0.25 per cent.
120. Methylene blue except for parenteral use.
121. Motherwort common.

122. Myrrh.
123. Oats.
124. Octocrylene.
125. Octyl methoxycinnamate.
126. Octyl salicylate.
127. Oil of anise.
128. Oil of cajeput.
129. Oil of cinnamon.
130. Oil of clove.
131. Oil of dill.
132. Oil of eucalyptus.
133. Oil of fennel.
134. Oil of fir.
135. Oil of hemlock, Canadian.
136. Oil of mustard, expressed.
137. Oil of peppermint.
138. Oil of pine needles.
139. Oil of sassafras.
140. Oil of sweet almond.
141. Oil of thyme.
142. Oil of turpentine.
143. Olive oil.
144. Ox bile extract.
145. Oxybenzone.
146. Padimate O.
147. Pamabrom.
148. Pancreatin, except in products for the treatment of established pancreatic insufficiency.
149. Pectin.
150. Petrolatum.
151. Petrolatum liquid.
152. Phenoxyethanol.
153. Phenyl salicylate.
154. Phosphorus (calcium hypophosphite).
155. Phosphorus (calcium phosphate (dibasic)).
156. Phosphorus (potassium hypophosphite).
157. Phosphorus (sodium hypophosphite).
158. Phytolacca decandra.
159. Pine tar.
160. Plantago seed.
161. Polyaminopropyl biguanide.
162. Polyhexanide.

163. Polyoxypropylene-polyoxyethylene BL copolymer.
164. Polyquaternium-1.
165. Poplar bud.
166. Potassium acid tartrate (cream of tartar).
167. Potassium bicarbonate — in preparations with not more than 5 mmol/single dose.
168. Potassium chlorate — in preparations with not more than 5 mmol/single dose.
169. Potassium chloride — as a salt substitute.
170. Potassium iodide — not more than 0.01 per cent when in salt substitutes.
171. Potassium nitrate (saltpetre).
172. Prune.
173. Resorcinol.
174. Rhubarb root.
175. Saccharine and sodium saccharine.
176. Sanguinaria canadensis.
177. Sassafras.
178. Seidlitz powders.
179. Selenium and its salts — in a preparation for internal use when sold as a nutritional supplement.
180. Selenium sulfide — when in an anti-dandruff preparation not more than 1 per cent.
181. Senecio aureus.
182. Senega.
183. Shark liver oil.
184. Silver acetate.
185. Simethicone.
186. Sodium acid pyrophosphate.
187. Sodium alginate.
188. Sodium benzoate.
189. Sodium bicarbonate.
190. Sodium carbonate.
191. Sodium carboxymethyl cellulose.
192. Sodium chloride, except in injectable form for parenteral nutrition or single ingredient solutions for parenteral or ophthalmic use in concentrations of more than 0.9% (note: does not apply to contact lens solutions intended to be rinsed off prior to insertion into eye).
193. Sodium citrate, except for parenteral use.
194. Sodium dioctyl sulfosuccinate.
195. Sodium fluoride — when in dentifrices not more than 0.25 per cent.
196. Sodium glycerophosphate.
197. Sodium lauryl sulfate.
198. Sodium monofluorophosphate.
199. Sodium oleate.
200. Sodium phosphate dibasic.
201. Sodium phosphate except for cathartics.
202. Sodium potassium tartrate (rochelle salts).

203. Sodium salicylate.
204. Sodium sulfate.
205. Spirit of aromatic ammonia.
206. Spirit of nitrous ether.
207. Spruce gum.
208. Squill.
209. Stannous fluoride — when in dentifrices not more than 0.4 per cent.
210. Storax.
211. Strawberry.
212. Strontium chloride — when in dentifrices not more than 10 per cent.
213. Sulfur.
214. Sulisobenzone.
215. Tannic acid.
216. Taraxacum officinale weber.
217. Tartaric acid.
218. Tea tree oil.
219. Terpin hydrate.
220. Tetrapotassium pyrophosphate.
221. Tetrasodium pyrophosphate.
222. Teucrium scorodonia.
223. Thymol.
224. Titanium dioxide.
225. Titanium dioxide coated mica.
226. Triclocarban.
227. Triclosan.
228. Trolamine salicylate.
229. Turpentine.
230. Undecylenic acid.
231. Urea hydrogen peroxide.
232. Viburnum opulus.
233. White petroleum.
234. White pine.
235. Wild cherry.
236. Xanthoxylum.
237. Xylitol.
238. Yeast.
239. Yellow dock.
240. Zinc oxide.
241. Zinc phenolsulphonate.
242. Zinc pyridinethione — when in anti-dandruff preparations, not more than 2 per cent.
243. Zinc sulphate — in preparations containing 25 mg or less of elemental zinc.

244. Zirconium hydrochloride — when in an antiperspirant preparation, not more than 5 per cent.

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