



**Major League Baseball's
Minor League Drug Prevention
And Treatment Program**

**MAJOR LEAGUE BASEBALL’S
MINOR LEAGUE DRUG PREVENTION
AND TREATMENT PROGRAM**

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MAJOR LEAGUE BASEBALL'S MINOR LEAGUE DRUG PREVENTION AND TREATMENT PROGRAM

Major League Baseball's Minor League Drug Prevention and Treatment Program (the "Program") was established to prevent and end the use of Prohibited Substances (defined in Section 2 below) by all non 40-man roster Minor League players ("Players"). The Office of the Commissioner of Baseball has concluded that the use of Prohibited Substances is potentially hazardous to a Player's health and may give a Player an unfair competitive advantage.

The Program covers all Players who are under a Minor League contract during the 2019 season and 2019-2020 off-season. If a Player was previously under contract and has not voluntarily retired, he remains subject to the drug testing provisions set forth in the Program.

1. MINOR LEAGUE HEALTH POLICY ADVISORY COMMITTEE ("MLHPAC")

A. MLHPAC Members

MLHPAC is responsible for administering and overseeing the Program. MLHPAC is comprised of the Medical Representative to MLHPAC (the "Medical Representative"), the Office of the Commissioner's Consultant on Behavioral Health and Addiction (the "Addiction Consultant") and three other members (with at least one member being a duly licensed attorney).

B. Appointment and Removal of MLHPAC Members

The members of MLHPAC are appointed and removed by the Commissioner. The current members of MLHPAC are Daniel R. Halem, Jonathan D. Coyles, Lindsey A. Ingraham, Bryan W. Smith, M.D., who is the Medical Representative, and Laurence M. Westreich, M.D., who is the Addiction Consultant.

C. Duties and Responsibilities of MLHPAC

MLHPAC shall have the following duties and responsibilities:

1. To administer the Program's testing requirements, from the scheduling of specimen collections to the reporting of test results;
2. To maintain and supervise the Collection Procedures set forth in Addendum A;
3. To effectively resolve any appeals of discipline imposed as a result of a violation of the Program;
4. To establish uniform guidelines and requirements of Club Employee Assistance Programs and monitor the performance and qualifications of each Club's Employee Assistance Professional ("EAP");

5. To create, or participate in creating, individualized Treatment Programs for Players and monitor Players' Treatment Program progress;
6. To oversee the Therapeutic Use Exemption ("TUE") process of the Program;
7. To periodically review all aspects of the operation of the Program and to make recommendations to the Commissioner for appropriate amendments;
8. To develop educational programs and materials supporting the objectives of the Program; and
9. To take any and all other reasonable actions necessary to ensure the proper and efficient administration of the Program.

2. PROHIBITED SUBSTANCES

All Players are prohibited from using, possessing, distributing or selling (or assisting in the distribution or sale of) any Drug of Abuse, Stimulant, and/or Performance Enhancing Substance (collectively referred to as "Prohibited Substances"). Some Prohibited Substances are available for over-the-counter purchase or with a prescription in the United States or other countries. Unless a Player has successfully obtained a TUE in accordance with the provisions of Section 10 of the Program, a Player will not be excused from a positive test result because the Prohibited Substance was obtained over-the-counter or through a valid prescription.

A. Drugs of Abuse

Any and all drugs or substances included on Schedules I and II of the Code of Federal Regulations' Schedule of Controlled Substances ("Schedule I or Schedule II"), as amended from time to time, shall be considered a Drug of Abuse covered by the Program (excluding those Schedule I and II substances included as Stimulants or Performance Enhancing Substances below). Moreover, any drug or substance that is not included in either Schedule I or II shall be considered a Drug of Abuse if it: (i) is similar in nature to a substance in Schedule I or II; (ii) cannot be lawfully taken without a valid prescription and has the potential for abuse; or (iii) cannot be lawfully obtained or used in the United States. The following is a non-exhaustive list of Drugs of Abuse covered by the Program:

1. Natural Cannabinoids (*e.g.*, Marijuana, Cannabis, THC, and Cannabidiol (CBD))
2. Synthetic THC and Cannabimimetics (*e.g.*, JWH-018 and JWH-073)
3. Cocaine
4. Narcotics (*e.g.*, Heroin, Oxycodone, Hydrocodone, Codeine, Morphine, and Fentanyl)
5. Methamphetamine (Methylamphetamine)
6. Methylenedioxyamphetamine (MDA)
7. Methylenedioxymethamphetamine (MDMA, Ecstasy)
8. "Bath Salts" (*e.g.*, Mephedrone, Cathinone, Synthetic Cathinones, and MDPV)
9. GHB
10. LSD
11. Phencyclidine (PCP)

B. Stimulants

The following substances (including both their D and L isomers where relevant) shall be considered Stimulants under the Program. Notwithstanding the foregoing, MLHPAC reserves the right to add a Stimulant at any time if it determines that the ingestion of such substance would result in a Player having an unfair competitive advantage.

Adrafinil, Amfepramone (Diethylpropion), Amiphenazole, Amphetamine, Amphetaminil, Armodafinil, Benfluorex, Benzphetamine, Benzylpiperazine, Bromantan, Carphedon, Cathine (Norpseudoephedrine), Chlorphentermine, Clobenzorex, Clortermine, Cropropamide, Crotetamide, Dimethylamylamine, Dimethylamphetamine, 1,3-Dimethylbutylamine (DMBA), Ephedrine, Etamivan, Ethlyamphetamine, Etilefrine, Famprofazone, Fenbutrazate, Fencamine, Fencamfamine, Fenethylline, Fenfluramine, Fenproporex, Furfenorex, Heptaminol, Isometheptene, Levmetamphetamine, Lisdexamphetamine, Meclofenoxate, Mefenorex, Mephentermine, Mesocarb, , Methylephedrine, Methylhexaneamine (Dimethylpentylamine, DMAA), Methylphenidate, Modafinil, N,alpha-Diethylphenylethylamine (N,a-DEPEA), N-ethyl-1-phenyl-2-butanamine, Nikethamide, Norfenefrine, Norfenfluramine, Octodrine (DMHA), Octopamine, Oxilofrine (Methylsynephrine), Parahydroxyamphetamine, Pemoline, Pentetrazol, Phendimetrazine, Phenmetrazine, Phenpromethamine, Phentermine, Prenylamine, Prolintane, Propylhexedrine, Selegiline, Sibutramine, Strychnine, Tuaminoheptane, and other substances with a similar chemical structure or similar biologic effect(s).

C. Performance Enhancing Substances

The following substances shall be considered Performance Enhancing Substances under the Program. Notwithstanding the foregoing, MLHPAC reserves the right to add a Performance Enhancing Substance at any time if it determines that the ingestion of such substance would result in a Player having an unfair competitive advantage.

1. Anabolic Agents

- a. Any and all Anabolic Androgenic Steroids included in Schedule III of the Code of Federal Regulations' Schedule of Controlled Substances ("Schedule III"), as amended from time to time, shall be considered a Performance Enhancing Substance covered by the Program. Anabolic Androgenic Steroids that are not included in Schedule III but that may not be lawfully obtained or used in the United States (including "designer steroids" and peptide hormones) shall also be considered Performance Enhancing Substances covered by the Program. The following is a non-exhaustive list of Anabolic Androgenic Steroids that are covered by the Program:

Androstadienedione, Androstanediol, Androstanedione, Androstenediol, Androstenedione, Androst-2-en-17-one (2-Androstenone, Delta-2), Androsterone, Bolandiol, Bolasterone, Boldenone, Boldione, Calusterone, Clostebol

(Chlortestosterone), Danazol, Dehydrochlormethyltestosterone (DHCMT, Turinabol), Dehydroepiandrosterone (DHEA), Desoxymethyltestosterone (DMT, Madol), Dihydrotestosterone, Drostanolone, Epiandrosterone, Epi-dihydrotestosterone, Epitestosterone, Ethylestrenol, Fluoxymesterone, Formebolone, Furazabol, Gestrinone, Halodrol, 4-Hydroxytestosterone, Mestanolone, Mesterolone, Methandienone, Methandriol, Methasterone (Superdrol), Methenolone, Methylclostebol, Methyldienolone, Methylnortestosterone, Methylstenbolone (Ultradrol, M-Sten), Methyltestosterone, Methyltrienolone (Metribolone), Mibolerone, Nandrolone, Norandrostenediol, Norandrostenedione, Norandrosterone, Norbolethone (Genabol), Norclostebol, Norethandrolone, Noretiocholanolone, Oxabolone, Oxandrolone, Oxymesterone, Oxymetholone, Prasterone (DHEA), Promagnon, Prostanazolol, Quinbolone, Stanozolol, Stenbolone, Testosterone, Tetrahydrogestrinone, Trenbolone, and other substances with a similar chemical structure or similar biologic effect(s).

- b. Other Anabolic Agents including, but not limited to, Clenbuterol, Selective Androgen Receptor Modulators (SARMs) (*e.g.*, Andarine and Ostarine), Tibolone, Zeranol, and Zilpaterol.

2. Peptide Hormones, Growth Factors and Related Substances

The following substances, and other substances with a similar chemical structure or similar biological effect(s), are prohibited:

- a. Growth Hormone (GH) and its releasing factors, including, but not limited to:
 - i. Growth Hormone Releasing Peptides (GHRP) (*e.g.*, Alexamorelin, GHRP-2 (Pralmorelin), GHRP-6, and Hexarelin);
 - ii. Growth Hormone Releasing Hormone (GHRH) and its analogues (*e.g.*, CJC-1295, Sermorelin and Tesamorelin); and
 - iii. Growth Hormone Secretagogues (GHS) (*e.g.*, Ghrelin and Ghrelin Mimetics (*e.g.*, Anamorelin, Ibutamoren (MK-0677), and Ipamorelin)).
- b. Insulin-Like Growth Factor-1 (IGF-1) including all analogs and isomers of IGF-1 sometimes referred to as Mechano Growth Factors (MGFs);
- c. Human Chorionic Gonadotrophin (hCG), Luteinizing Hormone (LH) and their releasing factors (*e.g.*, Triptorelin);
- d. Peptide and Protein Hormones, including, but not limited to, AOD-9604, Follistatin, Melanotan, and Thymosin Beta 4 (TB-500);
- e. Corticotrophins and their releasing factors (*e.g.*, Corticorelin); and

- f. Erythropoiesis-Stimulating Agents (*e.g.*, Erythropoietin (EPO), Darbepoetin (dEPO), Hematide and Methoxy polyethylene glycol-epoetin beta (CERA)).

3. Hormone and Metabolic Modulators

The following substances, and other substances with a similar chemical structure or similar biological effect(s), are prohibited:

- a. Aromatase Inhibitors including, but not limited to, Anastrozole, Androstatrienedione (ATD), Androstenedione (6-OXO), Aminoglutethimide, Arimistane, Dianastrozole, Exemestane, Formestane, Letrozole, and Testolactone;
- b. Selective Estrogen Receptor Modulators (SERMs), including, but not limited to, Raloxifene, Tamoxifen, and Toremifene;
- c. Other Anti-Estrogens including, but not limited to, Clomiphene, Cyclofenil, and Fulvestrant;
- d. Agents modifying myostatin function(s) including, but not limited to, Myostatin Inhibitors;
- e. Metabolic modulators, including Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists, including GW 1516, GW 0742, activators of the AMP-activated protein kinase (AMPK) (*e.g.*, AICAR and SR9009 (Stenabolic)), Meldonium (Mildronate), and Trimetazidine; and
- f. HIF Stabilizers, including Roxadustat (FG-4592), Molidustat (BAY 85-3934), FG-2216, and BAY 87-2243.

4. Diuretics and Masking Agents

Masking agents are defined as products that substitute, dilute, mask, or adulterate a specimen used in drug testing, or impair the excretion of Prohibited Substances to conceal their presence in a specimen.

- a. Masking agents include: Diuretics, Desmopressin, Probenecid, Plasma Expanders, and other substances with similar biological effect(s).
- b. Diuretics include: Acetazolamide, Amiloride, Bumetanide, Canrenone, Chlorthalidone, Etacrynic Acid, Furosemide, Indapamide, Metolazone, Spironolactone, Thiazides (*e.g.*, Bendroflumethiazide, Chlorothiazide, and Hydrochlorothiazide), Triamterene, and other substances with a similar chemical structure or similar biological effect(s).

5. Gene Doping

The transfer of polymers of nucleic acids or nucleic acid analogs, or the use of normal or genetically modified cells, with the potential to enhance sports performance is prohibited.

3. PROHIBITION OF SYRINGES

The use and possession of a syringe or any injectable substance (including injection by or of others) by Players in any Club facility, Club-provided housing (including academies and hotel rooms), or while traveling with the Club is prohibited under the Program. Bottles, packaging, and package inserts may constitute evidence of the use or possession of an injectable substance. Any Player who is determined to have used or possessed a syringe or any injectable substance for any reason (including, but not limited to, intravenous infusions and the injection of others) without the express approval of a Club physician will be subject to discipline under Section 8.G of the Program.

4. NUTRITIONAL AND DIETARY SUPPLEMENTS

Because the nutritional and dietary supplement industry is not subject to stringent government regulation, over-the-counter nutritional and dietary supplements may be mislabeled, or may contain or be contaminated with a Prohibited Substance that is not listed as an ingredient on the label. As a result, a Player may test positive for a Prohibited Substance as a result of taking a supplement. Such test results will be deemed a positive test result pursuant to Section 5.F below even if the Player claims he was not aware that the product contained a Prohibited Substance, was mislabeled, or was contaminated. Players are solely responsible for the substances they put in their bodies under the Program.

The only supplements that Players can use without the risk of a positive test result are products that have been certified under the NSF Certified for Sport program. The NSF Certified for Sport program provides a guarantee that a product does not contain any Prohibited Substances. Players act at their own risk if they ingest any supplements that are not NSF Certified for Sport. An up-to-date list of NSF Certified for Sport products is available at www.NSFsport.com or on the NSF Certified for Sport smartphone app.

5. TESTING

A. Random Testing

1. In-Season Testing: All Players shall be subject to random, unannounced testing for the use of Prohibited Substances at all times during the season, including, but not limited to, at any point in Spring Training and before and after all games. If a Player tests positive for a Prohibited Substance, he shall be subject to the discipline set forth in Section 8 and will be subject to additional follow-up testing pursuant to Section 5.C of the Program.

2. **Off-Season Testing:** All Players shall be subject to random, unannounced testing for the use of Prohibited Substances during the off-season. Players are responsible for providing Drug Free Sport International (hereinafter “Drug Free Sport”) with: (i) accurate off-season contact and location information (*e.g.*, phone numbers and addresses); (ii) the dates they will not be available for testing during the off-season; and (iii) the reasons for their unavailability.

Players must provide Drug Free Sport with their contact information online at <https://dfsaxis.com/mlb> or by e-mail at MLBoffseason@drugfreesport.com. Players must notify Drug Free Sport in advance of their off-season contact or location information changing for any reason or for any time period (*e.g.*, winter ball, vacation, injury rehab, etc.). If Drug Free Sport attempts to test a Player during the off-season and is unable to contact him using the information that he provided, he will be charged with a failure to take a test, which will subject him to the discipline set forth in Section 8. If a Player’s location at the time of notification will not allow the drug test to immediately occur, he will be charged with a failure to take a test and will be subject to the discipline set forth in Section 8 unless the inability of DFS to immediately conduct the test was beyond the control of the player. Players who are out of the local area provided on their off-season contact form will only be permitted to travel to an available collector’s location in exceptional circumstances and with the prior approval of the Office of the Commissioner.

B. Reasonable Cause Testing

In the event that any MLHPAC member has or receives information that provides reasonable cause to believe that a Player has engaged in the use, possession, distribution, or sale of a Prohibited Substance, such member shall immediately present the information to the other MLHPAC members. Upon hearing the information presented, MLHPAC may either immediately determine that there is reasonable cause to believe that the Player has engaged in the use, possession, distribution, or sale of a Prohibited Substance or MLHPAC may request that the Office of the Commissioner conduct an investigation to determine additional facts. If MLHPAC determines that reasonable cause exists, the Player will be subject to immediate testing in accordance with the Collection Procedures set forth in Addendum A. If the Player tests positive for a Prohibited Substance in a reasonable cause test, he will be subject to the discipline set forth in Section 8.

C. Follow-Up Testing

A Player who has tested positive for a Prohibited Substance, or has otherwise violated the Program through the use, possession, distribution, or sale of a Prohibited Substance, shall be subject to mandatory follow-up testing. The number of mandatory follow-up tests shall be determined by MLHPAC. Follow-up testing shall be in addition to any testing conducted pursuant to Sections 5.A and 5.B above. If a Player tests positive for a Prohibited Substance in any follow-up test, he will be subject to the discipline set forth in Section 8.

D. Longitudinal Profile Program

A longitudinal endogenous steroid profile will be established for each Player in accordance with this Section 5.D. The purpose of the longitudinal profile program is to assist MLHPAC in monitoring endogenous steroid profiles and determining which urine specimens shall be subjected to carbon isotope ratio mass spectrometry (“IRMS”) analysis. MLHPAC will maintain a secure database that contains each Player’s baseline endogenous steroid profile and standard deviation (referred to collectively as “Baseline Values”). Baseline Values will be calculated by averaging a Player’s Testosterone/Epitestosterone (“T/E”) ratio and normalized concentrations of Testosterone, Epitestosterone, Androsterone, Etiocholanolone, DHEA, 5a-androstanediol, 5b-androstanediol, and any other endogenous steroid markers determined by MLHPAC, from three negative tests conducted under the Program. MLHPAC will consider the Baseline Values in comparison to subsequent samples provided by a Player in determining whether to conduct IRMS analysis on a urine specimen. MLHPAC shall have the sole discretion to determine whether to conduct IRMS analysis on a urine specimen.

E. Collection Procedures

All testing conducted pursuant to the Program shall be conducted in compliance with the Collection Procedures set forth in Addendum A.

F. Positive Test Results

Any test conducted under the Program will be considered “positive” under the following circumstances:

1. If any Prohibited Substance is detected in the specimen provided by a Player;
2. A Player fails or refuses to take a test pursuant to Section 5 or otherwise engages in activity that prevents the collection of a specimen under the Program;
3. A Player attempts to substitute, dilute, mask, or alter a specimen, attempts to impair the excretion of a Prohibited Substance in a specimen, or attempts to tamper with a test in any way (including, but not limited to, catheterization, specimen substitution, and/or adulteration); or
4. If Drug Free Sport attempts to test a Player during the off-season and is unable to contact him using the information that he provided, or if the Player is at a different location from the one he provided to Drug Free Sport and his location at the time of notification will not allow the drug test to occur immediately.

The determination of whether a test is “positive” under Section 5.F.2, 5.F.3, or 5.F.4 shall be made by MLHPAC. Any Player who violates Section 5.F.2, 5.F.3, or 5.F.4 shall be considered to have tested positive for the category of Prohibited Substance that, given his testing history, will result in the longest suspension. Notwithstanding the preceding sentence, if a Player can demonstrate by clear and convincing evidence that his conduct was not related to the category of

Prohibited Substance for which he was considered to have tested positive, he shall be considered to have tested positive for the category of Prohibited Substance the use of which he was attempting to avoid detection. Such a violation of Section 5.F.2, 5.F.3, or 5.F.4 shall be considered a prior offense if the Player subsequently tests positive for, or is otherwise determined to have used or possessed, the category of Prohibited Substance the use of which the Player was attempting to avoid detection.

G. Notification

1. Drugs of Abuse: MLHPAC will notify the Club's General Manager, Farm Director, EAP, and any other personnel that the Club designates, of a Player's positive test result or violation, the date of the collection or violation, the Drug of Abuse involved, the evaluation and treatment requirements, and if applicable, the discipline that is being imposed. The Club's General Manager or Farm Director, or their designee (e.g., EAP), will be responsible for informing the Player of the positive test result, the evaluation and treatment requirements, and, if applicable, the discipline imposed. For Players participating in the Dominican Summer League, the Office of the Commissioner's EAP in Latin America will be responsible for informing the Player of the positive test result. MLHPAC will request written confirmation from the Club that a Player has been informed of his positive test result or violation involving a Drug of Abuse.
2. Performance Enhancing Substances, Stimulants and Other Violations: MLHPAC will notify the Club's General Manager, Farm Director, and any other personnel that the Club designates, of the Player's positive test result or violation, the date of the collection or violation, the Prohibited Substance involved, and the discipline that is being imposed. The Club's General Manager or Farm Director, or their designee, will be responsible for informing the Player of the positive test result or violation, and the discipline imposed. For Players participating in the Dominican Summer League, the Office of the Commissioner's EAP in Latin America will be responsible for informing the Player of the positive test result or violation, and the discipline that is being imposed.

6. EVALUATION AND TREATMENT FOR DRUGS OF ABUSE

A Player who is referred to MLHPAC as a result of the use or suspected use of a Drug of Abuse, through a positive test result or otherwise, shall be placed on a Treatment Program, consistent with the terms of this Section 6. A Player shall be placed on a Treatment Program if: (i) the Player tests positive for a Drug of Abuse under the Program or in a Club-administered test; (ii) the Player is involved in the use, possession, distribution, or sale of a Drug of Abuse; (iii) the Player voluntarily comes forward to either MLHPAC or his Club and acknowledges using a Drug of Abuse; (iv) the Club suggests to the Player that he seek assistance from either MLHPAC or an EAP for the use of a Drug of Abuse; (v) the Club and/or MLHPAC believe that the Player poses a threat to the safety of himself or others; or (vi) the Player is convicted or pleads guilty (including a plea of *nolo contendere* or similar plea) to the use or possession of a Drug of Abuse (including a criminal charge of attempt to possess or use).

A. Mandatory Evaluation

All Players who are referred to MLHPAC as a result of the use or suspected use of a Drug of Abuse shall receive an in-person evaluation from an addiction specialist approved by MLHPAC (the “Mandatory Evaluation”). The EAP is responsible for identifying an appropriate clinician with expertise in the evaluation and treatment of substance use and addiction (the “Addiction Specialist”). The EAP shall submit the Curriculum Vitae of any proposed Addiction Specialist to MLHPAC for approval as soon as practicable following notice of a violation of the Program. Addiction Specialists shall be independent and not affiliated with any Club. Following the approval of an Addiction Specialist by MLHPAC, he/she may be utilized for future Mandatory Evaluations without additional approval, barring notification from MLHPAC that a new Addiction Specialist must be identified for future cases.

The Mandatory Evaluation must occur within 30 days of notice of a violation of the Program. The purpose of the Mandatory Evaluation is to determine the type of Treatment Program that, in the opinion of the Addiction Specialist, will be most effective for the Player involved. Following the Mandatory Evaluation, the EAP shall submit to MLHPAC written confirmation that the evaluation has occurred as well as the treatment recommendations of the Addiction Specialist. A Player who fails or refuses to submit to a Mandatory Evaluation shall be subject to discipline under Section 8.D below.

B. Treatment Program

Following the Mandatory Evaluation, the EAP and the Addiction Consultant shall review the treatment recommendations of the Addiction Specialist and consult with MLHPAC to confirm that the Treatment Program developed for the Player is appropriate and comprehensive, and recommend additional components, if necessary. The Treatment Program may include any or all of the following: counseling, in-patient treatment, out-patient treatment, and follow-up testing. The Treatment Program must be in writing and signed by the Player. The EAP (or, in certain situations, the Addiction Consultant) must inform the Player of the initial duration and content of the Treatment Program. Once a Treatment Program is developed for a Player, the EAP shall submit an Initial Evaluation and Treatment Program Summary form (attached hereto as Addendum B) and a signed copy of the Treatment Program to MLHPAC no later than 30 days following notice of the violation. During the course of the Player’s Treatment Program, the Addiction Consultant, in consultation with the Addiction Specialist, may change the duration or the content of the Treatment Program, depending on the Player’s progress. Following the initial submission of a Treatment Program, the EAP shall forward a Treatment Program Progress Report (attached hereto as Addendum C) on a monthly basis to MLHPAC for the duration of the Treatment Program.

7. CONFIDENTIALITY

A. Player Authorization

All Players are required in Spring Training to sign an Authorization for the Use and/or Disclosure of Non 40-Man Roster Player Health Information (“HIPAA Release”). Players participating in the Dominican Summer League, or in other short-season or rookie leagues, will be required to sign the HIPAA Release prior to the start of their respective seasons. Any information regarding a Player’s test results under the Program or his Treatment Program progress shall be deemed “Health Information” subject to disclosure pursuant to Paragraph 1 of the HIPAA Release. This HIPAA Release will permit the Club and/or MLHPAC to disclose a Player’s Program-related records to a Club that is interested in acquiring the Player or signing the Player as a free agent.

B. Disclosure of Player Information

1. Club Disclosure: A Club must disclose information regarding the Player’s pending discipline and testing history under the Program to a Club that is interested in acquiring such Player’s contract. A Player’s Club may issue a public statement in response to a Player’s suspension.

A Club whose Player is on a Treatment Program is prohibited from disclosing any information regarding the Player’s Treatment Program, or his progress thereunder, to the public, the media, or other Clubs. Notwithstanding the foregoing, a Club is permitted to discuss a Player’s Treatment Program status with another Club that is interested in acquiring the Player’s contract.

2. Office of the Commissioner Disclosure: If a Player is suspended for a violation of the Program, the suspension shall be entered in the Electronic Baseball Information System as a suspension for a specified number of games for a violation of the Program. The Office of the Commissioner may issue a press release announcing a Player’s violation of the Program which discloses the nature of the violation, the length of the suspension, and the category of Prohibited Substance (e.g., Drug of Abuse, Stimulant, or Performance Enhancing Substance) that resulted in the violation. For Stimulants and Performance Enhancing Substances, the Office of the Commissioner may also disclose the specific substance for which the Player tested positive or was otherwise determined to have used, possessed, or distributed.

A Club that is interested in signing or has already signed a Minor League free agent should contact Jonathan D. Coyles or Lindsey A. Ingraham at the Office of the Commissioner to obtain information regarding a Player’s Treatment Program, testing history or potential discipline under the Program.

3. Notwithstanding anything to the contrary above, either the Office of the Commissioner or a Player’s Club may disclose publicly details of a Player’s test results or violation, test history, and/or the Player’s challenge to discipline imposed pursuant to Section 8 below to respond to any inaccurate or misleading claims by that Player that could undermine the integrity and/or credibility of the Program.

8. DISCIPLINE

For purposes of the penalties in Section 8.A, 8.B, 8.C, 8.E, 8.F and 8.H below, a Player's violation of Major League Baseball's Joint Drug Prevention and Treatment Program (the "Joint Drug Program") that occurred after March 1, 2008 shall be treated as a violation of this Program, provided such violation resulted in the Player's suspension under the Joint Drug Program. For example, if a Player previously was suspended as a result of testing positive for a Performance Enhancing Substance under the Joint Drug Program, the Player will receive the applicable discipline for a second positive test result if he subsequently tests positive for, or is otherwise found to have possessed or used, a Performance Enhancing Substance under this Program. A positive test result reported prior to March 1, 2008 under the former Dominican Summer League Drug Prevention and Treatment Program shall not be considered in determining the number of times that a Player has tested positive under this Program.

For purposes of calculating the length of a suspension pursuant to this Section 8, a Player's suspension for violating the Program shall be determined according to the league to which the Player is assigned at the time his discipline is imposed, unless provided otherwise below. As used in this Section 8, "Short-Season League" shall refer to the following Minor Leagues: New York-Penn League, Northwest League, Appalachian League, Pioneer League, Arizona League, Dominican Summer League, and Gulf Coast League. Any other Minor League shall be considered a "Full-Season League" for purposes of this Section 8. If a Player violates the Program during the off-season, the length of his suspension shall be determined based on the league to which the Player was assigned during the preceding season.

A. Performance Enhancing Substance Violations

A Player who tests positive for a Performance Enhancing Substance shall be subject to the discipline set forth below. For purposes of this Section 8.A, a prior violation of Section 8.E, 8.F, and/or 8.H involving a Performance Enhancing Substance shall be considered a violation of Section 8.A in determining whether a positive test result constitutes a Player's first, second, or third violation of Section 8.A.

1. First violation: 80-game suspension or a suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program, whichever is shorter;
2. Second violation: A suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program, unless at the time of discipline the Player is assigned to a Short-Season League (defined above), in which case the suspension shall be equal to twice the total number of championship season games in the Short-Season League to which the Player is assigned; and
3. Third violation: Permanent suspension from Major and Minor League Baseball.

B. Stimulant Violations

A Player who tests positive for a Stimulant shall be subject to the discipline set forth below. For purposes of this Section 8.B, a prior violation of Section 8.E, 8.F, and/or 8.H involving a Stimulant shall be considered a violation of Section 8.B in determining whether a positive test result constitutes a Player's first, second, or third violation of Section 8.B.

1. First violation: 50-game suspension or a suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program, whichever is shorter;
2. Second violation: 100-game suspension; and
3. Third violation: Permanent suspension from Major and Minor League Baseball.

C. Drug of Abuse Violations

A Player who tests positive for a Drug of Abuse shall be subject to the discipline set forth below. For purposes of this Section 8.C, a prior violation of Section 8.D, 8.E, 8.F, and/or 8.H involving a Drug of Abuse shall be considered a violation of Section 8.C in determining whether a positive test result constitutes a Player's first, second, or third violation of Section 8.C.

1. First violation: Mandatory Evaluation pursuant to Section 6.A and follow-up testing pursuant to Section 5.C;
2. Second violation: 50-game suspension or a suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program, whichever is shorter, and a Mandatory Evaluation pursuant to Section 6.A;
3. Third violation: 100-game suspension and a Mandatory Evaluation pursuant to Section 6.A; and
4. Fourth violation: Permanent suspension from Major and Minor League Baseball. A Player may be eligible for reinstatement if he successfully completes a Treatment Program. The decision whether to reinstate a Player shall be in the sole discretion of the Commissioner.

D. Failure to Comply with a Mandatory Evaluation or Treatment Program

A Player who fails to comply with his Mandatory Evaluation or Treatment Program shall be subject to the following discipline:

1. First failure to comply: 50-game suspension or a suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program, whichever is shorter;

2. Second failure to comply: 100-game suspension; and
3. Third failure to comply: Permanent suspension from Major and Minor League Baseball. A Player on a Treatment Program may be eligible for reinstatement if he successfully completes the Treatment Program. The decision whether to reinstate a Player shall be in the sole discretion of the Commissioner.

E. Conviction for the Use or Possession of a Prohibited Substance

A Player who is convicted or pleads guilty (including a plea of *nolo contendere* or similar plea) to the use or possession of a Prohibited Substance (including a criminal charge of attempt to possess or use) shall be subject to the following discipline:

1. First offense: If the Prohibited Substance is a Performance Enhancing Substance, an 80-game suspension or a suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program, whichever is shorter; or if the Prohibited Substance is a Drug of Abuse or a Stimulant, the shorter of a 50-game suspension or a suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program;
2. Second offense: If the Prohibited Substance is a Performance Enhancing Substance, a suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program, unless at the time of his discipline under the Program the Player is assigned to a Short-Season League (defined above), in which case the suspension shall be equal to twice the total number of championship season games in the Short-Season League to which the Player is assigned; or if the Prohibited Substance is a Drug of Abuse or a Stimulant, a 100-game suspension; and
3. Third offense: Permanent suspension from Major and Minor League Baseball. For convictions or guilty pleas involving a Drug of Abuse, a Player may be eligible for reinstatement if he successfully completes a Treatment Program. The decision whether to reinstate a Player shall be in the sole discretion of the Commissioner.

For purposes of this Section 8.E, a prior violation of Section 8.A, 8.B, 8.C, 8.D, 8.F, and/or 8.H shall be deemed to be a prior offense under Section 8.E for purposes of determining whether the conviction or guilty plea constitutes the Player's first, second, or third offense.

F. Participation in the Distribution or Sale of a Prohibited Substance

A Player who participates in the sale or distribution of a Prohibited Substance shall be subject to the following discipline:

1. First offense: A suspension equal to the total number of championship season games in the league to which the Player is assigned at the time of his discipline under the Program, unless at the time of his discipline under the Program the Player is assigned

to a Short-Season League (defined above), in which case the suspension shall be equal to twice the total number of championship season games in the Short-Season League to which the Player is assigned; and

2. Second offense: Permanent suspension from Major and Minor League Baseball.

G. Use or Possession of a Syringe or Any Injectable Substance

A Player who uses or possesses a syringe or any injectable substance in violation of Section 3 of the Program shall be subject to the following discipline:

1. First violation: 25-game suspension;
2. Second violation: 80-game suspension; and
3. Third violation: Permanent suspension from Major and Minor League Baseball.

H. Commissioner Discretion

The Commissioner has the discretion to discipline a Player for any violation of the Program not referenced in Sections 8.A through 8.G above, including, but not limited to: non-analytical positives, failure to cooperate fully with an investigation conducted by the Office of the Commissioner into the use, possession, distribution, or sale of Prohibited Substances (including refusing to answer questions or providing untruthful or incomplete information in an investigatory interview), or any attempt (either directly or indirectly) to conceal a violation of the Program, or interfere with an investigation conducted by the Office of the Commissioner, through the destruction or concealment of evidence, the creation of fraudulent evidence, the inducement of individuals to lie or refuse to cooperate in an investigation, or the coercion or intimidation of witnesses.

The Commissioner also has the discretion to reduce or modify a Player's discipline for any reason, including, but not limited to the Commissioner's determination that a Player provided substantial assistance in an investigation of a violation(s) of the Program. The decision to offer reduced or modified discipline and the determination of whether a Player provided substantial assistance will be made by the Commissioner and are not subject to appeal.

I. Suspensions

1. All suspensions under the Program are without pay. Players suspended under the Program shall not receive any pay for the period beginning on the date of the first game of the suspension and ending on the date of the last game of the suspension. Any discipline imposed for a violation of the Program shall be effective on the third business day after the discipline is issued. If a Player appeals the discipline before the effective date pursuant to Section 9 below, the Player's discipline shall be stayed until the appeal is decided. Notwithstanding the foregoing, a Player who previously had a suspension

stayed pursuant to this Section 8.I.1 shall not be entitled to a second stay unless his prior appeal was granted.

2. For purposes of this Section 8, a “game” shall include all championship season games and post-season games in which the Player would have been eligible to play, but shall not include Spring Training games, extended Spring Training games, Arizona Fall League games, or affiliated Winter League games. Any Player who is suspended for a violation of the Program involving any Prohibited Substance shall be ineligible to participate in the post-season during the season in which his suspension begins. A Player suspended for a violation of the Program is also ineligible to be elected or selected to any All-Star Game, and this game will not count against a suspension. A Player whose suspension begins during (or extends into) the off-season shall begin (or resume) serving his suspension with the next “game” for which he otherwise would have been eligible to play.
3. A Player suspended for a violation of the Program shall be permitted to participate in Spring Training and extended Spring Training. Notwithstanding the foregoing, any Player who is not eligible for reinstatement from his suspension within the first forty (40) games of the upcoming championship season shall be prohibited from participating in any Major or Minor League Spring Training games where tickets are sold. Pursuant to Section 8.I.1, however, any such Spring Training games missed will not be considered “games” for the purpose of determining the duration of the Player’s suspension. A suspended Player may also work out with his Club during the term of his suspension, but shall not be in uniform, participate in any on-field activities, or be in the dugout at any time after the gates have opened at any championship season or post-season game venues.
4. A Player suspended for a violation of the Program shall be ineligible to participate in the Arizona Fall League during the term of his suspension. Pursuant to Section 8.I.1, however, any such Arizona Fall League games missed will not be considered “games” for purposes of determining the duration of the Player’s suspension.

J. Restricted List

1. A Player shall be placed on the Restricted List during the term of any suspension imposed under this Section 8. Any suspension that occurs during the off-season shall result in the Player being placed on the Restricted List upon the effective date of the suspension. A Player suspended for a violation of the Program must serve the full suspension with the same Minor League Club for which he was playing at the time the suspension was announced or, in the case of an off-season suspension, the Minor League Club for which he was playing at the end of the prior season. Notwithstanding the foregoing, if a Player’s suspension extends beyond the conclusion of the Minor League season in which it was announced (or was announced during the off-season), the Club may transfer the Player during the off-season or Spring Training to the roster of another Minor League Club provided such transfer is for legitimate baseball developmental purposes and is justified by the Player’s performance. A Club desiring

to transfer a Player from one Minor League roster to another during the pendency of his suspension may not do so absent the express consent of the Office of the Commissioner. If a Club desires to transfer a Player from a Short-Season League to a Full-Season League during the pendency of the Player's suspension, the Club must not only submit to the Office of the Commissioner objective baseball evidence to support the transfer, but also must certify that the Club has no present intention of transferring the Player back to a Short-Season roster at any point during the next Minor League championship season. The length of suspension for a Player who is transferred from a Short-Season League to a Full-Season League during the pendency of his suspension shall either remain unchanged or shall increase to the number of games for which the Player would have been suspended had the discipline been imposed while the Player was assigned to the Full-Season League, whichever results in the lengthier suspension. A Player who is assigned from a Short-Season League to a Full-Season League after his suspension has been imposed may not be transferred back to a Short-Season League roster during the forthcoming championship season absent approval of the Office of the Commissioner, which will be granted only in extraordinary circumstances.

2. A Player serving a suspension for a violation of the Program that spans more than one season shall be reinstated from the Restricted List during the intervening off-season. Unless a Club receives permission from the Office of the Commissioner to transfer that Player to another Minor League roster prior to the start of the next season, the Player will be reassigned at the start of the next season to the Minor League Club to which he was assigned at the end of the prior season and placed again on the Restricted List.
3. A Player suspended for a violation of the Program shall be reinstated from the Restricted List by the Office of the Commissioner immediately at the conclusion of the specified period of ineligibility.

K. Major League Discipline

1. A Player suspended for a violation of the Program who is added to a 40-man roster before such suspension is complete shall be suspended at the Major League level for the lesser of: (i) the remainder of the suspension imposed under the Program; or (ii) the difference between the maximum penalty that could have been imposed under the Joint Drug Program, had each of the Player's violations occurred while he was on a 40-man roster, and the number of games already served by the Player at the Minor League level. If the Player does not serve the entire suspension imposed under the Program while he is on a 40-man roster, the Player will be required to serve the remainder of the original suspension if and when the Player is removed from a 40-man roster.
2. A Player who violates the Program and is not notified of the violation until after his promotion to a 40-man roster shall be treated as if the Player violated the Joint Drug Program. Except as provided in this Section 8.K, a violation of the Program shall not be considered a violation of the Joint Drug Program for any purpose.

L. Multiple Categories of Prohibited Substances

If a single specimen is positive (within the meaning of Section 5.F.1) for more than one category of Prohibited Substance (*e.g.*, Stimulant and Drug of Abuse), the Player shall serve the longer of the potential suspensions only. However, for purposes of determining the appropriate level of discipline for future violations, the Player shall be treated as if he was disciplined separately for each Prohibited Substance for which he tested positive.

M. Multiple Disciplines for the Same Use

Players shall not be subjected to multiple disciplines under the Program as a result of the same use of a Prohibited Substance. Whenever a positive test result under the Program could be the result of the same use of a Prohibited Substance that produced a prior positive test result under the Program, MLHPAC shall refer the matter to the laboratory for a determination as to whether, in the laboratory's opinion, the subsequent positive test result was from the same use. MLHPAC will not treat the result as a distinct violation of the Program only if the laboratory concludes to a scientific certainty that the subsequent test result was from the same use of a Prohibited Substance as the prior positive test result.

9. APPEALS

A. Basis for Appeal of Discipline Imposed under Sections 8.A through 8.G

A Player will only be permitted to appeal discipline imposed under Sections 8.A, 8.B, 8.C, 8.D, 8.E, 8.F, and 8.G in the following limited circumstances:

1. Chain-of-Custody: The Player has sufficient reason to believe that the chain-of-custody of his specimen was not properly maintained pursuant to the requirements set forth in Addendum A and that error resulted in an erroneous positive test result. If the Player alleges a deviation from the Program's Collection Procedures, the Player has the burden of demonstrating that the deviation affected the accuracy or reliability of the test result.
2. Laboratory Error: The Player has sufficient reason to believe that the laboratory did not properly administer the testing of the specimen and that error resulted in an erroneous positive test result. If the Player alleges a Laboratory Error, the Player has the burden of demonstrating that the error affected the accuracy or reliability of the test result.
3. Exceptional Circumstances: MLHPAC, in its sole discretion, may permit a Player to appeal if the Player raises exceptional circumstances on the positive test result.

As set forth in Section 10 below, a claimed entitlement to a Therapeutic Use Exemption is not a proper basis for appeal of a positive test result.

B. Process for Appeal of Discipline Imposed under Sections 8.A through 8.G

All appeals of discipline imposed on a Player pursuant to Sections 8.A through 8.G of the Program shall be subject to the following procedures:

1. In order for a Player's appeal to be considered, the Player must complete and submit an Appeal Request Form, attached hereto as Addendum D, stating the basis for his appeal by 5:00 PM (ET) of the third business day after being informed of the discipline. The completed Appeal Request Form must be sent to the attention of Jonathan D. Coyles by e-mail. Mr. Coyles' contact information is as follows:

Jonathan D. Coyles
Office of the Commissioner of Baseball
245 Park Avenue
New York, NY 10167
Phone: (212) 931-7859
E-mail: jon.coyles@mlb.com

2. Any request for an appeal that is based on grounds other than those set forth in Section 9.A, or is untimely pursuant to Section 9.B.1, will be automatically rejected.
3. If a Player is appealing to MLHPAC pursuant to Section 9.A.2 above and requests that his "B" specimen be tested to support an assertion that the laboratory test result for his "A" specimen was erroneous, the Player will be required to pay for the test before the test is conducted. A check in the amount of \$300 (made payable to Major League Baseball) must be received by the Office of the Commissioner within seven days of the date that the appeal was filed. In the event that the Player's appeal is granted by MLHPAC, the Office of the Commissioner will reimburse the Player for the cost of the test of the "B" specimen.
4. If requested by the Player, the Player will be provided with a complete laboratory documentation package for his positive test result. A request for the documentation package must be sent to the attention of Jonathan D. Coyles by e-mail. A check in the amount of \$300 (made payable to Major League Baseball) must be received by the Office of the Commissioner within seven days of the date that the request was made. In the event that the Player's appeal is granted by MLHPAC, the Office of the Commissioner will reimburse the Player of the cost of the documentation package.
5. If requested by the Player on his Appeal Request Form, and in the discretion of MLHPAC, the Player will be afforded a telephone hearing to allow the Player an opportunity to present any evidence or witnesses that he believes are relevant to the appeal.
6. The telephone hearing conducted by a member or designee of MLHPAC will be informal and non-adversarial. All evidence must be presented by the Player to MLHPAC within 48 hours of the conclusion of the telephone hearing. MLHPAC will

make a determination as to whether the discipline should be sustained, modified, or rescinded. A Player's discipline will be held in abeyance until MLHPAC decides his appeal. Notwithstanding the foregoing, a Player who previously had a suspension stayed pursuant to Section 8.I.1 above shall not be entitled to a second stay unless his prior appeal was granted.

7. All decisions regarding appeals of discipline imposed pursuant to Section 8.A through 8.G of the Program shall be in the sole discretion of MLHPAC. MLHPAC shall render a written decision to the Club and the Player as soon as practicable, and may sustain, modify or rescind the discipline originally imposed. The decision by MLHPAC shall constitute full, final, and complete disposition of the appeal, and shall not be appealable in any forum.
8. If MLHPAC sustains or modifies a suspension, the Player and his Club shall be notified and the Player shall begin serving his suspension immediately. Prior to a decision by MLHPAC, the Office of the Commissioner and the Player's Club will not disclose any information regarding the Player's violation or discipline to the public, the media, or other Clubs. If MLHPAC determines that no discipline is appropriate, all aspects of the discipline and appeal shall remain confidential.

C. Appeal of Discipline Imposed by the Commissioner under Section 8.H

All appeals of discipline imposed on a Player pursuant to Section 8.H of the Program shall be subject to the following procedures:

1. In order for a Player's appeal to be considered, the Player must submit a written request stating the basis for his appeal by 5:00 PM (ET) of the third business day after being informed of the discipline. The request should state whether the Player is requesting a telephone hearing pursuant to Section 9.C.3 below. The request should be sent to Jonathan D. Coyles, whose contact information is listed in Section 9.B. above.
2. After receipt of the Player's written appeal request, the Office of the Commissioner will provide the Player or his representative with an oral summary of the evidence upon which the discipline is based. The Office of the Commissioner may, in its discretion, withhold the names of witnesses who were promised confidentiality. Thereafter, the Commissioner will designate a Hearing Officer to conduct a telephone hearing which shall be held as soon as practicable after receipt of the appeal.
3. The telephone hearing conducted by the Hearing Officer will be informal and non-adversarial. The purpose of the telephone hearing is to allow the Player an opportunity to present any evidence or witnesses that he believes are relevant to the allegations. All evidence must be presented by the Player to the Hearing Officer within 48 hours of the conclusion of the telephone hearing. The Hearing Officer will make a recommendation to the Commissioner regarding whether the discipline should be sustained, modified, or rescinded. A Player's discipline will be held in abeyance until the Commissioner decides his appeal. Notwithstanding the foregoing, a Player who previously had a

suspension stayed pursuant to Section 8.I.1 above shall not be entitled to a second stay unless his prior appeal was granted.

4. All decisions regarding appeals of discipline imposed pursuant to Section 8.H of the Program shall be in the sole discretion of the Commissioner. The Commissioner shall render a written decision as soon as practicable following the conclusion of such hearing, and may sustain, modify, or rescind the discipline originally imposed. The decision by the Commissioner shall constitute full, final, and complete disposition of the appeal, and shall not be appealable in any forum.
5. If the Commissioner sustains or modifies a suspension, the Club and the Player shall be notified and the Player shall begin serving his suspension immediately. Prior to a decision by the Commissioner, the Office of the Commissioner and the Player's Club will not disclose any information regarding the Player's violation or discipline to the public, the media or other Clubs. If the Commissioner determines that no discipline is appropriate, all aspects of the hearing shall remain confidential.

D. Confidentiality of Appeal Proceedings

All information associated with or generated by the above appeal procedures is subject to the confidentiality protections of Section 7 of the Program. If MLHPAC or the Commissioner determines that no discipline is appropriate, all aspects of the discipline and appeal shall remain confidential. Unless expressly authorized by the Program, neither the Office of the Commissioner nor a Player's Club shall disclose any information obtained in connection with these procedures.

10. THERAPEUTIC USE EXEMPTION

A. Basis for a TUE

A Player authorized to administer or ingest a Prohibited Substance through a valid, medically appropriate prescription provided by a duly licensed physician may apply to receive a TUE for the Prohibited Substance before being tested under the Program. To be "medically appropriate," the Player must have a documented medical need under the standards of care accepted in the United States or Canada for the prescription in the prescribed dosage. The use of a Prohibited Substance to increase "low-normal" levels of any endogenous hormone will not be considered medically appropriate. The Medical Representative may consult with independent experts regarding any TUE application, and will consider, among other factors, whether there is a reasonable therapeutic alternative to the use of a Prohibited Substance and whether the documented medical need is a consequence, wholly or in part, of prior non-therapeutic use of a Prohibited Substance. For all TUE applications for Controlled Substances, the treating/prescribing physician may not be a Club-affiliated physician.

A specimen which is found to contain a Prohibited Substance will not be deemed a positive test result if such specimen was provided by a Player who was granted a TUE for that specific medication before the collection that resulted in a positive test result. A Player with a TUE for a Prohibited Substance also does not violate the Program by possessing or using the specific

medication for which the TUE was granted. Because all TUEs must be granted prior to the collection that results in a positive test, a Player is not permitted to claim entitlement to a TUE as a basis for appealing a positive test result pursuant to Section 9 above.

B. TUE Application Process

1. Submission Deadlines:

- a. Medication Other Than ADD/ADHD Medication: In order to apply for a new or renewal TUE for a medication other than an ADD/ADHD medication, a Player must submit all required TUE documentation (as described in Section 10.D.1 below) to the Medical Representative by April 15.
- b. ADD/ADHD Medication (New TUE Applications): In order to apply for a new TUE for an ADD/ADHD medication, a Player must submit all required Step 1 and Step 2 documentation (as described in Section 10.D.2.a. below) to the Medical Representative by April 15.
- c. ADD/ADHD Medication (Renewal TUE Applications): In order to apply for a renewal TUE for an ADD/ADHD medication, a Player must submit all required TUE documentation (as described in Section 10.D.2.b below) to the Medical Representative by April 15.

TUE applications will not be considered after the applicable submission deadline unless one of the exceptions set forth in Section 10.B.2 below is applicable. If a Player fails to complete the TUE application process prior to the applicable submission deadline, he will not be permitted to appeal a positive test result by asserting a right to a TUE; even if he would have qualified for a TUE had he made a timely application.

2. Exceptions to the Submission Deadline: The Medical Representative will only consider a TUE application submitted after the applicable submission deadline in the following two circumstances: (i) a Player signs his first Minor League contract of the season after the preceding submission deadline (e.g., Player is selected in the First-Year Player Draft); or (ii) a Player receives a first-time diagnosis by a qualified medical professional after the preceding submission deadline that requires a medically necessary prescription for a Prohibited Substance (as determined by the Medical Representative). In both of these circumstances, the Player must contact the Medical Representative and receive approval prior to starting any aspect of the TUE application process.
3. Temporary TUE for ADD/ADHD Medication: If a Player signs his first Minor League contract of the season after the applicable submission deadline, and has a documented medical history of ADD/ADHD for which he is being treated with a Prohibited Substance, he may apply for a temporary TUE for that specific medication that will remain in effect during the period in which his full TUE application is reviewed by the Medical Representative. Notwithstanding the previous sentence, the maximum effective period of a temporary TUE under these circumstances is 30 days, unless an

extension is granted by the Medical Representative. In order to apply for a temporary TUE, the Medical Representative must be provided with all required temporary TUE documentation (as described in Section 10.D.2.c below) before the Player begins the full TUE application process and no later than 7 days after signing a Minor League contract. In order to be granted a temporary TUE, the Player must establish, to the satisfaction of the Medical Representative, both that he has a documented medical history of ADD/ADHD, and that he was being appropriately treated with a Prohibited Substance for the condition prior to the time that he signed his contract. If a Temporary TUE application is submitted more than 7 days after signing, a TUE may still be granted but the length of the Temporary TUE will be decreased by the number of days that the application was submitted after deadline. Within 30 days of receiving a Temporary TUE decision, the Player must submit the required Step 1 TUE Application and Supporting Documentation (as described below in Section 10.D.2a) for first-time applicants..

C. Duration and Renewal of a TUE

Unless the Medical Representative determines otherwise, the maximum effective period of a TUE runs from the approval date to the following April 14. A TUE is not automatically renewed. If a player is still taking the prescribed medication he must apply for a renewal of his TUE by April 15 of each year. To renew a TUE, a Player must be reevaluated by his treating physician, and must submit the necessary documentation (as described in Section 10.D below) to establish that there is a continuing basis and need for the TUE to the Medical Representative between January 1 and April 15. Any player who was granted a TUE during the previous season and has not received a decision regarding his renewal TUE application by the April 15 deadline should contact the Medical Representative about receiving an extension of his previously granted TUE.

D. Required Documentation for a TUE

1. Medication Other Than ADD/ADHD Medication

- a. For a new TUE application for a medication other than an ADD/ADHD medication, the TUE application must contain the following information in order for the TUE application to be reviewed:
 - i. A 2019 new TUE application form completed and signed by the Player's diagnosing physician that includes the results of any evaluations and testing performed and the diagnosis for which the Prohibited Substance is being prescribed to treat;
 - ii. A completed and signed Club Physician Affirmation;
 - iii. A completed and signed Prescribing Physician Affirmation; and
 - iv. A completed and signed Player Affirmation.

- b. For a renewal TUE application for a medication other than an ADD/ADHD medication, the TUE application must contain the following information in order for the TUE application to be reviewed:
 - i. A 2019 renewal TUE application form completed and signed by the Player's treating physician that includes the results of all follow-up evaluations and testing performed over the previous year that indicate a continuing need for the Prohibited Substance;
 - ii. Pharmacy records since the previous TUE was granted or for the last twelve months, whichever is shorter;
 - iii. A completed and signed Prescribing Physician Affirmation; and
 - iv. A completed and signed Player Affirmation.

The Medical Representative may request additional information from the Player, the Player's Club, or his treating physician after a TUE application is received. Any TUE application for a Prohibited Substances used to treat Androgen Deficiency/Hypogonadism or Adult Growth Hormone Deficiency will be subject to the guidelines contained in Addendum E.

2. ADD/ADHD Medication

- a. New TUE Application: All new TUE applications for an ADD/ADHD medication must be for a long-acting Stimulant medication, unless a temporary TUE has been granted pursuant to Section 10.B.3 above. Attached as Addendum F is a description of the supporting information that must be submitted in order for a new TUE application for an ADD/ADHD medication to be reviewed.
- b. Renewal TUE Application: All renewal TUE applications for an ADD/ADHD medication must include a completed 2019 Renewal TUE Application form and pharmacy records for the twelve-month period prior to the date of the application.
- c. Temporary TUE Applications: All temporary TUE applications for an ADD/ADHD medication must include a completed 2019 Temporary TUE application form and a copy of the Player's current prescription or photographs of the current prescription bottle.

The Medical Representative may request additional information from the Player, the Player's Club or the MLB-Certified Clinician (or the treating physician when applicable) after a TUE application is received, including but not limited to, a neuropsychological evaluation, as recommended by the Expert Panel.

E. Where to Submit TUE Documents

All TUE documentation is confidential and should be sent by the Club (from a Club email address) and/or the MLB-Certified Clinician (when applicable) to non40manTUE@mlb.com.

F. Change in Medication

Because a TUE is granted for a specific medication, a Player must be granted a new TUE if his prescribing physician changes his medication. A Player does not need to submit a new TUE application for a change in medication, but he is responsible for notifying the Medical Representative of the new medication and the reasons for the change in writing before taking the new medication. A Player may be subject to discipline if he fails to inform the Medical Representative of a change in medication before being tested under the Program.

11. EDUCATIONAL PROGRAMS AND MATERIALS

MLHPAC, in consultation with the Clubs and outside experts, shall develop educational programs and materials, including MLHPAC's online educational program, supporting the objectives of the Program each season. Login instructions for MLHPAC's online educational program will be provided to Players and Clubs prior to each season. Educational materials will be distributed to all Clubs and Players in Spring Training and throughout each season.

12. COSTS OF THE PROGRAM

Any costs for the treatment of a Player on a Treatment Program which are not covered by the Player's health insurance shall be the responsibility of the Club with whom the Player is under contract. The costs of all testing conducted under the Program shall be borne by the Office of the Commissioner.