College of
COMPLEMENTARY HEALTH
PROFESSIONALS OF BC

College of Complementary Health
Professional of BC
CCHPBC

Scope of Practice for Naturopathic Physicians: Standards, Limits and Conditions for Prescribing, Dispensing and Compounding Drugs

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The College also wishes to acknowledge the extensive support and collaboration received from the College of Pharmacists of BC (CPBC). Their support and assistance has been invaluable.

The CCHPBC looks forward to ongoing collaboration with these and other health regulatory Colleges in the implementation of prescriptive authority for naturopathic physicians.

CCHPBC Standards of Practice

CCHPBC is responsible under the *Health Professions Act* for setting standards of practice for its registrants.

Scope of Practice Standards

Scope of Practice Standards set out standards, limits and conditions related to the scope of practice for naturopathic physicians. (See Appendix A.)

Contents

Introduction

The Government of British Columbia introduced, and approval was granted for revisions to the *Health Professions Act, Naturopathic Physicians' Regulation* (B.C. Reg. 449/99) and the Bylaws of the College of Naturopathic Physicians of British Columbia in 2009, which nabled the implementation of prescriptive authority for naturopathic physicians in BC.

The legal authority for the practice of naturopathic medicine is set out in the *Naturopathic Physicians Regulation*, under the *Health Professions Act*. (See Appendix A.)

Naturopathic physicians must meet requirements for ongoing registration, including meeting continuing competency and quality assurance requirements. These requirements are currently undergoing further development in concert with the current initiative.

This document includes the standards, with limits and conditions, specific to the scope of naturopathic physician practice for prescribing, dispensing and compounding medications.

Section A – Prescribing, Dispensing and Compounding Drugs

PART 1 – STANDARDS

Prescribing Standards

STANDARD 1
Naturopathic physicians prescribe drugs within the limits of the naturopathic physicians' scope of practice and individual competence within that scope of practice.

STANDARD 2
Naturopathic physicians prescribe from provincial Drug Schedules I, II and III in accordance with the BC *Pharmacy Operations and Drug Scheduling Act* and the federal *Controlled and Drug Substances Act* and *Regulation* and the College of Complementary Health Professionals of BC(CCHPBC) Prescribing Standards, Limits and Conditions.

STANDARD 3
Naturopathic physicians prescribe medications in accordance with ethical, legal and professional standards of drug therapy.

STANDARD 4
Naturopathic physicians engage in evidence-based prescribing and consider best practice guidelines and other relevant guidelines when prescribing for clients, including when recommending other therapies.

STANDARD 5
Naturopathic physicians may write prescriptions for clients (when required for reimbursement by insurance plans or to meet provincial regulations) for nutritional supplementation, appliances and devices and for drugs found in Schedules II and III. (Drugs listed in Schedules II and III do not legally require a prescription).

STANDARD 6
Naturopathic physicians are solely accountable for their prescribing decisions.

STANDARD 7
Naturopathic physicians participate in the Canada Vigilance Program through Health Canada.

STANDARD 8
Naturopathic physicians meet the following expectations when prescribing drugs:

- Completes prescriptions accurately and completely including the following information (Bylaws to the *Pharmacy Operations and Drug Scheduling Act* and *Regulations*):

    - date of issue;

    - name and address (if available) of client;

    - name, strength and dosage form of the substance and the quantity prescribed and quantity to be dispensed (**Note:** If the prescriber intends to prohibit generic substitution, it must be done in accordance with section 30 (1) and (3) of the *Pharmacy Act*);

    - directions for use – refers to the frequency or interval or maximum daily dose, route of administration and the duration of drug therapy;

    - directions for number of allowable refills and interval between refills (**Note:** While it is not legally required, if a prescription includes more than one drug, any drug that may be refilled must be clearly identified. If all drugs on a multiple prescription are to be refilled, identify the number of allowable refills for each drug); and

    - prescriber's name, address, telephone number and signature including unique naturopathic physicians' identifier/number.

Note: Other elements, not legally required but that might be considered when prescribing include: indicating if a child resistant container is not indicated; indicating the use of the drug; noting client age, date of birth and weight if the client is on either end of the extreme of their weight range; and/or including special instructions, such as "take with food."

Note: A prescription may be telephoned to the pharmacist (unless prohibited by legislation) and must include the prescription information outlined above.

Note: A prescription may be transmitted by facsimile (fax) to a pharmacy, provided that the following requirements are met (*Pharmacy Act*):

- the prescription must be sent only to the pharmacy of the client's choice with no intervening person having access to the prescription authorization;

- the prescription must be sent directly from the prescriber's office or directly from a health institution for a patient of that institution, or from another location providing that the pharmacist is confident of the prescription legitimacy;

- the prescription must include all information listed above and in addition must include:

    - time and date of transmission;

    - name and fax number of the pharmacy intended to receive the transmission; and

- Documents the prescription on the client record.

- Provides educational information to clients about prescription and non-prescription drugs that includes information regarding:
    - the expected action of the drug and expected duration of therapy;
    - the importance of compliance with prescribed frequency and duration of the drug therapy;
    - potential side-effects;
    - signs and symptoms of potential adverse effects (e.g., allergic reactions) and action to take if they occur;
    - potential interactions between the drug and certain foods, other drugs or substances;
    - specific precautions to take or instructions to follow; and
    - recommended follow up.
- Monitors and documents the client's response to drug therapy. Based on the client's response, the naturopathic physician may decide to continue, adjust or withdraw the drug, or to consult with a pharmacist, another naturopathic physician or with an MD in accordance with the CCHPBC standards for naturopathic physician and MD consultation.
- When client care is shared with an MD, conjointly determines with the MD processes for access to the client's health record for purposes of treatment decisions and communication.
- Stores blank prescriptions in a secure area that is not accessible to the public and does not provide any person with a blank, signed prescription.
- Does not prescribe for them self or become involved in self-care (subject to development of CCHPBC policies).
- If other options are not available, may prescribe for family, friends or peers, provided the client/provider relationship is established and documented (subject to development of CCHPBC policies).
- When receiving information from a pharmaceutical representative, independently verifies the information obtained.

Dispensing Standards (Drugs)

STANDARD 1
Naturopathic physicians dispense medications only in situations in which a pharmacist is not available or accessible, and/or it is in the best interest of the client to do so.*

STANDARD 2
Naturopathic physicians acquire, store, dispense and dispose of drugs in accordance with provincial and federal legislation and regulations, and standards and guidelines for best practice. Naturopathic physicians who dispense drugs other than drug samples or small quantities of medications must receive approval from the CCHPBC to be designated as a dispensing practitioner (Full). Once approved, a dispensing practitioner must meet standards required of pharmacists (see College of Pharmacists of BC Framework of Professional Practice, see Appendix C) and will be subject to monitoring regarding these standards. Registrants should consider carefully the commitment of time, resources and personal involvement of the registrant that meeting such standards will require before making application for such approval. Such authorization will rarely be granted. Factors such as extreme geographic isolation and lack of alternative sources for required substances will be considered.*

(* Notwithstanding Standard 1 and 2 above, naturopathic physicians may continue to dispense botanical and other medicinal preparations which are **not** Scheduled items in accordance with their historical scope of practice, professional training and qualifications, subject to such standards, limits and conditions that may be issued by the College from time to time. There is also a specific protocol for **scheduled** "Historical Use" items found in Standard 3 below.)

STANDARD 3
A number of substances which were historically used by naturopathic physicians, but which have since become scheduled items (e.g.-digitalis) are listed in Appendix B. Dispensing manufactured naturopathic medicines containing the "historical use" agents in Appendix B is only appropriate when such preparations are not readily available through local pharmacies. Dispensing is only authorized in such situations. All relevant standards for labeling, record keeping and security, as per the College of Pharmacists of BC Framework of Professional Practice (Appendix C) must be met. (Registrants should carefully consider the commitment of time, resources and personal involvement of the registrant that meeting such standards will require before dispensing such items.)

The list of historically used scheduled items approved for use under this standard, including vitamins, minerals, amino acids and some botanicals, may be found in Appendix B.

STANDARD 4
Botanical preparations that contain scheduled agents must be treated as scheduled items. Naturopathic physicians using these botanicals must meet all applicable standards for prescribing, dispensing and/or compounding scheduled substances, notwithstanding that such items may have been used in practice historically by naturopathic physicians. The exception is that botanicals on the "historical use" list in Appendix B may be prepared (compounded; e.g.-tinctures) and dispensed by the naturopathic physician, so long as the preparation contains the appropriate strength, dosage and duration for safe individual use and all labeling and charting requirements are met.

STANDARD 5

Naturopathic physicians meet the following expectations when dispensing drug samples, including samples of historical use substances, or small quantities of medication to their clients (see College of Pharmacists guidelines for further details).

- The prescription label (or envelope) indicates (*Pharmacy Operations and Drug Scheduling Act* and *Regulations*):
    - client's name;
    - drug name, strength where appropriate, and dosage;
    - direction for use;
    - quantity dispensed;
    - date dispensed;
    - prescribing number of prescriber; and
    - initials of naturopathic physician distributing the drug and the location from which the drug is dispensed, including name, address and telephone number.

Note: Any other information required by good pharmacy practice (not in the *Act*) is affixed, such as: expiry date; when applicable; or appropriate special circumstances/auxiliary labels (e.g., shake well).

- When indicated, the drug is dispensed in a child resistant container.
- The label can be easily read by the client or client's guardian or representative.
- The drug is handed directly to the client or the client's guardian or representative.
- Client education is provided and includes assessment of the client's level of understanding regarding the drug, including but not limited to the:
    - Purpose of the drug;
    - Dosage regime and instructions required to achieve the intended therapeutic response, expected benefits and side-effects, storage requirements; and
    - Written medication information.
- The transaction(s) is accessible and recorded on an individual prescription profile and/or client record each time a drug is dispensed. The profile will include:
    - client name, address, phone number, date of birth, gender and, when available, allergies and idiosyncratic responses and personal health number assigned by the BC Ministry of Health;

- date dispensed;
- name, strength, dosage of drug and quantity dispensed;
- duration of therapy;
- directions to patient; and
- signature and unique identifier of the naturopathic physician dispensing the drug.

Standard 6
Naturopathic physicians who do not meet these standards and other standards that may be issued by the CCHPBC regarding dispensing from time to time may be subject to disciplinary action and/or revocation of privileges by the College.

Compounding Standards (Drugs)

Definition: Per *Naturopathic Physicians Regulation*, 2009:

"compound" means
(a) in respect of a drug, to mix with one or more other ingredients, and
(b) in respect of a therapeutic diet, to mix two or more ingredients; "

STANDARD 1
Naturopathic physicians will utilize the services of compounding pharmacies whenever feasible when compounding is required.

STANDARD 2
Registrants who wish to be compounding practitioners (Full) must meet all standards and principles in Appendix C, Framework of Professional Practice. This category (Full) is not intended for most registrants and will only be granted in exceptional circumstances.

Compounding involving scheduled items presents considerable risk and therefore registrants should only consider becoming compounding practitioners (Full) where there are no acceptable alternatives such as the use of compounding pharmacies. Compounding involving scheduled items for in-office therapeutic use should only be performed by naturopathic physicians who are certified in practices where there are well-established protocols for such use (e.g.- chelation, prolotherapy).

Naturopathic physicians who wish to assume the responsibilities of a compounding naturopathic physician (Full) must apply to the CCHPBC in writing regarding their rationale and specific needs for requiring compounding in their practice and providing assurances that they will meet all College of Pharmacists of BC compounding standards. Such authorization (Full) will rarely be granted.

STANDARD 3
Naturopathic physicians are permitted to compound **"Historical use" items noted in Appendix B** for authorized in-office procedures (e.g.- chelation- adding vitamins to chelation IV bag. See certification reference under Standard 4 below.). Please note that, due to the definitions above, even adding water to a scheduled item constitutes compounding. This limited "historical use" authorization to "compound" is for **in-office procedures only**. Medicines for patients' use outside the clinic that require the compounding of scheduled items must generally be obtained via a prescription filled by a pharmacy. (Exceptions may be found under Standard 5 below.)

STANDARD 4
Naturopathic physicians who are required to use more than one scheduled substance simultaneously (i.e.- compounding) in order to meet the requirements of an established treatment protocol (e.g.- chelation, prolotherapy, ozone therapy) are authorized to do so for in-office procedures only. See Appendix D for further details. See "Certification Requirements" on the College's website at the following link: https://CCHPBC.bc.ca/for-registrants/resources/certification-requirements/ [1]

STANDARD 5
Compounded substances may not be sold to patients for out of office use unless there is no viable compounding pharmacy alternative **AND** the naturopathic physician has been approved as a Dispensing

[1] (Link updated March 8, 2016)

Practitioner (full) by CCHPBC and the registrant meets all NAPRA and CPBC standards and principles for compounding. Further, any such transaction must follow CCHPBC pricing guidelines in this regard. A maximum charge of 15 % above cost to cover overhead for scheduled items is approved, to reduce the possibility of any conflict of interest or the perception of a conflict. Exception:

An exception for "historical use" items in Appendix B is noted here. Compounded medicines involving "historical use" scheduled items and unscheduled substances are authorized for dispensing, so long as such items are not readily available through local pharmacies. See (Appendix B) and Dispensing Standard 4 above.

STANDARD 6

Naturopathic physicians who do not meet these standards and other standards that may be issued by the CCHPBC regarding compounding from time to time may be subject to disciplinary action and/or revocation of prescribing, dispensing or compounding privileges.

PART II – LIMITS AND CONDITIONS

Naturopathic physicians prescribe drugs approved for sale as outlined in the BC *Pharmacy Operations and Drug Scheduling Act* and the federal *Food and Drugs Act* and *Regulations*, and in accordance with CCHPBC's Standards for Prescribing and Dispensing Drugs.

Naturopathic physicians within certain contexts of practice may require broader prescriptive authority than what is permitted in the limits and conditions. Such groups of naturopathic physicians will apply to the CCHPBC expand their prescribing authority. The CCHPBC will set standards and other requirements, such as educational preparation, that specific groups of prescribers must meet to be approved for expanded authority.

Naturopathic physicians will have authority to request "Special Authority" medications ** with the exception of two situations:

- They will not have "Special Authority" privileges for prescribing those drugs that have been designated for physician specialist only; and
- They will not have "Special Authority" privileges for prescribing medications that are excluded for use by naturopathic physicians.

NOTE: Under the federal *Controlled Drugs Substances Act* and *Regulations*, naturopathic physicians do not have authority to prescribe narcotics and controlled drugs, including benzodiazepines and other targeted substances. While this may be reviewed at some time in the future, this is the current legal situation.

Please note that certain classes of drugs are federally controlled and are not available for prescribing by naturopathic physicians in BC. See Appendix E for a link to a complete listing of federally controlled substances.

LIMITS AND CONDITIONS

Naturopathic physicians are authorized by the *Naturopathic Physicians Regulation* under the *Health Professions Act* to prescribe Schedule I drugs as specified in the Drug Schedules Regulation 9/98 of the *Pharmacy Operations and Drug Scheduling Act*, except for drugs excluded as per the Naturopathic Physicians Regulation and drugs excluded in the CCHPBC limits and conditions.

1) Drugs to be **excluded** from the scope of practice of naturopathic physicians as per the *Naturopathic Physicians Regulation* are found in **Appendix F**.

2) Additional drugs **excluded** in accordance with the CCHPBC limits and conditions are listed below:

Antibiotics with Narrow Therapeutic Range

Note: No antibiotic may be administered in any parenteral form.[1]

- Amikacin and its salts and derivatives
- Amphotercin B and its salts and derivatives
- Apramycin and its salts
- Aztreonam and its salts
- Bacitracin and its salts and derivatives (for parenteral use only)
- Candicidin and its salts and derivatives
- Carbomycin and its salts and derivatives
- Caspofungin and its salts and derivatives
- Cefoperazone and its salts and derivatives
- Cilastatin and its salts
- Colistin and its salt and derivatives
- Dalfopristin and its salts
- Dihydrostreptomycin and its salts and derivatives
- Enrofloxacin
- Gentamicin (excluded for parenteral use only)
- Grepafloxacin and its salts and derivatives
- Hetacillin and its salts and derivatives
- Lefamulin for IV use
- Marbofloxacin and its salts and derivatives
- Mecillinam and its salts and derivatives
- Mezlocillin and its salts and derivatives
- Oxacillin and its salts and derivatives
- Quinupristin and its salts
- Streptomycin and its salts and derivatives
- Tazobactam and its salts and derivatives
- Ticarcillin and its salts and derivatives
- Tobramycin and its salts and derivatives (excluded for parenteral use only)
- Trovafloxacin and its salts and derivatives
- Virginiamycin and its salts and derivatives
- Voriconazole

Antiretroviral Agents

- Abacavir
- Atovaquone (excluded for treatment of HIV or infections resulting from HIV)
- Bictegravir/ emtricitabine/ tenofovir alafenamide
- Boceprevir
- Cabotegravir
- Darunavir ethanolate
- Darunavir/cobicistat/emtricitabine/tenofovir alafenamide
- Doravirine
- Elvitegravir
- Entecavir
- Etravirine & Salts

[1] No antibiotic may be administered in any parenteral form, with the exception of Ceftriaxone, Clindamycin, and Bicillin are approved for parenteral use by registrants of College, which are approved for parenteral use by registrants of the College for use in Lyme disease treatment.

- Fosamprenavir calcium
- Lenacapavir
- Maraviroc
- Raltegravir and its salts
- Rilpivirine
- Telbivudine

Antiviral Agents

- Asunaprevir
- Elbasvir
- Foscarnet sodium and its salts
- Grazoprevir
- Idoxuridine
- Maribavir and its salts
- Methisazone
- Ribavirin
- Sofosbuvir/Velpatasvir
- Valganciclovir and its salts and derivatives

Botulinum toxin types A & B[2]

Antineoplastic Agents

- Abemaciclib
- Abiraterone
- Acalabrutinib
- Alectinib
- Alpelisib
- Amivantamab
- Arsenic trioxide
- Asciminib and its salts
- Axicabtagene ciloleucel
- Axitinib
- Belimumab
- Bendamustine
- Belzutifan
- Brexucabtagene autoleucel
- Brigatinib
- Burosumab
- Cabozantinib
- Calaspargase pegol
- Capivasertib and its salts
- Capmatinib and its salts
- Carfilzomib
- Catumaxomab
- Cedazuridine and decitabine
- Cemiplimab
- Cenegermin
- Ciltacabtagene autoleucel
- Cobimetinib
- Crizotinib
- Dabrafenib mesylate
- Dacomitinib
- Daratumumab
- Darolutamide
- Dasatinib
- Decitabine
- Dinutuximab
- Elotuzumab
- Elranatamab
- Enasidenib
- Enfortumab vedotin
- Entrectinib
- Enzalutamide
- Epcoritamab
- Erdafitinib
- Erlotinib & Salts
- Everolimus
- Fedratinib
- Epcoritamab
- 5-Fluorouracil (excluded for intravenous use)
- Fluorouracil and its derivatives (for topical use)
- Gemtuzumab ozogamicin
- Gilteritinib
- Glasdegib
- Infigratinib or its salts
- Idecabtagene vicleucel
- Inotuzumab ozogamicin
- Ipilimumab
- Isatuximab
- Ixazomib
- Lapatinib and Salts
- Larotrectinib
- Lenalidomide
- Lorlatinib
- Lurbinectedin or its salts or derivatives
- Lutetium vipivotide tetraxetan
- Mogamulizumab
- Nelarabine
- Neratinib
- Nilotinib & Salts
- Niraparib
- Ofatumumab
- Olaparib
- Osimertinib
- Oxaliplatin
- Palbociclib
- Panitumumab
- Patisiran
- Pemigatinib or its salts

[2] This exclusion does not apply to those registrants who have obtained and maintain College certification in *Botulinum toxin: medical/non-aesthetic* or College certification in *Aesthetic Procedures – Cosmetic Botulinum Toxin*; those registrants with *Aesthetic Procedures – Cosmetic Botulinum Toxin* can prescribe and administer botulinum toxin for cosmetic purposes only. (Note added March 8, 2016, and revised August 30, 2018

- Pertuzumab
- Polatuzumab vedotin
- Pralatrexate
- Pralsetinib or its salts
- Regorafenib
- Relatimab
- Ribociclib
- Ripretinib or its salts
- Ruxolitinib
- Sacituzumab govitecan
- Selinexor and its salts
- Selpercatinib and its salts
- Selumetinib and its salts
- Sonidegib
- Sotorasib
- Sunitinib & Salts
- Tafasitamab
- Tebentafusp
- Teclistamab
- Tepontinib and its salts
- Tipiracil
- Tisagenlecleucel
- Trabectedin
- Trametinib
- Tremelimumab
- Tucatinib
- Vandetanib
- Vemurafenib
- Venetoclax
- Vindesine and its salts
- Vismodegib
- Vorinostat
- Zanubrutinib and salts

Note: Periwinkle alkaloids in naturopathic preparations are allowed but shall not be used as chemotherapeutic agents

Anticonvulsants

- Brivaracetam
- Diphenylhydantoin (phenytoin) and its salts (all purposes except ACLS)
- Ethotoin and its salts
- Ezogabine
- Fosphenytoin and its salts
- Methoin (mephenytoin) and its salts
- Perampanel
- Phenacemide
- Rufinamide
- Stiripentol
- Trimethadion
- Vigabatrin and its salts and derivatives

The following agents are only allowed for the management of pain:

- Gabapentin and its salts and derivatives
- Pregabalin

Disease Modifying Agents

- Abatcaept
- Barticinib
- Eculizumab
- Efgartigimod alfa
- Golimumab
- Omalizumab
- Ranibizumab
- Tralokinumab
- Ustekinumab

The following agent is allowed for chelation therapy purposes only:

- Penicillamine

Drugs Administered Intravenously

- Micafungin

Agents Primarily or Exclusively Used by Medical Specialists

- Abciximab
- Amifampridine
- Antihemophilic factor
- Antihemophilic/ von Willebrand factor
- Avacopan or its salts
- Bamlanivimab
- Belumosudil and its salts
- Benralizumab
- Berotralstat and its salts
- Berotralstat or its salts
- Brodalumab
- Brolucizumab
- Caplacizumab

- Cangrelor and its salts or derivatives
- Cerliponase alfa
- Cidofovir
- Deucravacitinib and its salts
- Difelikefalin and its salts
- Dimethyl fumarate
- Edaravone
- Elexacaftor or its salts
- Emicizumab
- Epoprostenol sodium
- Esketamine
- Etomidate
- Fampridine
- Faricimab
- Finerenone and its salts
- Fingolimod
- Follitropin delta
- Fostamatinib
- Galsulfase
- Givosiran
- Glycerol phenylbutyrate
- Hemin
- Inotersen
- Isavuconazole
- Ivabradine
- Ivacaftor
- Ivacaftor/ tezacaftor
- Ixekizumab
- Lanadelumab
- Lonoctocog alfa
- Lumacaftor/Ivacaftor
- Lumasiran and its salts
- Luspatercept
- Mavacamten and its salts
- Nitisinone
- Obiltoxaximab
- Onasemnogene
- Pegcetacoplan
- Pegvaliase
- PEGylated antihemophilic factor
- Pirfenidone
- Ravulizumab
- Remdesivir
- Remestemcel-L
- Reslizumab
- Risdiplam and its salts or derivatives
- Satralizumab
- Selexipag
- Sodium zirconium cyclosilicate
- Somatrogon
- Sotrovimab
- Tafamidis meglumine
- Turoctocog alfa pegol
- Ursodoxicoltaurine and its salts
- Velaglucerase alfa
- Von Willebrand factor, recombinant (vonicog alfa)
- Voretigene neparvovec

Emergency Medicine Agents

- Amrinone and its salts
- Anti-inhibitor coagulant complex
- Bosentan and its salts and derivatives
- Digoxin immune Fab (ovine)
- Dobutamine and its salts
- Drotrecogin
- Fomepizole and its salts
- Gadopentetate dimeglumine
- Hetastarch and its derivatives
- Landiolol and its salts
- Leucovorin and its salts
- Milrinone and its salts
- Physostigmine salicylate (except preparations for oral or topical use only)
- Sodium nitroprusside and its salts
- Sugammadex

Endocrine Agents/ Endocrine Diagnostic Agents

- Etonorgestrel
  - except for registrants certified in Prescriptive Authority who have successfully completed the Etonogestrel Extended Release Subdermal Implant Clinician Training Program, and are available to insert the implant
- Gonadotropin, serum (human)
- Histrelin & Salts
- Mepacrine and its salts
- Methoxy Polyethelene glycol-epoetin beta
- Metryapone and its salts
- Pegvisomant
- Protirelin TRH analog
- Quinagolide and its salts
- Sermorelin and its salts
- Terlipressin and its salts
- Thyrotropin alfa
- Triiodothyropropionic acid
- Trilostane

Certain agents used for 'Emergency Purposes Only'

The following agents are authorized only for in-office emergency use. All other indications for these agents are not allowed:

- Adenosine
- Dopamine
- Procainamide

Agents Dealing with Acute Perinatal Care

- Beractant
- Colfosceril and its derivatives
- Nitric oxide
- Poractant alfa

Obstetrical Agents Out-Patient Setting

- Mifepristone - except for NDs who have completed one of the following courses:
  1. Medical Abortion Training Program- Society of Obstetricians and Gynaecologists of Canada (SOGC)
  2. Medical Abortion Virtual Course – National Abortion Federation of Canada
- Ritodrine and its salts

Ophthalmic Agents

Agents used for the treatment of iritis or glaucoma agents:

- Brimonidine and its salts
- Carbachol
- Cylopentolate and its salts (parenteral use only)
- Dipivefrin
- Dorzolamide
- Ecothiophate
- Fluocinolone acetonide
- Homatropine and its salts (ophthalmic use or >2mg oral)
- Latanoprost
- Latanoprostene Bunod or its salts or derivatives
- Levobunolol
- Methazolamide
- Nepafenac
- Pilocarpine
- Timolol (excluded for ophthalmic use only)
- Unoprostone

Topical corticosteroids:

- Dexamethasone (excluded for ophthalmic use only)
- Prednisolone (excluded for ophthalmic use only)

Miscellaneous ophthalmic preparations:

- Pegaptanib
- Trifluridine
- Verteporfin

The following agents are allowed for the treatment of hypotrichosis of the eyelid only:

- Bimatoprost to the maximum strength of 0.03% w/v.
- Bimatoprost otherwise remains excluded for the treatment of intraocular pressure.

Antiparkinsonism Agents

- Apomorphine
- Biperiden and its salts
- Safinamide and its salts
- Tolcapone

Antipsychotic Agents

- Acepromazine and its salts
- Butaperazine and its salts
- Cariprazine and its salts
- Chlorprothixene and its salts
- Mesoridazine and its salts
- Pericyazine and its salts
- Pipotiazine and its salts
- Promazine and its salts
- Remoxipride and its salts
- Thiethylperazine and its salts
- Thioridazine and its salts
- Thiothixene and its salts
- Trifluprom azine and its salts
- Trimeprazine and its salts

Antiarrhythmic Agents

- Bretylium tosylate
- Disopyramide and its salts
- Esmolol and its salts
- Flecainide and its salts
- Ibutilide and its salts and derivatives
- Isoproterenol (isoprenaline) and its salts
- Methoxamine and its salts
- Mexiletine and its salts
- Procainamide and its salts
- Quinidine salts
- Sotalol and its salts
- Tocainide and its salts
- Verapamil and its salts (except for emergency purposes)

Antifungal Agents

- Anidulafungin

Antitubercular Agents Used for Other Infections

- Isoniazid

Thrombolytic, Hemostatic and Anti-platelet Agents

- Alteplase except when given in a dosage of 4mg or less (Alteplase is approved for use by NDs for a maximum dosage of 4 mg)
- Ambrisentan
- Aminocaproic acid
- Aprotinin
- Argatroban and its salts and derivatives
- Bivalirudin
- Catridecacog
- Danaparoid and its salts and derivatives
- Enoxaparin and its salts
- Eptifibatide and its salts
- Idrucizumab
- Reviparin and its salts
- Romiplostim
- Streptokinase/ streptodornase
- Tenecteplase and its salts and derivatives
- Tirofiban and its salts and derivatives

Vaccines

- Anthrax Vaccine Adsorbed

Infertility Agents

- Lanreotide
- Lutropin alfa
- Urofollitropin

Other

- Becaplermin
- Benactyzine
- Benoxaprofen
- C1 esterase inhibitor
- Chlormezanone
- Cisapride
- Cobicistat
- Dexfenfluramine
- Dichloroacetic acid (DCA)
- Doxapram
- Etranacogene dezaparvovec
- Fidanacogene elaparvovec
- Histamine (except topical use)
- Inebilizumab
- Medotomidine
- Mephentermine
- Methyprylon
- Metreleptin
- Octatropine methybromide
- Oxalinic acid
- Paricalcitol
- Phacetoperane
- Terfenadine
- Valdecoxib
- Xanthinol nicotinate
- Zomepirac

Continuation Therapy Only

These drugs are approved for ND use only for continuation of existing prescriptions, and are excluded for all other purposes:

- Azathioprine
- Evinacumab
- Methotrexate
- Olipudase alfa
- Vutrisiran and its salts

New drugs approved for sale in Canada
Any drug approved that is in a category in which all drugs in that category are approved for ND prescribing, the new agent shall be automatically approved.

Any drug newly approved by Health Canada that is in a category in which NOT all drugs in that category are approved for ND prescribing, the new agent shall go to the Pharmacopoeia and Diagnostic Referral Committee for review.

Any drug newly approved by Health Canada that is in a category in which all drugs in that category are restricted by regulations or by the Pharmacopoeia and Diagnostic Referral Committee shall be automatically be restricted.

If there is any doubt regarding the status of a new drug approved for sale in Canada, please contact the CCHPBC office.

Diagnostic Testing Standards

To ensure patient safety, all naturopathic physicians who are authorized to prescribe must have access to and appropriately utilize laboratory and other diagnostic testing in the assessment, treatment and monitoring of patients receiving prescription drugs. Currently, naturopathic physicians in BC must continue to utilize laboratory and other diagnostic testing as available in order to ensure patient safety in accordance with best practices and their professional judgement.

CCHPBC will issue further detailed Standards, Limits and Conditions regarding diagnostic testing at such time as such services become widely accessible within BC following consultations with the Ministry of Health Services and the College of Physicians and Surgeons of BC

Section B – Physician Consultation and Referral

PART 1 – STANDARDS

Consultation and collaboration with other health care providers is an essential component of safe, appropriate and integrated prescribing practices. Naturopathic physicians initiate discussion, collaboration, consultation with and/or refer to other members of the health care team in a timely and appropriate manner.

Consultation, including referral, as used in these Standards, refers to a specific request to or by an medical doctor ("MD") to become involved in the care of a client with respect to prescribing. The responsibility to consult with or refer to a medical doctor lies with the naturopathic physician and is made in collaboration with the client. A naturopathic physician may also seek consultation with or transfer care to an MD at the request of the client.

Consultation may result in one of the following levels of physician involvement:

- The MD provides an opinion and recommendation to the naturopathic physician who continues to have primary responsibility for the health care of the client;

- The MD assumes concurrent responsibility for some aspects of the care, and the MD and naturopathic physician together clarify who is assuming responsibility for the various aspects of the client's care, including coordination of the overall care; or

- The care of the client is transferred to the MD who then assumes primary responsibility for the care. The naturopathic physician documents the request for and outcome of the consultation or referral.

- Transfer or sharing of care occurs after discussion and agreement among the client, the referring naturopathic physician and the MD.

Standards

STANDARD 1
The naturopathic physician consults or refers to an MD when the client's health condition or needs are such that:

- the diagnosis and plan of treatment is beyond the knowledge, skill and judgment of the naturopathic physician to determine;

- the care that is required is beyond the naturopathic physician's competencies and scope of practice;

- sign(s), symptom(s) or report(s) or diagnostic or laboratory tests suggest that a client's condition is destabilizing or deteriorating and is beyond the ability of the naturopathic physician to manage; or

- the anticipated outcomes of therapy are not realized and further treatment is beyond the ability of the naturopathic physician to manage, or the target symptoms are not responding to treatment.

STANDARD 2
The naturopathic physician communicates and consults with or refers to MD's by:

- clearly presenting the reason for and the level of urgency of the consultation or referral;
- describing the level of MD involvement requested at the time a referral is made;
- determining the availability of the MD to provide the consultation in a timely and appropriate manner;
- ensuring that the MD has appropriate access to the client's relevant health information;
- confirming with the MD, following the consultation, the level of MD involvement; and
- documenting the request for and outcome of the consultation or referral.
- communicating information regarding the discontinuation of medications that were initiated by the MD.

STANDARD 3
The naturopathic physician and the consulting MD conjointly establish methods for communicating about their mutual client's health condition and treatment decisions in situations in which client care is shared.

PART II – LIMITS AND CONDITIONS

Naturopathic physicians can make referrals to family physicians. Due to current limitations that exist in MSP coverage, naturopathic physicians should **not** refer directly to medical specialists. Referrals to family physicians should be made in such circumstances and the family physician can make any required specialist referrals at their discretion.

Appendix A

THE NATUROPATHIC PHYSICIANS REGULATION

The *Naturopathic Physicians Regulation* (the "*Regulation*") is available online at: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/282_2008 [4] and it sets out, among other things:

- reserved titles for naturopathic physicians;
- a scope of practice statement;
- restricted activities for naturopathic physicians; and
- prescriptive drug exclusions.

RESERVED TITLES

The *Regulation* states that only registrants of the may use the titles "naturopath", "naturopathic physician" and "naturopathic doctor". The Regulation also identifies that registrants may use the titles "doctor" and "physician", the use of which is limited by section 102 of the CCHPBC bylaws.

SCOPE OF PRACTICE

Scope of practice refers to the activities that naturopathic physicians are educated and authorized to perform. These activities are:

- established through the legislated definition of naturopathic medicine and restricted activities; and
- further articulated by Standards, Limits and Conditions set by the CCHPBC.

Under the *Regulation*, a registrant of CNPBC may practice naturopathic medicine, which is defined as "the health profession in which a person provides the services of prevention, assessment and treatment of an individual's diseases, disorders and conditions using education and naturopathic techniques, therapies or therapeutics to stimulate or support healing processes and promote, maintain or restore the overall health of the individual."

STANDARDS, LIMITS AND CONDITIONS

The *Health Professions Act* and the *Naturopathic Physicians Regulation* give CNPBC authority to establish, monitor and enforce standards, limits and conditions for naturopathic physicians' practice.

Standard: A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable.

[4] Link updated April 30, 2021

Limits and Conditions: A limit is the point at which something must end. The CCHPBCdevelops and recommends naturopathic physicians' standards, limits and conditions for approval by the CCHPBC Board.

Appendix B

Approved "Historical Use" Scheduled Botanicals, Vitamins, Minerals, and Amino Acids

Botanicals

Apiol, oil of parsley
Atropa belladonna
Colchicum autumnale
Digitalis lanita and purpurea
Rauwolfia serpentina
Veratrum album and viridie

Vitamins

Folic acid in doses >1mg
Vitamin A > 10,000iu oral per oral dose
Vitamin B12 with intrinsic factor
Vitamin D > 1000iu per dose
Vitamin K
Parenteral vitamins

Minerals

Calcium and its salts for parenteral use
Chromium and its salts for parenteral use
Copper and its salts for parenteral use
Fluoride and it salts
Lithium and its salts in doses equivalent to ≤150mg lithium carbonate
Magnesium and its salts for parenteral use
Manganese and its salts for parenteral use
Potassium and its salts for parenteral use
Selenium and its salts for parenteral use
Silver and its salts
Sodium chloride for parenteral nutrition
Sodium fluoride
Iodine and its salts for parenteral use
Strontium and its salts
Zinc and its salts for parenteral use

Amino Acids

Amino acid solutions for parenteral use
Amino acids sold as single entities
Pancreatic enzymes

Appendix C

College of Pharmacists of BC Framework of Professional Practice may be found at:

https://www.bcpharmacists.org/professional-practice-policies-and-guides

Appendix D

Use of more than one scheduled item for advanced practices

Naturopathic physicians who are certified in chelation, prolotherapy, bio-oxidative therapies or other advanced practices are authorized to compound and use more than one scheduled substance if this is required by an established treatment protocol. Examples of such situations follow. Established treatment protocols may involve the use of the following scheduled items:

Chelation
injectable vitamins/minerals as covered in Appendix B
Trientine

Intravenous Therapy
injectable vitamins/minerals and amino acids as covered in Appendix B

Prolotherapy
Authorized Anaesthetics
Dextrose
Sodium Morrhuate
P2G (Phenol, glycerin, dextrose)
Growth Hormone
Hyaluronic Acid Injectable
Glucosamine sulfate injectable

Bio-oxidative therapy
Heparin
sodium citrate

Other therapeutic protocols may emerge which require the simultaneous use of multiple scheduled items for in office procedures. These will be reviewed by the College for approval.

Appendix E

Classes of Controlled Substances under the *Controlled Drugs and Substances Act* ("*CDSA*")

The classes of substances briefly described below are federally controlled under the *CDSA*. They are **not** authorized for prescribing or use by naturopathic physicians in BC.

The expression "controlled substance" means a substance included in Schedule I, II, III, IV or V. For a detailed listing of federally controlled substances and the language of the *CDSA*, check the *CDSA* and related Government of Canada websites, such as: https://laws-lois.justice.gc.ca/eng/acts/C-38.8/ [6]

or alternative websites such as: https://www.canlii.org/en/ca/laws/stat/sc-1996-c-19/latest/sc-1996-c-19.html

- **Schedule I:** narcotic drugs such as opium, morphine and cocaine.
- **Schedule II:** cannabis, hashish, cannabinol, etc.
- **Schedule III**: stimulants such as amphetamines, hallucinogenics, such as mescaline, LSD and DET, and sedatives such as methaqualone, commonly called quaalude.
- **Schedule IV**: among others, anabolic steroids (including testosterone), hypnotics such as barbiturates and benzodiazepines.
- **Schedule V**: enumerates other substances that may be abused.
- **Schedule VI**: precursors, which produce no effects on the mind but can be converted or used to produce designer drugs, "simili-drugs" or substances contained in the schedules under Canada's international obligations under the *Single Convention on Narcotic* Drugs (1961) and the *Vienna Convention* of 1988.
- **Schedules VII and VIII:** concerning application of penalties for cannabis offences.

[6] (Link updated March 8, 2016)

Appendix F

Drug exclusions per the *Naturopathic Physicians Regulation* may be found on the Ministry of Health website at: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/naturopathic-medicine (Link updated March 8, 2016)

Schedule

[en. B.C. Reg. 156/2009, s. 4.]

Excluded Schedule I Drugs

Acetohexamide
Adalimumab
Adefovir
Agalsidase alfa
Aldesleukin
Alemtuzumab
Alfentanil
Alkyl nitrites
Alprazolam
Altretamine
Amifostine and its salts
Aminoglutethimide
Aminopterin and its salts
Aminopyrine and its derivatives
Amprenavir and its salts and derivatives
Amsacrine and its salts
Anagrelide and it salts
Anakinra and its salts and derivatives
Anastrozole
Ancestim
Anileridine
Anti-thymocyte globulin
Atazanavir and its salts
Atracurium besilate
Auranofin
Aurothioglucose
Basiliximab
Bevacizumab
Bicalutamide
Bleomycin
Bortezomib
Bromazepam and its salts
Buprenorphine
Buserelin and its salts
Busulfan
Butalbital
Butorphanol
Cabergoline and its salts
Capecitabine and its salts and derivatives
Carboplatin
Carmustine
Cetrorelix and its salts
Cetuximab
Chlorambucil and its salts and derivatives
Chlordiazepoxide and its salts
Chlorisondamine and its salts
Choriogonadotripin alfa
Cinacalcet and its salts
Cisplatin
Cladribine and its salts
Clobazam and its salts
Clonazepam and its salts
Clorazepic acid and its salts
Codeine when prescribed as a single entity or when included in a preparation containing more than 8 mg per dosage unit
Cyclophosphamide
Cycloserine
Cyclosporine
Cytarabine and its salts
Dacarbazine
Daclizumab
Dactinomycin
Daunorubicin and its salts
Delavirdine and its salts
Desflurane
Dexrazoxane and its salts

Diazepam and its salts
Didanosine and its salts and derivatives
Diethylstilbestrol and its derivatives
Dihydrotachysterol
Dinoprostone and its salts and derivatives
Docetaxel and its derivatives
Doxacurium chloride
Doxercalciferol and its derivatives
Doxorubicin and its salts
Droperidol and its salts
Edrophonium chloride
Efavirenz
Emtricitabine
Enflurane
Enfuvirtide
Epirubicine and its salts
Erythropoietin
Estazolam and its salts
Estramustine and its salts
Etanercept
Ethambutol and its salts
Ethchlorvynol
Ethionamide and its salts
Ethoheptazine and its salts
Etoposide and its derivatives
Exemestane
Fenfluramine and its salts
Fentanyl
Filgrastim
Flucytosine
Fludarabine and its salts and derivatives
Flumazenil
Fluorouracil and its derivatives for parenteral use only
Flurazepam and its salts
Flutamide
Follicle stimulating hormone
Formestane and its salts and derivatives
Fulvestrant
Gallamine triethiodide
Ganirelix and its salts and derivatives
Gefitinib
Gemcitabine and its salts
Glatiramer and its salts
Gold and its salts
Goserelin and its salts
Halazepam and its salt
Halofantrine and its salts
Halothane
Hydrocodone (dihydrocodeinone)
Hydromorphone (dihydromorphone)
Hydroxychloroquine and its salts
Idarubicin and its salts
Ifosfamide
Imatinib and its salts
Imiglucerase
Indinavir and its salts
Infliximab
Interferon
Iproniazid and its salts
Irinotecan and its salts
Isoflurane
Ivermectin and its derivatives
Kanamycin and its salts and derivatives
Ketamine and its salts
Ketazolam and its salts
Lamivudine and its salts
Laronidase
L-Asparaginase
Leflunomide and its salts
Letrozole
Leuprolide and its salts
Levallorphane and its salts
Levamisole and its salts
Levorphanol
Lincomycin and its salts and derivatives
Linezolid and its salts
Lomefloxacin and its salts
Lomustine
Lopinavir
Loracarbef and its salts and derivatives
Lorazepam and its salts
Mazindol and its salts
Mecamylamine and its salts
Mechlorethamine and its salts
Melanoma therapeutic vaccine
Melphalan
Menotropins (human)
Meperidine (pethidine)
Mercaptopurine
Meropenem and its salts and derivatives
Mesna
Metaraminol bitartrate
Methadone
Methaqualone
Midazolam and its salts
Midodrine and its salts
Miglustat
Mitomycin and its salts

Mitotane (o,p'-DDD)
Mitoxantrone and its salts
Mivacurium chloride
Molgramostim
more than 8 mg per dosage unit
Morphine
Muromonab-CD3
Mycophenolic acid and its salts and derivatives
Nalmefene and its salts
Nelfinavir and its salts
Neostigmine salts
Netilmicin and its salts and derivatives
Nevirapine and its salts
Nikethamide
Nilutamide
Nitrazepam and its salts
Normethadone
Octreotide
Oxazepam and its salts
Oxycodone
Paclitaxel and its derivatives
Palivizumab
Pamidronic acid and its salts
Pancuronium and its salts
Pegfilgrastim
Pemetrexed and its salts
Pentamidine and its salts
Pentazocine
Pentolinium tartrate
Pentostatin and its salts
Perflutren
Phentolamine and its salts
Pipobroman
Porfimer and its salts
Pralidoxime and its salts
Prazepam and its salts
Prodilidine and its salts
Propofol
Propoxyphene
Pyrazinamide
Pyridostigmine bromide
Raltitrexed and its salts and derivatives
Rasburicase
Rifabutin and its salts
Riluzole and its salts
Ritonavir
Rituximab
Rocuronium bromide
Rofecoxib
Saquinavir and its salts and derivatives
Sargramostin
Sevelamer hydrochloride
Sirolimus and its derivatives
Sodium aurothiomalate
Stavudine
Streptozocin
Succinylcholine and its salts
Sufentanil
Suxamethonium chloride
Tacrolimus and its derivatives
Tegafur and its salts
Temazepam and its salts
Temozolomide and its salts
Teniposide
Tenofovir and its salts and derivatives
Thalidomide
Thiocarlide
Thioguanine
Thiotepa
Tiludronic acid and its salts
Tipranavir and its salts
Topotecan and its salts
Toremifene and its salts
Trastuzumab
Treosulfan
Treprostinil and its salts
Tretamine
Triazolam and its salts
Trimethaphan camsylate
Trimetrexate and its salts
Troglitazone
Tubocurarine and its salts
Valrubicin and its derivatives
Vecuronium bromide
Viomycin and its salts and derivatives
Zalcitabine and its salts
Zidovudine
Zoledronic acid and its salts and derivatives