



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

Created May 27, 2010 by the
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Updated June 30, 2025

Standards, Limits and Conditions Draft Framework

ACKNOWLEDGEMENTS:

The College of Complementary Health Professionals of British Columbia gratefully acknowledges the College of Registered Nurses of British Columbia (CRNBC) for permission to use material from "Scope of Practice for Nurse Practitioners (Family), Standards, Limits and Conditions", CRNBC, April 2007; for their pioneering efforts in this area of health regulation and for their generous assistance.

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.)

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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 enabled 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 to 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

No antibiotic may be administered in any parenteral form.¹

Amikacin and its salts and derivatives
Amphotericin B and its salts and derivatives
Aramycin and its salts
Aztreonam and its salts
Bacitracin and its salts and derivatives (for parenteral use only)
Candidin 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
Tedizolid or its salts or derivatives (excluded for parenteral use only)
Ticarcillin and its salts and derivatives
Tigecycline
Tobramycin and its salts and derivatives (excluded for parenteral use only)
Trovafloxacin and its salts and derivatives
Virginiamycin and its salts and derivatives
Voriconazole

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

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
Dolutegravir or its salts
Doravirine
Elvitegravir
Entecavir
Etravirine & Salts

Fosamprenavir calcium
Fostemsavir or its salts
Lenacapavir
Maraviroc
Raltegravir and its salts
Rilpivirine
Telbivudine

Antiviral Agents

Asunaprevir
Daclatasvir or its salts
Dasabuvir or its salts
Elbasvir
Foscarnet sodium and its salts
Grazoprevir
Iodoxuridine

Ledipasvir or its salts
Letermovir or its salts
Maribavir and its salts
Methisazone
Ombitasvir
Paritaprevir (Veruprevir)
Peramivir or its salts or derivatives

Pibrentasvir
Ribavirin
Simeprevir or its salts
Sofosbuvir/Velpatasvir
Tecovirimat
Telaprevir or its derivatives

Valganciclovir and its salts and derivatives
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Velpatasvir
Voxilaprevir or its salts

Botulinum Toxin types A & B²

² This exclusion does not apply to those ND licensees who have obtained and maintain College certification in *Botulinum toxin: medical/non-aesthetic* or College certification in *Aesthetic Procedures – Cosmetic Botulinum Toxin*; those ND licensees 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)

Antineoplastic Agents

Abemaciclib	Dinutuximab	Necitumumab
Abiraterone	Dostarlimab	Nelarabine
Acalabrutinib	Durvalumab	Neratinib
Afatinib or its salts	Elotuzumab	Netupitant
Alectinib	Eranatamab	Nilotinib & Salts
Alpelisib	Enasidenib	Niraparib
Amivantamab	Encorafenib or its salts	Nivolumab
Arsenic trioxide	Enfortumab vedotin	Obinutuzumab
Asciminib and its salts	Entrectinib	Ofatumumab
Asparaginase (by injection)	Enzalutamide	Olaraparib
Atezolizumab	Epcoritamab	Olaratumab
Avapritinib or its salts	Erdafitinib	Osimertinib
Avelumab	Eribulin or its salts or derivatives	Oxaliplatin
Axicabtagene ciloleucel	Erlotinib & Salts	Palbociclib
Axitinib	Everolimus	Panitumumab
Azacitidine or its salts or derivatives	Fedratinib	Patisiran
Bendamustine	Epcoritamab	Pazopanib or its salts
Belzutifan	5-Fluorouracil (excluded for intravenous use)	Pegaspargase
Binimetinib or its salts	Fruquintinib or its salts	Pembrolizumab
Blinatumomab	Gemtuzumab ozogamicin	Pemigatinib or its salts
Bosutinib or its salts	Gilteritinib	Pertuzumab
Brentuximab vedotin	Glasdegib	Polatuzumab vedotin
Brexucabtagene autoleucel	Glofitamab	Pomalidomide or its salts
Brigatinib	Guselkumab	Ponatinib or its salts
Burosomab	Ibrutinib or its salts	Pralatrexate
Cabozantinib	Idelalisib	Pralsetinib or its salts
Calaspargase pegol	Infigratinib or its salts	Ramucirumab
Capivasertib and its salts	Idecabtagene vicleucel	Regorafenib
Capmatinib and its salts	Inavolisib or its salts	Relatimab
Carfilzomib	Indotuzumab ozogamicin	Retifanlimab
Catumaxomab	Ipilimumab	Ribociclib
Cedazuridine and decitabine	Isatuximab	Ripretinib or its salts
Cemiplimab	Ivosidenib or its salts	Ruxolitinib
Cenegermin	Ixazomib	Sacituzumab govitecan
Ceritinib or its salts	Lapatinib and Salts	Selinexor and its salts
Ciltacabtagene autoleucel	Larotrectinib	Selpercatinib and its salts
Clofarabine	Lenalidomide	Selumetinib and its salts
Cobimetinib	Lenvatinib or its salts	Sonidegib
Crizotinib	Loncastuximab tesirine	Sorafenib or its salts
Dabrafenib mesylate	Lorlatinib	Sotorasib
Dacomitinib	Lurbinectedin or its salts or derivatives	Sunitinib & Salts
Daratumumab	Lutetium vipivotide tetraxetan	Tafasitamab
Darolutamide	Midostaurin or its salts	Talquetamab
Dasatinib	Mogamulizumab	Talazoparib or its salts
Decitabine		Tarlatamab
Degarelix or its salts or derivatives		Tebentafusp

Teclistamab
Tepontinib and its salts
Tipiracil
Tisagenlecleucel
Trabectedin
Trametinib

Tremelimumab
Tucatinib
Vandetanib
Vemurafenib
Venetoclax
Vindesine and its salts

Vismodegib
Vorasidenib or its salts
Vorinostat
Zanubrutinib and salts
Zolbetuximab

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

Anticonvulsants

Brivaracetam
Ethotoin and its salts
Ezogabine
Fosphenytoin and its salts
Methoin (mephénytoin) and its salts
Perampanel
Phenacemide

Rufinamide
Stripentol
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

Abatcaapt
Asfotase alfa
Baricitinib
Belimumab
Dupilumab
Eculizumab
Efgartigimod alfa
Exagamglogene autotemcel

Golimumab
Momelotinib or its salts
Lebrikizumab
Omalizumab
Ranibizumab
Rozanolixizumab
Secukinumab
Sotatercept

Tocilizumab
Tralokinumab
Trofinetide or its salts
Ustekinumab
Vedolizumab
<u>The following agent is allowed for chelation therapy purposes only:</u>
- Penicillamine

Drugs Administered Intravenously

Micafungin

Agents Primarily or Exclusively Used by Medical Specialists

Abciximab
Agalsidase beta
Alglucosidase alfa
Alpha1- proteinase inhibitor (human)
Amifampridine
Apremilast
Anifrolumab
Antihemophilic factor
Antihemophilic/ von Willebrand factor
Avacopan or its salts
Avalglucosidase alfa
Avermectin or its derivatives
Bamlanivimab
Belumosudil or its salts
Benralizumab
Berotralstat or its salts
Brodalumab
Brolucizumab
Caplacizumab
Canakinumab
Cangrelor and its salts or derivatives
Carglumic acid or its salts or derivatives
Casirivimab
Cerliponase alfa
Certolizumab pegol

Cidofovir
Clevidipine or its salts
Concizumab
Cysteamine (Mercaptamine) or its salts
Danicopan or its salts
Daclizumab beta
Deucravacitinib or its salts
Difelikefalin or its salts
Dimethyl fumarate
Edaravone
Efanesoctocog alfa (including but not limited to Recombinant coagulation factor VIII Fc - von Willebrand factor - XTN fusion protein (rFVIIIFc-VWF-XTEN))
Flexacaftor or its salts
Eliglustat or its salts
Elosulfase alfa
Eltrombopag or its salts
Emicizumab
Emamectin or its salts
Eplerenone
Eplontersen or its salts
Epoprostenol sodium
Esketamine

Etomidate
Fampridine
Faricimab
Finerenone and its salts
Fingolimod
Folitropin delta
Fostamatinib
Galsulfase
Givosiran
Glycerol phenylbutyrate
Hemin
Icatibant or its salts
Idebenone
Idursulfase
Imdevimab
Intersen
Iptacopan
Isavuconazole
Ivabradine
Ivacftor
Ivacftor/ tezacaftor
Ikekizumab
Lanadelumab
Lomitapide or its salts
Lonoctocog alfa

Lumacaftor/Ivacaftor
Lumasiran and its salts
Luspatercept
Macitentan or its derivatives
Mavacamten and its salts
Mepolizumab
Natalizumab
Nesiritide or its salts
Nintedanib or its salts
Nitisinone
Nusinersen
Obiltoxaximab
Ocrelizumab
Onasemnogene
Pasireotide or its salts
Pegcetacoplan
Pegvaliase
PEGylated antihemophilic factor
Phenylbutyric acid or its salts or derivatives
Pirfenidone

Plerixafor or its salts
Polidocanol (injection)
Ponesimod
Ravulizumab
Remdesivir
Remestemcel-L
Reslizumab
Riociguat or its derivatives
Risdiplam and its salts or derivatives
Sacubitril or its salts
Sarilumab
Satralizumab
Sebelipase alfa
Selexipag
Setmelanotide or its salts
Sipavabart
Siltuximab
Sodium zirconium cyclosilicate
Somatotropin
Sotrovimab
Spesolimab

Tafamidis meglumine
Taiglucerase alfa
Teduglutide
Tesamorelin or its salts or derivatives
Tezacaftor or its salts
Tofacitinib or its salts
Tofersen
Tolvaptan or its derivatives
Turoctocog alfa pegol
Ursodoxicollaurine and its salts
Vaborbactam
Velaglucerase alfa
Vericiguat or its salts
Vernakalant or its salts
Von Willebrand factor, recombinant (voncog alfa)
Voretigene neparvovec

Emergency Medicine Agents

Amrinone and its salts
Andexanet alfa
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
Milrinone and its salts
Physostigmine salicylate (except preparations for oral or topical use only)

Sodium nitrite (When indicated for administration by injection and sequential use with sodium thiosulfate for the treatment of acute cyanide poisoning.)
Sodium nitroprusside and its salts
Sugammadex
Urokinase

Endocrine Agents/Endocrine Diagnostic Agents

Etonogestrel
- except for licensees 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
Mecasermin
Methoxy Polyethylene 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:
Medical Abortion Training Program- Society of Obstetricians and Gynaecologists of Canada (SOGC)
- 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:

Aflibercept
Brimonidine and its salts
Carbachol
Cylopentolate and its salts (parenteral use only)
Dipivefrin
Dorzolamide
Ecothiopate

Fluocinolone acetonide
Homatropine and its salts (ophthalmic use or >2mg oral)
Latanoprost
Latanoprostene Bunod or its salts or derivatives
Levobunolol
Lifitegrast or its salts

Methazolamide
Nepafenac
Ocriplasmin
Pilocarpine
Timolol (excluded for ophthalmic use only)
Unoprostone

Topical corticosteroids:

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

Miscellaneous ophthalmic preparations:

Brilliant Blue G or its derivatives
Bromfenac or its salts

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.

Anti-Parkinson 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
Triflupromazine 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

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)	Bivalirudin	Romiplostim
Ambrisentan	Catidecaco	Streptokinase/ streptodornase
Aminocaproic acid	Danaparoid and its salts and derivatives	Tenecteplase and its salts and derivatives
Aprotinin	Enoxaparin and its salts	Tirofiban and its salts and derivatives
Argatroban and its salts and derivatives	Eptifibatide and its salts	
	Idurucizumab	
	Reviparin and its salts	

Vaccines

Anthrax Vaccine Adsorbed

Infertility Agents

Lanreotide	Triptorelin or its salts or derivatives
Lutropin alfa	Urofollitropin

Immunoglobulins

Cytomegalovirus immune globulins	Rabies immune globulin
Hepatitis B immune globulin	Tetanus immune globulin
Immune globulin products	Varicella Zoster immune globulin
Rho D immune globulin	

Other

Afoxolaner	Fecal microbiota (Rebyota® ONLY) - INCLUDED FOR Health Canada Approved indications only	Mitratapide
Avilamycin or its salts or derivatives		Oclacitinib or its salts
Becaplermin		Octatropine methybromide
Benactyzine		Oxalinic acid
Benoxyprofen		Paricalcitol
C1 esterase inhibitor		Phacetoperane
Chlormezanone		Pradofloxacin or their salts or derivatives
Cisapride		Robenacoxib or its salts
Cobicistat		Sevoflurane
Deferiprone or its derivatives – INCLUDED FOR ND REGISTRANTS with CHELATION CERTIFICATION ONLY		Terfenadine
Defibrotide or its salts or derivatives		Tepoxalin or its derivatives
Dexfenfluramine		Toceranib or its salts
Dichloroacetic acid (DCA)		Toltrazuril or its salts or derivatives (including Ponazuril)
Dirlotapide		Valdecoxib
Doxapram		Xanthinol nicotinate
Etranacogene dezaparvovec		Zilucoplan or its salts
Etryptamine and its salts		Zomepirac

Continuation Therapy Only

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

Asenapine or its salts or derivatives
Azathioprine
Bacillus Calmette-Guérin (BCG) (as an antineoplastic agent)
Brexpiprazole or its salts

Cariprazine or its salts
Cenobamate or its salts
Eslicarbazepine acetate
Evinacumab
Lacosamide or its derivatives

Methotrexate
Obeticholic acid or its salts
Olipudase alfa
Vutrisiran and its salts

New drugs approved for sale in Canada

Any new drug approved in Canada shall automatically be restricted until reviewed.

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_2008⁴ 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 CCHPBC develops 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 oraldose
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 its salts
Lithium and its salts in doses equivalent to \leq 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	Butalbital
Adalimumab	Butorphanol
Adefovir	Cabergoline and its salts
Agalsidase alfa	Capecitabine and its salts and derivatives
Aldesleukin	Carboplatin
Alemtuzumab	Carmustine
Alfentanil	Cetrorelix and its salts
Alkyl nitrites	Cetuximab
Alprazolam	Chlorambucil and its salts and derivatives
Altretamine	Chlordiazepoxide and its salts
Amifostine and its salts	Chlorisondamine and its salts
Aminoglutethimide	Choriogonadotripin alfa
Aminopterin and its salts	
Aminopyrine and its derivatives	
Amprenavir and its salts and derivatives	Cinacalcet and its salts
Amsacrine and its salts	Cisplatin
Anagrelide and its salts	Cladribine and its salts
Anakinra and its salts and derivatives	Clobazam and its salts
Anastrozole	Clonazepam and its salts
Anestim	Clorazepic acid and its salts
Anileridine	Codeine when prescribed as a single entity or when included in a preparation containing more than 8 mg per dosage unit
Anti-thymocyte globulin	Cyclophosphamide
Atazanavir and its salts	Cycloserine
Atracurium besilate	Cyclosporine
Auranofin	Cytarabine and its salts
Aurothioglucose	Dacarbazine
Basiliximab	Daclizumab
Bevacizumab	Dactinomycin
Bicalutamide	Daunorubicin and its salts
Bleomycin	Delavirdine and its salts
Bortezomib	Desflurane
Bromazepam and its salts	Dexrazoxane and its salts
Buprenorphine	
Buserelin and its salts	
Busulfan	

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

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