CALIFORNIA BOARD OF NATUROPATHIC MEDICINE

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Exclusionary Drug Formulary for Naturopathic Doctors (NDs)

Reflecting Pharmacological Training and Scope of Practice

Purpose

This formulary outlines pharmaceutical agents that are **excluded from routine prescribing** by naturopathic doctors, not due to limitations in pharmacological education, but based on regulatory scope, clinical setting, and collaborative care considerations. It is intended to support safe, integrative, and patient-centered prescribing practices.

I. Excluded Drug Classes

The following drug classes are typically excluded from ND prescribing unless specifically authorized by jurisdictional law or used in collaboration with a licensed specialist:

1. **Chemotherapeutic Agents (Oncology)**
   - Cytotoxic chemotherapy (e.g., doxorubicin, cisplatin, vincristine)
   - Targeted biologics (e.g., trastuzumab, rituximab)
   - Immunotherapies (e.g., checkpoint inhibitors)

2. **Controlled Substances (Schedule II and above)**
   (Unless explicitly permitted by state/provincial law)
   - Opioids (e.g., oxycodone, morphine, fentanyl)
   - Stimulants (e.g., amphetamines, methylphenidate)
   - Benzodiazepines (e.g., diazepam, lorazepam)

3. **Advanced Psychiatric Medications**
   - Antipsychotics (e.g., risperidone, olanzapine)
   - Mood stabilizers (e.g., lithium, valproate)

4. **Immunosuppressants**
   - **Calcineurin inhibitors (e.g., cyclosporine, tacrolimus)**
   - **Biologic DMARDs (e.g., adalimumab, infliximab)**

5. **Advanced Cardiovascular Agents**
   - Antiarrhythmics (e.g., amiodarone, flecainide)
   - IV vasodilators or inotropes (e.g., nitroprusside, dobutamine)

6. **Injectable Biologics and Monoclonal Antibodies**
   - For autoimmune, dermatologic, or gastrointestinal conditions

7. **General Anesthetics and Neuromuscular Blockers**
    - Propofol, ketamine, succinylcholine, rocuronium

II. Rationale for Exclusion

This formulary is based on the following principles:

1. **Regulatory Scope of Practice**
   Naturopathic doctors are trained in pharmacology at a level comparable to MDs and DOs and are required to complete ongoing pharmacology CE. However, prescribing authority is determined by jurisdictional law, which may limit access to certain medications.

2. **Clinical Setting and Infrastructure**
   Some medications require hospital-grade monitoring, infusion facilities, or emergency response capabilities that may not be present in naturopathic clinics.

3. **Collaborative Care Model**
   NDs often work in integrated healthcare teams, where high-risk medications are co-managed with specialists to ensure patient safety and continuity of care.

4. **Therapeutic Philosophy**
   Naturopathic medicine emphasizes evidence-informed, least-invasive interventions. Pharmaceuticals are used when clinically indicated, especially when natural therapies are insufficient or inappropriate.

5. **Patient Safety and Risk Management**
   Excluding certain high-risk medications from routine ND prescribing is a precautionary measure, not a reflection of educational limitations.

III. Notes

- This formulary is **not exhaustive** and should be reviewed regularly in light of evolving scope of practice laws, clinical guidelines, and educational standards.
- In jurisdictions where expanded prescribing is permitted, **additional certification or collaborative agreements** may be required.