

## NATUROPATHIC PHYSICIAN FORMULARY RULES

### **I Purpose, Authority, and Prohibition**

#### **1. Purpose**

This is a formulary of prescription drugs that may be used by naturopathic physicians in a manner that is consistent with their scope of practice.

#### **2. Authority**

In accordance with 26 VSA § 4125(c), this formulary has been established by the Commissioner of Health with the advice of the advisor appointees described at 26 VSA § 4126.

#### **3. Prohibition**

A person licensed under 26 VSA Chapter 81 (Naturopathic Physicians) shall not prescribe, dispense, or administer any controlled substances except those natural medicines authorized by these rules. "Natural medicines" are substances present in or produced by nature, not artificial or man-made.

Licensed naturopathic physicians may only order, prescribe, dispense and administer certain medications of mineral, animal and botanical origin which are:

1. "Natural" according to the following definition:  
-present in or produced by nature, not artificial or man made.  
(Source - American Heritage Dictionary)
2. Not substances prohibited by other Vermont or federal law.
3. Appropriate within a general naturopathic practice, that is primary care in focus, recognizing that naturopathic physicians are also specialists in natural medicines and often serve in an adjunctory capacity for other chronic illness.
4. Prescribed in doses that are non-poisonous accepted therapeutic dosages. This is defined as a dose which by its actions does not impair function or destroy human life, and is consistent with the naturopathic principle - "First Do No Harm."
5. The substance being prescribed is clinically effective for the condition that the patient is seeking health care for. This will require the naturopathic physician to assess if the natural substance, or substances being used in a particular treatment protocol are working for that patient within a safe and reasonable amount of time for that condition. This assessment needs to be made within the context of naturopathic medical philosophy, the conventional standard of care as defined by such groups as the Vermont Program for Quality, and the patient's choice as long as adequate information and education is provided.

### **II Prescription Drugs That May be Used by Naturopathic Physicians**

## 1. Drugs That May be Prescribed

The following products may be prescribed by naturopathic Physicians:  
Routes of administration are usual routes.

PO = By Mouth  
IM = Intra Muscular  
IV = Intra Venous  
SQ = Subcutaneous  
Topical = Applied To Skin

### 1. Amino Acids and Amino Acid Combinations: (Usually PO)

Alanine, Arginine, Aspartic Acid, Cystine, Glutamic Acid, Glycine, Histidine, Hydroxyproline, Isoleucine, Leucine, Levocarnitine, Lysine, Methionine, N-acetyl cysteine, Phenylalanine, Proline, Serine, Threonine, Tryptophan, Valine

### 2. Antimicrobials - naturally derived – (PO,IM, Topical)

- Erythomycin
- Penicillins - Amoxycillin, Ampicillin, Penicillin G, Penicillin VK
- Tetracycline
- Anti-fungal agents - Nystatin

### 3. Barrier Contraceptives

### 4. Botanical Extracts and their derivatives -

Botanical Medicines as exemplified in traditional botanical and herbal pharmacopea may be utilized by naturopathic physicians, following the above guidelines. The botanicals listed below represent substances that are currently available by prescription only, or they are botanicals that have both prescriptive and non-prescriptive dosage forms available.

Substance	Conditions Used For	Specific Dose	Route of Administration	Length of Treatment	# of Refills	Comments
Belladonna	clears & prevents local congestion, early stages of fever	Belladonna ~0.03% atropine 1-10 drops/atropine	PO	small doses short period of time 1 week	none	in non-ophthalmic dosage forms
Carnivora	immune stimulation stimulates lymphocyte production	1 cc/d	IM or IV	6wk – 3mo	potentially could be repeated	
Codeine	refractory cough	10mg/tsp 1-2 tsp q 4 hr not to exceed 8-10 tsp/d	PO	7 days	none	single prescriptions for refractory cough only
Colchicine	gout other experimental disc disease-non surgical tx	acute: 1mg/12 hr/maintainance: .5-1.5	PO or IV	can be used long-term 4-6 tx	many	i.v. can greatly increase therapeutic effectiveness in
Ephedra	also pseudoephedra bronchial dilator increases metabolic rate	standardized 10% extract 125-250mg	PO	can be used long-term high tendency to tolerance	many	

Ergotamine Tartate	vascular migraine	1mg/tab/total dose/attack not to exceed 6mg	PO	short- term no more than 10mg per week	may be repeated	
Glycerhiza Usually OTC specific Rx	anti-inflammatory anti-viral/anti- bacterial	20cc/day	PO, IV	8-16 weeks	refill depends on response monitoring	2.0% glycerrhizin 0.1% cysteine2.0%
Hyocyanus Scopalamine Hyocyanine SO4	anti-spasmodic, coughs, cystitis, sedative	.125-.5mg TID/2-5 drops tincture	PO	7-10 days	none	
Nicotine (patch)	smoking cessation	7-21 mg/d serial	Transdermal	4-12 wk variable	may be repeated	
Physostigmine	in small doses, stimulates smooth muscle/severe atony of bladder	1-3 grain (pwd)/3-10 drops (tincture)physo	PO Occasional IM	4-7 days	none	in non-ophthalmic dosage forms
Pilocarpine	diaphoretic fevers acute skin rxn's stimulates body secretions	pilocarpine HCl1/12-1/6 grain 5-60 drops fluid	PO	4-7 days	none	in non-ophthalmic dosage forms
Podophyl-lum	cholagogue/hydrogo-gue alterative topical – for Dr's use not Rx	1/10 to 10 drops 5-15 grain (pwd)10mg-	Topical	4-12 weeks	unlikely need for repeat	
Salix-Salicylates	anti-inflammatory analgesic arthritis	200-300mg/d in divided doses BID-TIP	PO Topical	long -term use possible unlikely in naturopathic practice	with caution side effects	
Sarapin	pain syndromes cephalgia, sciatica	2-10ml for injection trigger points	IM	variable with 5-7 days or more between	1-5 tx	
Viscum Album	anti-hypertensive	1-2ml TIDpwd 10-25g	PO	long -term	many	
Iscador Iscucin	immune stimulant increases natural killer cells increases CD4 activity	1 cc/d	IV or SQ	month to years	many	
Yohimbe HCl	male erectile dysfunction/ mood regulator	each tab 5.4mg ½ or 1 TID	PO	usual not more than 10 weeks	depends on patient response	

#### 5. Electrolytes – (IV)

Saline, Sodium Bicarbonate, Dextrose injection, Dextrose and Saline, Lactated Ringer's Solution, Ringer's Solution

#### 6. Expectorants and Mucolytics – (PO)

Guaiacol, Iodinated Glycerol

#### 7. Enzyme preparations – (PO, Topical)

Amylase, Chymotrypsin, Lipase, Pancreatin, including Pancrelipase, Papain, Protease, Tysin

8. Homeopathic preparations - all prescription and non-prescription remedies that are manufactured according to the pharmaceutical guidelines set forth in the H.P.U.S. ( PO, SQ)
9. Hormones – (PO, IM, Topical)
  - a. Adrenal – e.g., adrenal extract, cortisol, DHEA, pregnenolone
  - b. Gonadal - for hormone replacement purposes, does not include oral contraceptive pills or anabolic steroids
    1. Estrogens - conjugated estrogens, estradiol, ethinyl estradiol, etriol, estrogens, esterified, estrone, estropipate, quinestrol
    2. Progesterone
    3. Testosterone
  - c. Thymus
  - d. Thyroid - preparation as defined in the USP
  - e. Melatonin
10. Liver Preparations – (PO, IM)
11. Minerals – (PO/Topical/IM/IV) for example:  
calcium compounds, calcium folinate, fluoride compounds, iodine (including potassium iodine, niacinamide hydroiodide), iron compounds, magnesium compound, potassium compounds, silver nitrate, trace mineral compounds (chromium, selenium, molybdenum, vanadium, boron)
12. Miscellaneous – (PO, SQ, IM, IV, Topical)
  - a. Digestive aids - betaine and glutamic hydrochloric acid (non RX)
  - b. Biological agents - urea
  - c. Bile salts and Acids - Chenodiol, Cholic Acid, Chenodeoxycholic acid, Dehydrocholic acid, Ox Bile, Ursodeoxycholic acid, Ursodiol
  - d. DMSO, Hyaluronidase, Grain Alcohol
  - e. Epinephrine – (SQ)
  - f. Glutathione, Reduced Glutathione – (IV or PO)
  - g. Oxygen
13. Vaccines/Toxoids - to be used consistent with Vermont Health Department Recommendations - (IM, PO)
14. Vitamins - All prescriptions and non-prescription vitamin preparations and their derivatives – (PO/IM/IV, Topical)

Vitamin A, Betacarotene and Derivatives

Thiamin (Vitamin B1)

Riboflavin (Vitamin B2)

Niacin (Vitamin B3)

Pantothenic Acid including dexpanthenol (Vitamin B5)

Pyridoxine (Vitamin B6)

Cyanocobalamin or hydroxycobalamin (Vitamin B12), including intrinsic factor  
Folic Acid  
Biotin  
Ascorbic Acid (Vitamin C)  
Vitamin D (including calcitrol, calcifediol, ergocalciferol)  
Vitamin E  
Vitamin K (including menadiol)

15. Topical Medicines

- a. Debridement/escharotic agents - Urea Cream 40%
- b. Miscellaneous topical agents - Cantharidin, Capsaicin, DMSO, Selenium Sulfide 2.5%, Retin A, Hydrocortisone 1%, mineral salts such as copper sulfate to be used for iontophoresis
- c. Topical antibiotics - Silver sulfadiazine cream, colloidal silver preparations
- d. Scabicides and Pediculocides - Lindane, Permethrin or whichever agent is the current recommended treatment for these infections

**2. Drugs That May be Used But Not Prescribed**

The following products may be purchased or otherwise obtained by naturopathic physicians in any dosage form for appropriate use, but may *not* be prescribed:

A. Diagnostic Agents

Cobalt (<sup>57</sup>Co)  
Corticotropin  
Glucola  
Lactulose/Mannitol Solution  
Pentagastrin  
Zylose

B. In Vivo Diagnostic Biologicals

Tuberculin Tests  
Diphtheria Toxin  
Coccidioidin  
Histoplasmin  
Candida and Trichophyton Extracts  
Mumps skin test antigen  
Skin test antigens, multiple

C. Topical Medicines

Podophyllum Resin 25%  
Podofilox 0.5% Solution  
Topical anesthetics and local anesthetics as described in the USP.

**III Term of Rules**

This formulary will be reviewed and revised on an annual basis.