#### FORMULARY COMMITTEE FINDINGS & RECOMMENDATIONS

There are two main factors to be considered when making recommendations for naturopathic medicine formulary laws. First, it is paramount that the act of prescribing or IV administration be done safely by a competently trained ND. Secondly, the substance being administered must be prepared in a way to provide for absolute patient safety. Both of these factors were considered by the Committee in many arduous discussions in order to prepare the recommendations provided in this report.

## Recommendation # 1—Prescribing Laws Need to Be Clarified.

It was the intent of the sponsors of SB 907, and the intent of the clarification to Section 3640(c)(1) in AB 302 that NDs are to be recognized as independent intravenous and intramuscular prescribers for the substances listed in Section 3640(c)(1)--food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act. The Committee recommends that statutory and/or regulatory changes be made to effectuate this clarification in the pharmacy laws and the Act.

## Recommendation # 2—Regulation of the Ocular Route.

Section 3627 requires the Bureau to make recommendations regarding the required supervision and protocols for utilization of the ocular route of prescription drug administration. Section 4234(d) of Division 40 of Title 16 of the California Code of Regulations specifies that an ND may only use the ocular route of administration if he or she is clinically competent in that area. Clinical competence is defined as possessing and exercising the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. Use of the ocular route is limited by the authorized formulary (see Ophthalmic Agents in Recommendation #6). The Committee has determined that further regulation of this route is not necessary.

## Recommendation # 3—IV Therapy Blueprint.

It is the intent of the Committee to protect the health and welfare of California consumers by ensuring the training and competency of NDs who use the intravenous route of administration. The Committee recommends that the Bureau implement a regulatory change that would require any ND who wishes to utilize the intravenous route of administration to complete a 25-hour continuing education course in IV administration, as specified.

## **Course Requirements:**

• Courses are to be pre-approved by the Bureau, and are to contain a minimum of 25 contact hours. Of the 25 hours, 14 hours shall be identified as practicum.

# **Course Outline**

I. Introduction, rational and history

II. Lab evaluation, pt fluid status, CV status, kidney function.

III. IV fluids, including mOsm calculations, diluents, admixtures, definitions pertinent to IV therapeutics,

IV. Equipment, supplies.

V. Sterile techniques, admixing.

VI. Vein/site selection, site preparation, insertion techniques

VII. Complications with therapies, errors and adverse reactions, reporting errors to appropriate agencies, error prevention, follow-up with patient complications, FDA Watch.

VIII. Emergency protocols, management and referral.

IX. Pharmacology, indications, preparation, adverse reactions, nutrient/drug interactions and administration of IV vitamins, minerals, electrolytes, amino acids, botanicals, biologicals, including DMPS.

X. Charting, standards of care, OSHA, certification standards

XI. Catheters/pic lines: standard of care for approach and management,

co-management with medical providers.

XII. Practicum

- a. Observations of IV set up and administration-must observe at least 10.
- b. Successful completion of IV set up, administration and management—must complete at least 10.

## XIII. Exam

Successful completion (70% or greater) of a minimum of 50 questions (10% or more of the questions must have direct content to California formulary categories).

### Recommendation # 4—IV Formulary.

It is the recommendation of the Committee that NDs who have successfully completed an approved IV continuing education course as specified above be able to independently administer the following substances via the IV route of administration.

### I. Category: Amino Acids and Glutathione

### II. Category: Vitamins

#### **III. Category: Minerals**

### IV. Category: Electrolytes, Sugars, and Diluents

#### V. Category: Chelating Agents:

 $\Rightarrow$  Substances:

1. DMPS 2. EDTA	_,	eaboranteer	
		1. DMPS	2. EDTA

**VI.** Any substance that may be prescribed or furnished by an ND which is part of an Institutional Review Board (IRB) approved study.

#### **Recommendation # 5—Chelation Blueprint.**

It is recommended that any ND wishing to independently perform IV chelation complete a 12-hour continuing education course, as specified below, in addition to the IV therapy course. IV EDTA of chelation is to be used <u>only</u> for heavy metal detoxification, unless under the auspices of an IRB-approved research protocol.

### **CHELATION BLUEPRINT**

### **Pre-requisites**

- Maintain a current and valid license to practice naturopathic medicine in California.
- ✓ Successful completion of the 25-hour IV therapy course.

Content	Hours
Introduction	1.0
EDTA	
MOA	2.5
Toxicology	2.5
Adverse Reactions	
Osmolarity and pH	0.5
EDTA	
Indications	
Benefits	1.0
Contraindications	
Value Added Benefits of IV Admixture	
Chelation	
Patient Qualification	1.0
Optional testing	
Dosage and Frequency of Therapy	
Office Procedures and Documentations	1.0
Patient Care	
Costs, Management, Case Presentations,	3.0
Resources	
Certification Exam	2.0
Total Hours	12.0

#### **Recommendation # 6—Pharmaceutical Formulary.**

It is recommended that changes be made to statutory law and subsequently to the Bureau's regulations to allow NDs to be able to independently prescribe, without supervision or protocol, from the formulary below (in addition to what is currently allowed by Section 3640.7). It is recommended that this formulary be included and maintained in the California Code of Regulations, rather than in statute. It is further recommended that a statutory change be made in order to require the Bureau in consultation with the Committee and the Naturopathic Advisory Council to review and update the naturopathic formulary on an annual basis. Changes to the formulary by the Bureau would be recommended by the Committee and approved by the Naturopathic Advisory Council.

#### ANTIBIOTICS

Amebecides Antifungal agents Antihelminthics Antimalarial preparations (includes artemesin, derived from Artemesia annua) Antiprotozoal agents Antiviral agents Bacitracin Cephalosporins and related antibiotics Fluroquinolones Macrolides Nitrofurantoins Metronidazole Neomycin Nitrofurans Penicillins Quinalones Sulfonamides Tetracyclines

#### PAIN CONTROL AGENTS

Salicylates NSAIDS Opioid Analgesic Combinations - Schedules III, IV, and V only DERMATOLOGICALS Anti-fungals - topical Anti-infectives, topical Anti-inflammatory agents Anti-psoriatic agents excluding methotrexate Antihistamine preparations, topical Antiseborrheic products Arnica Counterirritants Destructive agents Dressings and granules Drying agents Eflornithine HCI Enzyme preparations Immunomodulators, topical Irrigating solutions Keratolytic agents Local anesthetics Topical IM and SQ Bupivacaine, Lidocaine, and Procaine IM and SQ Epinephrine Minoxidil Photochemotherapy Pigment agents Protectants Pyrithione zinc Retinoids — dermatologic (oral) Rexinoids Scabicides/pediculicides **Topical steroids** 

#### **OPHTHALMIC AGENTS**

Antibiotics Mast cell stabilizers Ophthalmic antihistamines Otic antibiotics and combination preparations

#### **RESPIRATORY AGENTS**

Bronchodilators Expectorants Antihistamines Antitussives and combined antitussives Bronchodilators Leukotriene formation inhibitors Leukotriene receptor antagonists

### GASTROINTESTINAL AGENTS

Proton pump inhibitors Antidiarrheals Gallstone Solubilizing Agents H. pylori agents

### CARDIOVASCULAR AGENTS

Anti-hyperlipidemic agents

#### **RENAL AND GENITOURINARY AGENTS** Vaginal Preparations

#### DIAGNOSTIC AGENTS

In vitro Diagnostics Aids In vivo Diagnostic Biologicals

## VACCINES

#### ANTI-DIABETIC AGENTS

### **IV FORMULARY**

- I. Category: Amino Acids and Glutathione
- II. Category: Vitamins
- III. Category: Minerals

# IV. Category: Electrolytes, Sugars, and Diluents

### V. Category: Chelating Agents:

$\Rightarrow$ Substances:		
3. DMPS	4. EDTA	

**VI.** Any substance that may be prescribed or furnished by an ND which is part of an Institutional Review Board (IRB) approved study.