The Board of Naturopathy (board) is aware of confusion on controlled substance prescriptive authority for naturopathic physicians. The board developed this diagram as a tool for naturopathic physicians, as well as other providers, to better understand naturopathic prescriptive authority.

Does the substance or medication require a prescription?

If the answer is yes, then is the substance or medication a controlled substance? (see definitions on page 2)

If the answer is yes, then is the substance or medication anything other than a testosterone product?

If the answer is no, you can prescribe it[1].

If the answer is yes, then is the substance or medication codeine or a combination product with less than 90 milligrams of codeine per dosage unit?

If the answer to this question is yes, you can prescribe it.

If the answer to this question is no, you cannot prescribe it.

If the answer is no, it is within your scope of practice.

If the answer is no, you can prescribe it.

[1] With the exceptions listed in WAC 246-836-210(1)(d)
Controlled Substance Prescriptive Authority
Analysis Tool for Naturopathic Physicians

<table>
<thead>
<tr>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-legend substance</strong></td>
</tr>
<tr>
<td><strong>Legend drug</strong></td>
</tr>
</tbody>
</table>
| **Controlled Substance** | This is a class of drugs/medications, substances, or immediate precursors that are included in Schedules I through V as set forth in federal or state laws, or federal or state rules.\[1\]
  - Schedule I is a class of drugs with no currently accepted medical use and a high potential for abuse. These are the most dangerous drugs with potentially severe psychological or physical dependence. Examples include heroin, lysergic acid diethylamide (LSD), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, peyote, and marijuana (cannabis).
  - Schedule II is a class of drugs with a high potential for abuse but with less abuse potential than Schedule I. These drugs also potentially lead to severe psychological or physical abuse and are also considered dangerous. Examples include cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, Ritalin, and combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin).
  - Schedule III is a class of drugs with moderate to low potential for physical and psychological dependence. Examples include ketamine, anabolic steroids, testosterone, and combination products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine).
  - Schedule IV is a class of drugs with low potential for abuse and low risk of dependence. Examples include Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, and Ambien.
  - Schedule V is a class of drugs with a lower potential for abuse and contain limited quantities of certain narcotics. They are generally used for antidiarrheal, antitussive, and analgesic purposes. Examples include Lomotil, Motofen, Lyrica, Parepectolin, and cough preparations with less than 200 milligrams of codeine or 100 milliliters (Robitussin AC). |

[1] If you aren’t sure, see the DEA website at [http://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf](http://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf)