

# **NNHP COMPOUNDING CAND MEMBER SURVEY JULY 2025**



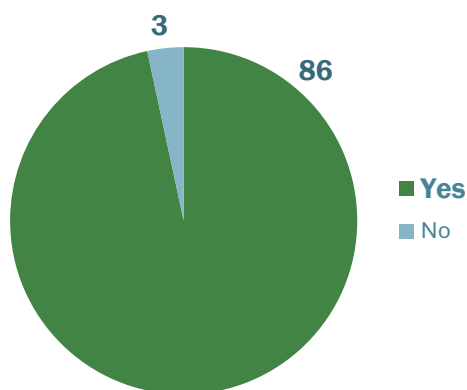
## **NHP Compounding is:**

- combining or mixing together two or more ingredients (of which at least one is a medicinal ingredient) to create a final product tailored to a patient.
- performed by a health care practitioner in the context of a practitioner-patient relationship.

## **NHP Compounding is not:**

- reconstituting
  - repackaging
- any other manipulation performed in accordance with the directions for use for a health product

## **Does this description meet your definition of what compounding is and what it is not?**



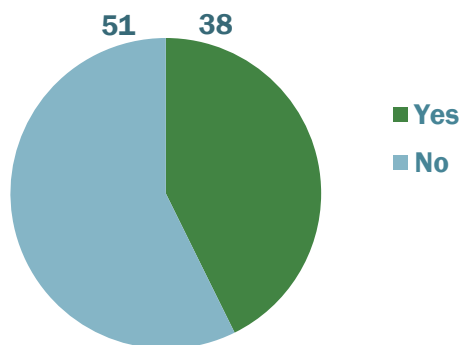
## **If no, how do you define compounding?**

“Third party facility or practitioner compounding 2+ ingredients for a patient”

“Compounding is performed by a pharmacist not a practitioner in my practice”

“If I wanted to make my own botanical tincture or homeopathic from herbs/plants/trees, etc. which the source can be locally that I deem important to patients starting from a raw material to final product as has been performed historically how would this definition fit?”

## **Do you compound in your practice?**



## Are there any substances that have been particularly difficult to import for the purpose of compounding? If so which ones?

"Glycerine-based herbals for infants, children and adults who cannot consume alcohol. Eg Wise Woman Herbals, Alight Formulas, are a few professional brands."

"Rauvolfia tincture"

"Homeopathic medicines that are from newer provings, homeopathic medicines that are made from controlled substances such as Cannabis (use of which can help a patient get off of cannabis), homeopathic medicines made from healthy tissues such as ovary, thyroid, ..."

"Herbal tinctures, teas"

"10ml - vials of dextrose"

"AMP for injection to compound pain management injections."

"I compound tinctures for individual symptoms. I have never imported them from out of country."

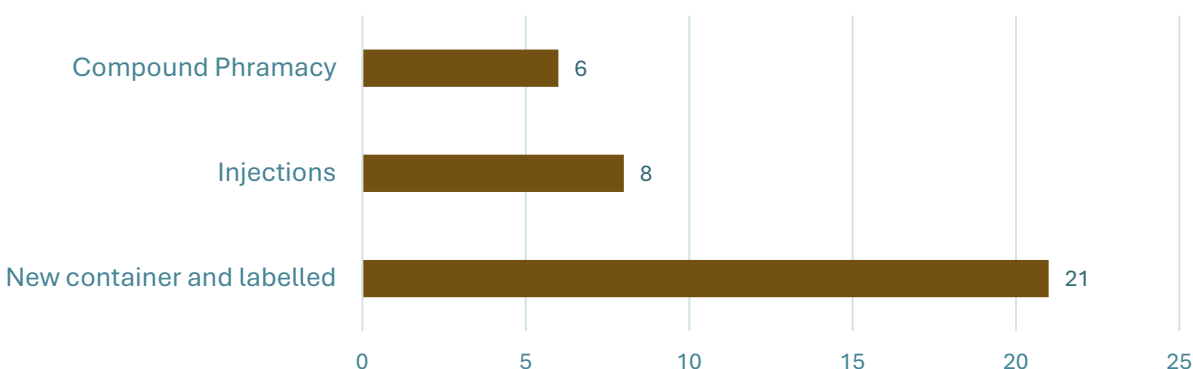
"No: I compound IVs and herbal medicine"

"I only "compound" herbal tinctures. No difficulty with the particular tinctures I formulate"

"I do not compound regularly but is becoming a growing interest in practice. I have not moved that far as I have a stronger interest in local sources."

---

## How do you provide compounded products to your patients? ie. Do you repackage and label if so in what format?



## Do you have any other challenges related to compounding that you would like to share?

“The lack of access to many homeopathic complexes for children has led me to mix several single pellet remedies on occasion.”

“Inconsistency of the availability of some injectables like artensunate, curcumin - but the compounding pharmacies would be better equipped to detail why they sporadically become unavailable. Also, many injectables have quadrupled in price over the past 5 years - this is across many pharmacies.”

“Not many options for sourcing, so at the mercy of the market”

“I’m continually frustrated that we need to compound topical progesterone rather than prescribing oral prometrium”

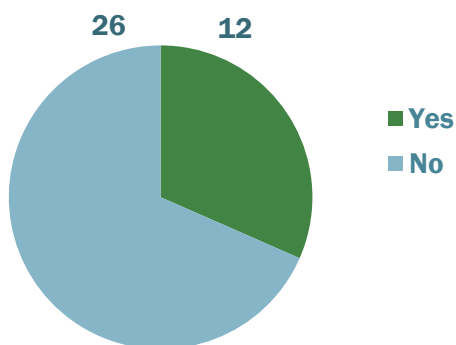
“The cost of being able to compound injections which requires a flowhood compared to the lower cost and no flowhood requirement for NDs compounding injections in other provinces.”

“Other than the ridiculous IV regulations for compounding I’m not affected too much.”

“For the first 10 years of practice I used very high potency tinctures (1000mg herb/ml), it is my understanding that the price of these has gone up dramatically, so now we use much less potent (250mg/ml) formulas. I find this unfortunate and means patients need to take much higher doses to get therapeutic doses.”

---

## Are you familiar with the NHP Compounding Policy and NHP Raw Material Policy?



## Questions from CAND members, NNPHD provided the answers

Member Questions	Natural and Non-Prescription Health Products Directorate Answers
<p><b>“If I wanted to make my own botanical tincture or homeopathic from herbs/plants/trees, etc. which the source can be locally that I deem important to patients starting from a raw material to final product as has been performed historically how would this definition fit?”</b></p>	<p>Substances used for natural health products and for products that are compounded, may be sourced domestically or imported to Canada. When substances are combined and further processed (i.e. mixing, manipulated etc.) into a final product, in the context of a practitioner-patient relationship, this activity meets the definition of compounding.</p>
<p><b>“Just to clarify, loose herbs and herbal tinctures (with no claims) are not considered NHPs and do not fall under the new regulation brought forth by Bill C-47 (from 2023). Is this correct?”</b></p>	<p>Loose herbs and herbal tinctures that are not manufactured, sold or represented for use as a natural health product (NHP), and to be further processed (distinct from "directions for use") are treated as raw materials, not NHPs, and are therefore not captured under the <a href="#"><i>Natural Health Products Regulations</i></a> (NHPR) and do not meet the definition of therapeutic products.</p> <p>A substance becomes an NHP when the material meets the substance component of the NHPR, and it is manufactured, sold, or represented for use as an NHP (i.e., it meets the function component of the NHP definition).</p> <p>Budget Bill C-47, which received Royal Assent on June 22, 2023, included an amendment to the definition of therapeutic products in the Food and Drugs Act that removed the exemption for natural health products (NHPs). Raw materials are not impacted by this legislative change.</p>
<p><b>“‘Sleep Tincture’ for a patient; which includes: Passiflora incarnata Scutellaria lateriflora Matricaria recutita(Please note that all above herbal tinctures are from a Canadian company. They are being compounded by myself.)</b></p> <p><b>Would I get in trouble for recommending it to a patient for sleep?”</b></p>	<p>These ingredients are found in the Natural Health Products Ingredients Database and are known to have properties associated with cognitive function which may promote sleep. That said, as a health care practitioner providing compounded products in a direct patient relationship, it is ultimately the responsibility of the practitioner to ensure safety, efficacy and quality of the compounded product. The scope of practice of health care professionals and the delivery of health care services falls within provincial/territorial jurisdiction.</p>

## Questions from CAND members, NNHPD has the answers

<p>(In connection to the previous question)  <b>“Would I get in trouble for not labelling the tincture for sleep?”</b></p>	<p>Compounding is an activity that generally falls under provincial or territorial jurisdiction and therefore, is not subject to specific labelling requirements as prescribed by the NHPR. It is advised to consult your association to receive guidance related to labelling requirements for compounded products within your scope of practice.</p>
<p><b>“Does everything that we do now (as NDs) have to be submitted to the government for approval?”</b></p>	<p>No. Compounding is an activity performed by a health care practitioner in the context of a practitioner-patient relationship. It is an activity that generally falls under provincial or territorial jurisdiction and therefore, approval by Health Canada is not required for compounded products prescribed in a practitioner-patient relationship. That said, any compounded product that is intended for distribution or sale (i.e. retail) that is outside the scope of a practitioner-patient relationship would be subject to the NHPR and therefore requires Health Canada approvals pertaining to product and site activities.</p>
<p><b>“Are NDs exempted and can continue compounding tinctures, since we are licensed and regulated healthcare professionals?”</b></p>	<p>As described above, if the compounded product is prescribed in the context of a practitioner-patient relationship (i.e. the practice of compounding), the NHPR requirements do not apply. The safety, efficacy and quality of the compounded product is assumed by the health care practitioner. However, should a compounded product be made or represented for sale at the retail level (i.e. outside the practitioner-patient relationship), site and product licensing requirements apply.</p>

Members were emailed directly by the CAND with the request to participate in a survey to share their experiences with compounding in their practices. At the time of this document brief, 89 Canadian NDs participated.