

## **4.4 THE USE AND PRESCRIBING OF DRUGS IN OPTOMETRIC PRACTICE**

### **Description**

Optometrists use diagnostic and therapeutic drugs in the course of providing patient care. The College recognizes that there is a distinction between the use of drugs within a clinical setting and the prescribing of drugs for treatment. Optometrists with authority to prescribe drugs can do so to manage patients with diseases and disorders of the eye and vision system. Such drugs are usually topically applied eye drops or ointments and oral medications for corneal or eyelid infections only.

### **Regulatory Standard**

The *Optometry Act, 1991* states that in the course of engaging in the practice of optometry optometrists are authorized, subject to terms, conditions and limitations imposed on his or her certificate of registration, to perform the following controlled act:

#### **2.1 Prescribing drugs designated in the regulations.**

The Designated Drugs and Standards of Practice Regulation, O.Reg. 112/11 (made under the *Optometry Act, 1991*) describes the following conditions under which an optometrist may prescribe drugs and the drugs that may be prescribed:

#### **Drugs that may be prescribed**

1. For the purposes of paragraph 2.1 of section 4 of the Act, and subject to sections 2, 3 and 4 and Part II of this Regulation, a member may prescribe a drug set out under a category and sub-category heading in Schedule 1.

#### **Limitation**

2. Where a limitation or a route of administration is indicated in the sub-category heading set out in Schedule 1, a member shall only prescribe a drug listed under that sub-category in compliance with the limitation and in accordance with the route of administration specified.

#### **Training required**

3. No member may prescribe any drug unless he or she has successfully completed the relevant training in pharmacology that has been approved by the Council.

#### **Recording**

4. Every time a member prescribes a drug the member shall record the following in the patient's health record as that record is required to be kept under section 10 of Ontario Regulation 119/94 (General) made under the Act:
  1. Details of the prescription, including the drug prescribed, dosage and route of administration.
  2. Details of the counselling provided by the member to or on behalf of the patient

respecting the use of the drug prescribed.

### **Non-prescription drugs**

5. In the course of engaging in the practice of optometry a member may prescribe any drug that may lawfully be purchased or acquired without a prescription.

The standards of practice related to the prescribing of drugs for the treatment of glaucoma are as follows:

### **Prescribing of antiglaucoma agents**

6. It is a standard of practice of the profession that in treating glaucoma a member may only prescribe a drug set out under the category of "Antiglaucoma Agents" in Schedule 1.

### **Open-angle glaucoma**

7. (1) Subject to subsection (2) and to section 8, it is a standard of practice of the profession that a member may only treat a patient with glaucoma where the patient has primary open-angle glaucoma the treatment of which is not complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment.

(2) It is a standard of practice of the profession that a member may only treat a patient having open-angle glaucoma, the treatment of which is complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment, in collaboration with a physician with whom the member has established a co-management model of care for that patient and who is,

(a) certified by the Royal College of Physicians and Surgeons of Canada as a specialist in ophthalmology; or

(b) formally recognized in writing by the College of Physicians and Surgeons of Ontario as a specialist in ophthalmology.

### **Referral to physician or hospital**

8. (1) Subject to subsections (2) and (3), it is a standard of practice of the profession that a member shall immediately refer a patient having a form of glaucoma other than primary open angle glaucoma to a physician or to a hospital.

(2) It is a standard of practice of the profession that a member may initiate treatment for a patient having angle-closure glaucoma only in an emergency and where no physician is available to treat the patient.

(3) It is a standard of practice of the profession that a member shall immediately refer any patient being treated in accordance with subsection (2) to a physician or hospital once the emergency no longer exists or once a physician becomes available, whichever comes first.

(4) In this section, “hospital” means a hospital within the meaning of the Public Hospitals Act.

## **SCHEDULE 1**

### **ANTI-INFECTIVE AGENTS**

#### **Antibacterials (topical)**

azithromycin  
besifloxacin  
ciprofloxacin  
erythromycin  
framycetin  
fusidic acid  
gatifloxacin  
gentamicin  
moxifloxacin  
ofloxacin  
polymyxin B/gramicidin/neomycin  
polymyxin B/neomycin/bacitracin  
polymyxin B/trimethoprim  
sulfacetamide  
tetracycline  
tobramycin

#### **Antifungals (topical)**

natamycin

#### **Antivirals (topical)**

trifluridine  
Acyclovir

#### **Antibacterials (oral)—for corneal or eyelid infections only and for a duration not exceeding 14 days**

amoxicillin  
amoxicillin/clavulanic acid  
azithromycin  
cephalexin  
ciprofloxacin  
clarithromycin  
clindamycin  
cloxacillin  
doxycycline  
erythromycin  
levofloxacin  
minocycline  
moxifloxacin  
tetracycline

**Antivirals (oral)—for corneal or eyelid infections only**

acyclovir  
famciclovir  
valacyclovir

**ANTI-INFLAMMATORY AGENTS**

**Corticosteroids (topical)**

dexamethasone  
fluorometholone  
loteprednol  
prednisolone  
rimexolone

**Nonsteroidal anti-inflammatory agents (topical)**

diclofenac  
ketorolac  
nepafenac

**ANTI-INFECTIVE/ANTI-INFLAMMATORY AGENTS**

**Antibacterials /corticosteroids (topical)**

framycetin/gramicidin/dexamethasone  
gentamicin/betamethasone  
neomycin/fluorometholone  
neomycin/polymyxin B/dexamethasone  
neomycin/bacitracin/polymyxin B/hydrocortisone  
sulfacetamide/prednisolone  
tobramycin/dexamethasone

**MYDRIATICS**

**Mydriatics (topical)**

atropine  
cyclopentolate  
homatropine

**ANTI-ALLERGIC AGENTS**

**Anti-allergic agents (topical)**

emedastine  
ketotifen  
levocabastine  
lodoxamide  
nedocromil  
olopatadine

**ANTIGLAUCOMA AGENTS**

**$\beta$ -Adrenergic blocking agents (topical)**

betaxolol  
levobunolol  
timolol

**Carbonic anhydrase inhibitors (topical)**

brinzolamide  
dorzolamide

**Miotics (topical)**

carbachol  
pilocarpine

**Prostaglandin analogs (topical)**

bimatoprost  
latanoprost  
travoprost

**$\alpha$ -Adrenergic agonists (topical)**

apraclonidine  
brimonidine

**$\alpha/\beta$ -Adrenergic agonists/ $\beta$ -adrenergic blocking agents (topical)**

brimonidine/timolol

**Carbonic anhydrase inhibitors/ $\beta$ -adrenergic blocking agents (topical)**

dorzolamide/timolol

**Prostaglandin analogs/ $\beta$ -adrenergic blocking agents (topical)**

latanoprost/timolol  
travoprost/timolol

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The Professional Misconduct Regulation (Regulation 859/93 under the *Optometry Act*) includes the following acts of professional misconduct:

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.(3)
10. Failing to reveal the exact nature of a secret remedy or treatment used by the member following a patient's request to do so.
11. Making a misrepresentation with respect to a remedy, treatment or device.
12. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.

13. Failing to refer a patient to a regulated health professional when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral and examination.
16. Recommending or providing unnecessary diagnostic or treatment services.
17. Failing to maintain the standards of practice of the profession.

## **Professional Standard**

Optometrists utilizing drugs within their practices for diagnostic and therapeutic purposes will:

- use only drugs for which they have been appropriately trained establish a diagnosis and management plan based upon case history, clinical findings and accepted treatment modalities
- do not dispense a drug
- document the drug(s) used, including concentration (when applicable) and dosage
- provide appropriate patient counselling including:
  - general information, including management options, a description of the treatment(s), expected outcomes and normal healing course
  - specific information including any potential significant risks and complications requiring urgent or emergency care (OPR 4.6)
  - how to access after-hours support and emergency care
- arrange appropriate follow-up care as indicated
- refer the patient to an appropriate health care provider when clinically indicated

## **Prescribing of Drugs by Optometrists with Authority to Prescribe Drugs**

In addition to the above conditions, those with authority to prescribe drugs:

- will maintain appropriate continuing education relevant to the treatment of eye disease by drug therapy as specified by the College
- may issue a prescription (OPR 5.2) and document the treatment and counselling in the patient health record (OPR 5.1)

## **Use of Drugs by Optometrists without Authority to Prescribe Drugs**

Optometrists without authority to prescribe drugs have several options for the treatment of patients with conditions requiring drug therapy, such as:

- refer to another optometrist with authority to prescribe drugs;
- refer to another regulated health care provider who care provide such care appropriate to the condition;

- initiate office treatment, then, make a referral, as above, if required for the condition

***It is professional misconduct if a prescription for drugs is issued by an optometrist without authority to prescribe drugs.***

## **Clinical Guideline**

Optometrists should be familiar with and adhere to accepted diagnostic and treatment considerations for diseases and disorders of the eye and vision system. Current literature and Clinical Practice Guidelines<sup>1</sup> are helpful to guide diagnostic and therapeutic considerations.

### **Frequency of follow-up examinations**

The frequency of follow-up examinations for conditions of the eye and vision system requiring treatment with drugs varies greatly. Optometrists should use sound clinical judgement to determine an appropriate schedule. Factors that should be considered include:

- the severity and morbidity of the condition
- the potential adverse complications
- the patient's systemic health considerations
- expected progress of therapy

### **Emergency and After-hours care**

Patients may require emergency or after-hours care if the condition is not responsive to therapy or if an unexpected response to treatment occurs. During usual working hours it would be appropriate to have patients contact the optometrist's office for instructions. Optometrists should ensure that office staff has appropriate training and direction on arranging care for emergency presentations.

Outside business hours, consideration could be given to:

- having an accessible emergency contact system, answering service or other after-hours communication modality
- having formal arrangements with qualified practitioners to provide accessible after-hours consultation when the prescribing optometrist is not available
- directing patients to hospital emergency rooms when appropriate

## **References:**

1. American Optometric Association – Clinical Practice Guidelines  
(CPG 5, 7, 9, 10, 11)

First published: April 2004 (The Guideline for the Use of Drugs by Optometrists)

Revised: April 2011 (The Use and Prescribing of Drugs in Optometric Practice)