

5.2 THE PRESCRIPTION

Description

A prescription is a therapeutic directive between an optometrist and a patient. A prescription is based upon the diagnosis and analysis of all available clinical information obtained from an optometric examination(s). An optometrist may issue two distinct types of prescriptions: **optical prescriptions**, which when combined with further appliance-specific information, enable the patient to obtain eyeglasses, contact lenses or sub-normal vision devices and **prescriptions for drugs**, which specify topical or oral drugs used to treat ocular disease.

Regulatory Standard

The *Optometry Act, 1991 (as amended 2007)* lists four authorized acts that can be performed by an optometrist subject to the terms, conditions and limitations on his or her certificate of registration. Two of those acts are:

- Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses. (1991, c. 35, s. 4".)
- Prescribing drugs designated in the regulations

The Professional Misconduct Regulation (O. Reg. 859/93 under the *Optometry Act, 1991*) includes the following acts of professional misconduct:

14. Failing to make available to a patient who requests one a written, signed and dated prescription for a subnormal vision device, contact lenses or eyeglasses.
16. Recommending or providing unnecessary diagnostic or treatment services.
17. Failing to maintain the standards of practice of the profession.

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:

Designated Drugs and Standards of Practice

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.

Professional Standard

An optometrist issues a prescription only after establishing a professional relationship with the patient, completing an appropriate examination and obtaining a full understanding of the relevant aspects of the patient's needs, ocular health, refractive status and/or binocular condition. The prescribed therapy must be within the scope of practice of the optometrist and in the patient's best interest. An optometrist is responsible to counsel a patient in the use of any prescribed therapy and required follow-up. The prescription and appropriate counselling must be documented in the patient record. In the event that a patient experiences an adverse or unexpected response to the prescribed therapy, an optometrist will provide additional diagnostic and/or counselling services and, if required, make appropriate modifications to the management plan.

All prescriptions must contain information that:

- Clearly identifies the prescriber including name (with the optometrist's degree and profession), address, telephone number, and signature;
- Clearly specifies the identity of the patient; and
- Specifies the date prescribed.

If an optometrist determines that a prescribed therapy is required, a prescription will be issued as part of the assessment without additional charges, regardless of whether the examination is an insured or uninsured service. Charges for additional copies of the prescription are at the discretion of the optometrist.

Patients have the right to fill their prescriptions at the dispensary or pharmacy of their choice.

An optical prescription must also contain information that:

- Is used by a dispenser to fabricate eyeglasses, contact lenses or a sub-normal vision device that will provide the required vision correction (OPR 6.3) for the patient.

If an optometrist specifies an expiry date as part of a prescription, information must be communicated to the patient so it is understood why it is not appropriate to fill the prescription after the specified date.

When a member has performed the necessary services to prescribe a specific appliance, the parameters of that appliance must be provided to the patient upon request. Note: A member may withhold this information pending payment for the related service.

A prescription for drugs must also contain:

- the drug name, dose, dose form;
- directions to the pharmacist such as quantity to be dispensed, refills allowed and indicate if **no** substitutions are permitted;
- Directions to the patient
- The optometrist's license (registration) number and **original** signature.

To provide timely care, it may be necessary to fax a prescription for drugs to a pharmacy. This fax must contain appropriate information verifying that it originates at the prescribing optometrist's office.

When it is necessary to verbally communicate a prescription for drugs to a pharmacy, the details must be fully documented in the patient record, including the name of the pharmacy and any staff members assisting in the call.

Clinical Guideline

It may be advantageous for an optometrist to include additional information on the prescription including fax and email information, office hours, etc.

Optometrists should consider retaining a copy of every issued prescription with the patient health record (OPR 5.1).

Optical Prescriptions:

Spectacle Prescriptions

The spectacle prescription should include all items, which are necessary for the preparation of the spectacles. The sphere, cylinder and axis are essential to most spectacle prescriptions. Other elements are essential in some cases; for example, reading addition, prismatic power, bicentric prism, or vertex distance of the refraction.

Contact Lens Prescriptions

The contact lens prescription should include those items necessary for the preparation of contact lenses. These may include base curve, diameter and power.

Clinical justification should exist whenever a prescription contains appliance-specific information.

Prescriptions for drugs:

Clinical justification should exist when an optometrist indicates “no substitutions” for a prescribed medication.

Prescription forms with pre-printed lists of medications should generally be avoided to reduce the possibility of alteration by the patient.

The optometrist should consider using clear, modern language to avoid the potential for errors and misinterpretation often found with short-forms and out-dated Latin abbreviations.

Members should consider reporting medications prescribed for patients to their primary health care provider to enhance the provision and coordination of care.

Members should consider including, where appropriate, a printed recommendation, to discard the unused portion of the medication once the treatment is completed.

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