COLLEGE OF Optometrists OF ONTARIO

Designated Drugs Regulation - Questions and Answers

Glaucoma Questions

Is normal tension glaucoma (NTG) a form of primary open-angle glaucoma (POAG)?

Peer-reviewed literature supports that normal tension glaucoma is a form of primary open-angle glaucoma. Optometrists with the authority to prescribe drugs are able to provide treatment for patients with NTG, in accordance with the Designated Drugs and Standards of Practice Regulation.

Can I prescribe an anti-glaucoma agent for the treatment of a transient elevation in intra-ocular pressure (IOP) secondary to a steroid response?

It is within the scope of practice to treat a transient (short-term) IOP elevation secondary to a steroid response. However, steroid-induced glaucoma as a result of long-term steroid use is considered a form of secondary glaucoma, and must be referred to a physician or a hospital for treatment.

Please provide an explanation and examples for Paragraph 7.(1) of the Regulation where it states " …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".

The Designated Drugs and Standards of Practice Regulation gives optometrists the authority to treat primary open angle glaucoma (POAG). Any other form of glaucoma (for example, neovascular, pigmentary or pseudoexfoliative glaucoma) must be referred to a physician or a hospital. The Ministry has expressed concern that some concurrent systemic health conditions or their pharmacological treatment could complicate the treatment of POAG. In such situations, it was felt optometrists should refer patients to ophthalmologists. The Panel identified the following examples that justify concern:

i) An optometrist has diagnosed a patient with POAG and the patient also has been diagnosed with chronic obstructive pulmonary disease (COPD). This particular patient has had inadequate therapeutic effect and/or experienced unacceptable adverse effects with all classes of glaucoma medications, with the exception of topical beta-blockers. Given that serious respiratory disease may be considered a contraindication for the use of beta-blockers, consideration should be given to referral to an ophthalmologist for (surgical) glaucoma treatment.

ii) A patient has had an oral beta-blocker prescribed by their family doctor for a heart arrhythmia. All glaucoma medications, except topical beta-blockers, were found to have inadequate therapeutic effect and/or unacceptable adverse effects. The optometrist measured the patient's blood pressure, and found it to be excessively low. Rather than adding a topical beta-blocker (and risking systemic hypotension), the optometrist recognized that the systemic treatment of this concurrent medical condition may complicate glaucoma treatment, and referred the patient to an ophthalmologist.
In rare situations, systemic conditions (and/or their treatment) may complicate the treatment of POAG. Optometrists are expected to recognize there are times that patients will present with conditions that are beyond their level of comfort or competence, and, to maintain patient protection, must refer them to the appropriate medical practitioner.

A patient has been diagnosed with secondary glaucoma and there is a long wait time for an appointment for the patient to see an ophthalmologist, can I initiate the treatment?

Under the Regulation, optometrists may not initiate treatment for secondary glaucoma. In the event of a long wait time, and subject to local availability, optometrists may refer patients to a general ophthalmologist to initiate treatment prior to sending them to a glaucoma specialist.

Please provide an explanation of Paragraph 8.(2) and the statement "…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".

If emergency care of angle-closure glaucoma is required, optometrists are expected to exercise clinical judgement in determining whether to initiate treatment or to arrange for a physician to treat the patient in a timely manner. This decision will take into account patient circumstances (how much pain a patient is experiencing, the level to which the IOP is elevated, etc.) and practice location circumstances. It is most important that treatment is initiated in the best interests of the patient. OPR 7.2 states that angle closure glaucoma is an ocular emergency and guidelines for such an occurrence are included in the document.

CONDITIONS OF THE ANTERIOR SEGMENT QUESTIONS

Can I prescribe oral antibacterials for the treatment of dacryocystitis?

Yes. Optometrists with the authority to prescribe drugs are able to prescribe oral antibacterials "for corneal or eyelid infections only and for a duration not exceeding 14 days." The lacrimal sac is considered part of the eyelid.

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SPECIFIC DRUG QUESTIONS

Can I prescribe Azarga? (combination brinzolamide/timolol)

Yes. The combination brinzolamide/timolol has been added to the list of designated drugs (O. Reg. 112/11). Optometrists with the authority to prescribe drugs are authorized to prescribe Azarga.

Can I prescribe Latisse®?

Optometrists can provide treatment for prescribed diseases, which are defined as diseases of the eye and vision system that can be treated by other than the application of surgery. Accordingly, the cosmetic use of Latisse® may not qualify as treatment of a disease of the eye and vision system. There may be a rare situation where Latisse® may fit these criteria (i.e. a patient who has lost their lashes as a result of chemotherapy treatment).
The second consideration is that currently pharmacies do not carry Latisse®. Optometrists do not have the authority to dispense drugs, only to prescribe drugs. Therefore, there is no process in place for patients to obtain Latisse® from an optometrist's prescription. It may be preferable to direct the patient to a cosmetic centre where physicians prescribe and dispense Latisse®.

Why are topical natamycin and topical azithromycin on the drug list (Schedule 1) when they are not available at a pharmacy?

These two drugs have Health Canada approval but are not marketed here yet.

Can I prescribe Restasis®?

Yes. Topical cyclosporine has been added to the list of designated drugs (O. Reg. 112/11), and optometrists with the authority to prescribe drugs may prescribe Restasis®.

Optometrists are limited to prescribing doxycycline (and other oral antibacterials) for only 14 days which is too short a course for treating some conditions. Can this be changed?

In order to amend any current regulation, a proposed regulation amendment must go through the same process as recently undertaken by the College to bring the Designated Drugs Regulation into force. Changes to this regulation can only be made when the Ministry of Health and Long-Term Care is prepared to open up the regulation for amendments.

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SAMPLING QUESTIONS

Can I provide samples of therapeutic drugs to my patients?

Optometrists are not authorized to perform the controlled act of dispensing a drug. Providing a drug to a patient for therapeutic use (whether the patient is charged a fee or the drug is provided free of charge) is considered dispensing and therefore is prohibited under the current regulations.

OHIP/ODB QUESTIONS

How do I use the limited use (LU) codes for the Ontario Drug Benefits Plan (ODBP)? What are the requirements to prescribe these?

Certain drugs covered by ODBP have LU codes; that is, they are only covered under the Plan if certain clinical criteria are met and the relevant LU code is written on the prescription. Each particular LU code represents a specific set of clinical criteria, which must be identified and documented in the patient record. An example is prostaglandin therapy for glaucoma: topical prostaglandins (ex – Lumigan RC, Travatan Z, Xalatan) are covered by ODBP only when used as a second line therapy; only topical Beta blockers are covered by ODBP for first line therapy. A topical prostoglandin can be prescribed using an LU code only in clinical situations where it will be used in addition to a topical Beta blocker or where a topical Beta blocker is contraindicated or has been proven ineffective.

How do I find the formulary for ODB?

Use the link: https://www.healthinfo.moh.gov.on.ca/formulary/index.jsp. Choose 52.00 “Eye Ear Nose and Throat Preparations” or 52:36 “Other Eye Ear Nose and Throat Agents” from the “Therapeutic Classification” menu. Eye medications, including those requiring an LU code, are listed. The details of the clinical criteria for each LU code are accessed through additional links.

What are the OHIP codes for billing for therapeutic services?

There are no specific OHIP codes for the assessment, diagnosis and management of conditions requiring treatment with a therapeutic drug, that is, there is no “red eye code”.