

**Optometry Act, 1991  
Loi de 1991 sur les optométristes**

**ONTARIO REGULATION 112/11**

**DESIGNATED DRUGS AND STANDARDS OF PRACTICE**

No amendments.

*This Regulation is made in English only.*

**PART I**

**PRESCRIPTIONS PRESCRIBING AND DISPENSING DRUGS**

**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.~~

**Common requirements for prescribing and dispensing**

1. A member may only prescribe or dispense a drug if,

- (a) the member possesses sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe or dispense the drug for the patient;
- (b) the member has considered whether prescribing or dispensing the drug for the patient is appropriate, given the known risks and benefits of prescribing or dispensing the drug for the patient and other relevant factors respecting the patient;
- (c) the member complies with all applicable federal and provincial laws related to prescribing or dispensing the drug;
- (d) the member does not delegate the performance of prescribing or dispensing a drug to any other person;
- (e) the member has an optometrist—patient relationship with the patient for whom the drug is prescribed or dispensed; and
- (f) the drug is not a controlled substance within the meaning of the *Controlled Drugs and Substances Act (Canada)*.

**Additional requirements for dispensing**

2. In addition to the requirements specified above, a member may only dispense a drug when the following additional requirements are met:

- (a) the drug is only dispensed for the purpose of initiating, or testing the quality, value or usefulness, of a therapy;

- (b) the member must provide the drug directly to the patient or the patient's authorized representative;
- (c) the member must have ensured that the drug has been obtained and stored in accordance with any applicable laws;
- (d) the member must have ensured that the drug has not expired and will not expire before the date on which the patient is expected to take the last of the drug; and
- (e) the member must provide directions for use of the drug, including its dose, frequency, route of administration and any special instructions, and record this information in the patient's record.

### **Training required**

3. No member may prescribe or dispense 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 or dispenses 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 or dispense any drug that may lawfully be purchased or acquired without a prescription. O. Reg. 112/11, s. 5.

## **PART II**

### **STANDARDS OF PRACTICE — SPECIFIC DRUGS AND CONDITIONS **GLAUCOMA****

#### **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.~~

## Specified conditions **Open-angle glaucoma**

**67.** (1) Subject to subsection (2) and to section **68**, 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.

(3) It is a standard of practice of the profession that a member may not prescribe or treat a patient with oral secretagogues unless the patient has Sjogrens syndrome, and any prescription or treatment with oral secretagogues shall only be in collaboration with a physician with whom the member has established a co-management model of care for that patient.

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

**78.** (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.

(2.1) It is a standard of practice of the profession that a member may only prescribe or treat a patient with oral carbonic anhydrase inhibitors in an emergency and if the patient has high intraocular pressure, and where no physician is available to treat the patient.

(2.2) It is a standard of practice of the profession that a member may only prescribe or treat a patient with oral steroids 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 subsections (2), (2.1) and (2.2) to a physician or hospital once the emergency no longer exists or once a physician becomes available, whichever comes first.

(4) In this **Part** ~~section~~,

“hospital” means a hospital within the meaning of the *Public Hospitals Act*.

1. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION). Reg. 112/11, s. 9.

## SCHEDULE 1

### (REPEALED)

#### **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**

Antiallergic agents (topical)

emedastine  
ketotifen  
levocabastine  
lodexamide  
nedecromil  
olopatadine

## **ANTI-GLAUCOMA 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~~

~~$\alpha$ -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~~

~~O. Reg. 112/11, Sched. 1.~~