



THE COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA

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STANDARDS, LIMITS & CONDITIONS FOR PRACTICE – ANTI-GLAUCOMA MEDICATION
PRESCRIBING

A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications

(1) must

(a) own, and be competent in the use of,

- (i) a Goldmann type applanation tonometer,
- (ii) an anterior chamber gonioscope,
- (iii) a stereo slit lamp biomicroscope with contact or non-contact lens,
- (iv) a Humphrey type automated visual field analyzer,
- (v) a corneal pachymeter,
- (vi) a sphygmomanometer, and

(b) have access to, and be competent in the interpretation of information from, any one of

- (i) a tomographer,
- (ii) a polarimeter,
- (iii) a scanning laser ophthalmoscope, or
- (iv) a stereo fundus camera,

(2) may, in accordance to a medical standard, monitor, manage and/or treat

- (i) a glaucoma suspect,
- (ii) early glaucoma, or
- (iii) glaucoma induced by topical steroids,

if it is within the registrant's competence to do so, and

(3) must

(a) not prescribe an anti-glaucoma medication to a patient who is under the age of 30 except as noted in (2)(iii),

(b) refer the patient to an ophthalmologist

- (i) for consultation or management if the patient has one or more eyes with
 - (A) moderate glaucoma,
 - (B) IOP above target pressure for more than six weeks from the initiation of treatment,

(C) a requirement for more than two concurrent classes of topical medications to reach target IOP (note that a single combination medication that contains two therapeutic pharmaceutical agents is considered to be two medications), or

(D) a clinically significant adverse effect to a prescribed medication, or

(ii) if the patient has one or more eyes with

(A) advanced glaucoma, or

(B) a secondary glaucoma except as noted in (2)(iii),

(c) have a working relationship with an ophthalmologist who is accessible for consultation, referral, regular communication, collaboration and transfer of care when a patient is referred under (2) or (3), and the communication, consultation, reporting and referral schedule must be considered on a case by case basis by the optometrist and ophthalmologist who share in the care of a glaucoma patient,

(d) at the time of diagnosis and/or initiation of treatment, inform the patient that they have the prerogative to request management exclusively by an ophthalmologist or glaucoma sub-specialist.

(e) be available, or assign a Therapeutic Qualified Registrant able to meet all requirements of these Standards, Limits and Conditions for Practice to be available, to a glaucoma patient 24 hours a day seven days a week by pager, cell-phone or other electronic means,

(f) not prescribe

(i) a beta blocker

(A) to a patient with a history of congestive heart failure, bradycardia, heart block, asthma or chronic obstructive pulmonary disease, and

(B) to any other patient without consulting the patient's primary care practitioner, if known,

(ii) a prostaglandin in the presence of

(A) intraocular inflammatory disease, or

(B) previous ocular viral infections known to contraindicate prostaglandin use,

(iii) a cholinergic agent in the presence of

(A) intraocular inflammatory disease,

(B) MAO inhibitors, or

(C) retinal lattice degeneration, retinal tears or retinal detachment,

- (g) work-up and follow-up glaucoma patients to a medical standard,
- (h) maintain a written record of
 - (i) patient history (ocular, medical and family),
 - (ii) identifiable glaucoma risk factors, and
 - (iii) the treatment
 - (A) plan
 - (B) targets, and
 - (C) progress,
- (i) provide a copy of the written record to the co-managing ophthalmologist
 - (i) any time there is
 - (A) a change in the treatment plan, or
 - (B) a clinically significant change in the patient's status,
 - (ii) annually, and
 - (iii) as otherwise requested by the co-managing ophthalmologist, and
- (j) provide information in the attached form, or in a similar form that conveys the same information.

DEFINITIONS

Note: although they will change from time to time, the definitions, staging and standards for glaucoma care are as described by the Canadian Ophthalmological Society (the COS) [Evidence - based Clinical Practice Guidelines for the Management of Glaucoma in the Adult Eye](#) *Can J Ophthalmol* 2009;44(Suppl 1):S1-S93. Registrants must refer to the COS [Glaucoma Guidelines Slides](#) so that Registrants who prescribe anti-glaucoma agents are held to the same standard as Canadian ophthalmologists. Registrants are expected to stay current with changes as they are published.

Glaucoma Suspect – a person with one or two of the following: IOP > 21 mmHg; suspicious disc or C/D asymmetry of > 0.2; suspicious 24-2 (or similar) visual field defect.

Early Glaucoma – a glaucoma having glaucomatous disc features (eg, C/D* < 0.65) and/or mild visual field defect not within 10 degrees of fixation (e.g., MD better than -6 dB on HVF 24-2).

Moderate Glaucoma – a glaucoma having moderate glaucomatous disc features (eg, vertical C/D* 0.7 – 0.85) and/or moderate visual field defect not within 10 degrees of fixation (eg, MD from -6 to -12dB on HVF 24-2).

Advanced Glaucoma – a glaucoma having advanced glaucomatous disc features (eg, C/D* > 0.9) and/or visual field defect within 10 degrees of fixation** (e.g., MD worse than -12dB on HVF 24-2).

Secondary Glaucoma – a glaucoma with an identifiable cause such as phacogenic, exfoliative, pseudoexfoliative, pigmentary dispersion, inflammatory, angle recession, traumatic, neovascular, steroid induced***, malignant and post-operative glaucoma.

Target Pressure – The upper limit of initial target pressures for each eye are as per the COS guidelines:

Glaucoma Suspect – 24 mmHg with at least 20% reduction from baseline

Early Glaucoma – 20 mmHg with at least 25% reduction from baseline

Moderate Glaucoma – 17 mmHg with at least 30% reduction from baseline

Advanced Glaucoma – 14 mmHg with at least 30% reduction from baseline

*C/D - refers to vertical C/D ratio in an average size nerve. If the nerve is a small diameter, then a smaller C/D ratio may be significant. Conversely, a larger nerve diameter nerve may have a large vertical C/D ratio and still be within normal limits.

**Fixation - also consider baseline 10-2 (or similar).

***Steroid Induced Glaucoma – Therapeutic Qualified Registrants may treat this secondary glaucoma when it is induced by topical steroid therapy.