THE COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA

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

A Full A 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 goniolens,

(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 Full A 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 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 (http://www.eyesite.ca/english/program-and-services/policy-statements-guidelines/glaucoma-guidelines-slides.htm) 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 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 lease 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 – Full A Registrants may treat this secondary glaucoma when it is induced by topical steroid therapy.