Chapter RL 10

USE OF PHARMACEUTICAL AGENTS BY LICENSED OPTOMETRISTS

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RL 10.01 Definitions. As used in the rules in this chapter:

(1) "Adverse drug reaction" means an adverse, physical or psychological reaction experienced by a person resulting from diagnostic or therapeutic pharmaceutical agents administered by an optometrist which occurs within 24 hours after the drug is administered. An adverse drug reaction may be indicated by symptoms which include, but are not limited to, the following: red eye, painful eye, decrease in vision, pale or red swelling of the periocular or periorbital tissues, nausea, vomiting, fainting, mental confusion or cessation of respiration.

(2) "Adverse drug reaction referral plan" means a plan submitted to the department on an approved form in which the optometrist agrees to: a) refer patients who notify the optometrist of an adverse drug reaction to appropriate medical specialists or facilities; b) routinely advise the patient to immediately contact the optometrist if the patient experiences adverse reactions; and c) place in a patient's permanent record information describing any adverse drug reactions experienced by the patient and the date and time that any referral was made. Such plan shall include the names of at least 3 physicians, physician clinics or hospitals to whom the optometrist agrees to refer patients who experience an adverse drug reaction. At least one of these physicians shall be skilled in the diagnosis and treatment of diseases of the eye.

(3) "Approved institution" means the university of Wisconsin extension health sciences unit or any United States college of optometry accredited by the American council on optometric education which offers a course of study in general and ocular pharmacology meeting the requirements of s. 449.17 (4), Stats.

(4) "Classroom hour": For the purpose of determining whether a course of study meets the requirements of s. 449.17 (4), Stats., "classroom hour" means a 50-60 minute period of lecture, group discussion or laboratory directly associated with a course in pharmacology; time spent working in a clinic other than as part of a laboratory directly associated with a course in pharmacology does not qualify as a "classroom hour".

(5) "Course of study in pharmacology" means a course of study completed in an approved institution after 1973 in general and clinical pharmacology as it relates to optometry with the characteristics described in s. 449.17 (4), Stats. For courses, such as continuing education courses, which do not lead to a degree in optometry to qualify as part of a course of study in pharmacology, the courses must include at least one examination on course content.

(6) "DPA certificate" means a certificate issued by the department to an optometrist approving an adverse reaction referral plan submitted by the optometrist and as evidence that the optometrist has completed all

requirements in s. RL 10.03 and is entitled to use diagnostic pharmaceutical agents in accordance with ss. 449.17 and 449.19, Stats.

(8) "Diagnostic pharmaceutical agent" means any of the topical ocular diagnostic pharmaceutical agents listed below if used in accordance with the following conditions: agents may be used in strengths no greater than the strengths indicated in the list; may be used by the optometrist only and may not be dispensed by the optometrist to patients for self-administration.

(a) Mydriatics

1. Phenylephrine 2.5%

2. Hydroxyamphetamine 1%

(b) Cycloplegics

1. Tropicamide 1%

2. Cyclopentolate 1%

(c) Topical Anesthetics

1. Benoxinate 0.4%

2. Proparacaine 0.5%

3. Tetracaine 0.5%

4. Benoxinate 0.4% - Fluorescein 0.25% Combination

(d) Dyes

1. Fluorescein 0.25% - Benoxinate 0.4% Combination

(9) "TPA certificate" means a certificate granted by the optometry examining board to an optometrist as evidence that the optometrist is certified to use therapeutic pharmaceutical agents in accordance with s. 449.18, Stats.

(10) "Therapeutic pharmaceutical agent" means any of the topical or oral ocular therapeutic pharmaceutical agents listed in pars. (a) to (k).

(a) *Oral analgesics.*

1. Acetaminophen.

2. Aspirin.

3. Salicylates.

4. Schedule III, IV and V narcotic analgesics.

(b) *Topical decongestant agents and decongestant combinations.*

1. Epinephrine HCl.

2. Hydroxyamphetamine HBr.

3. Naphazoline HCl.

4. Oxymetazoline HCl.

5. Phenylephrine HCl.

6. Tetrahydrozoline HCl.

7. Combinations of the above agents with antihistamines or zinc sulfate.

(c) *Antiallergy agents.*

1. Topical and oral antihistamine agents in the following drug categories.

a. Alkyamines.

b. Ethanolamines

c. Ethylenediamines.

d. Phenothiazines.

e. Piperazines.

f. Piperidines.

g. Terfenadines.

2. Cromolyn sodium, a mast cell stabilizing agent.

(d) *Artificial tear solutions, ophthalmic irrigants and ocular lubricants.*

(e) *Hypertonic sodium chloride, a topical hyperosmotic agent.*

(f) *Yellow mercuric oxide, a miscellaneous preparation and product.*

(g) *Topical anesthetics.*

1. Benoxinate HCl.

2. Benoxinate HCl and soduim fluorescein.

3. Proparacaine HCl.

4. Tetracaine HCl.

(h) *Antibiotics.*

1. Topical antibiotics.

a. Aminoglycosides.

b. Bacitracin.

c. Cephalosporins.

d. Erythromycin.

e. Gramicidin.

f. Penicillins.

g. Polymyxin B.

h. Sulfonamides.

i. Tetracyclines.

j. Trimethoprim.

k. Zinc sulfate.

2. Oral antibiotics.

a. Erythromycin.

b. Tetracycline.

3. Topical antiviral agents.

a. Acyclovir.

b. Idoxuridine.

c. Trifluridine.

d. Vidarabine.

4. Acyclovir, an oral antiviral agent.

(i) *Anti-inflammatory agents.*

1. Oral non-steroidal anti-inflammatory agents.

a. Fenoprofen.

b. Ibuprofen.

c. Ketoprofen.

d. Naproxen.

2. Topical corticosteroid agents.

a. Dexamethasone.

b. Fluoromethalone.

c. Medrysone.

d. Prednisolone.

e. Prednisolone and atropine combinations.

f. Topical corticosteroid and antibiotic combinations.

g. Topical corticosteroid and mydriatic combinations.

(j) *Topical anticholinergic agents.*

1. Atropine.

2. Atropine sulfate.

3. Cyclopentolate.

4. Homatropine.

5. Homatropine hydrogen bromide.

6. Scopolamine.

7. Tropicamide.

(k) *Antiglaucomatous agents.*

1. Sympathomimetics.

a. Dipivefrin.

b. Epinephrine.

2. Miotics, direct acting.

a. Acetylcholine.

b. Carbachol.

c. Pilocarpine.

3. Miotics, cholinesterase inhibitors.

a. Demecarium bromide.

b. Echothiophate.

c. Isoflurophate.

d. Physostigmine.

4. Topical beta-adrenergic blocking agents.

a. Betaxolol.

b. Levobunolol.

c. Timolol.

5. Oral carbonic anhydrase inhibitors.

a. Acetazolamide.

b. Dichlorphenamide.

c. Methazolamide.

History: Cr. Register, January, 1979, No. 277, eff. 2-1-79; am. (2) and (5), r. (9) (d) 2., Register, April, 1979, No. 280, eff. 5-1-79; r. (7), renum. (8) and (9) to be (7) and (8), Register, November, 1986, No. 371, eff. 12-1-86; r. (7), Register, August, 1990, No. 416, eff. 9-1-90; am. (intro.), (1) and (8), cr. (9) and (10), Register, November, 1990, No. 419, eff. 12-1-90.

RL 10.02 Restrictions and reports. (1) PRESCRIBING RESTRICTIONS. Therapeutic pharmaceutical agents may be prescribed or administered by an optometrist holding a current TPA certificate only for the ocular therapeutic purposes for which the drugs are intended. These drugs shall be prescribed or administered in accordance with minimum standards and procedures established in the health care professions. An optometrist shall not prescribe or administer a therapeutic pharmaceutical agent which is not listed in s. RL 10.01 (10). Approved agents may be used in combination only with other approved agents when appropriate. Prior to prescribing beta blockers or carbonic anhydrase inhibitors for the treatment of glaucoma, or any oral antiviral, the optometrist shall inform the patient's primary physician of his/her treatment plans and document that contact on the patient's chart. If the patient does not identify a primary physician, the patient shall be referred to a physician to determine the presence or absence of any systemic contraindications to the intended therapeutic agent. Following that assessment, and prior to prescribing, the prescribing optometrist shall contact the examining physician, documenting that contact on the patient's chart. Closed-angle glaucoma shall be considered an emergency in which the treating optometrist shall make immediate referral directly to a physician who specializes in the treatment of diseases of the eye and shall institute such emergency procedures as are directed by that physician.

(2) REPORTING REQUIRED. Any optometrist certified to use therapeutic pharmaceutical agents shall file with the department within 10 working days of its occurrence a report on any adverse reaction resulting from the optometrists's administration of such agents. This report shall include the optometrists's name, address and license number, the patient's name, address and age, the patient's presenting problem, the diagnosis, the agent administered and the method of administration, the reaction and the subsequent action taken.

(3) ANNUAL REPORT. Any optometrist certified to use therapeutic pharmaceutical agents shall file with the department by January 31 of each year a report on the optometrist's usage of such agents. This report shall include the optometrist's name, address and license number, the number of TPA administrations, and for each administration the patient's age and presenting problem, the diagnosis, the agent administered and the method of administration, and the benefits achieved or problems encountered.

History: Cr. Register, November, 1990, No. 419, eff. 12-1-90.

RL 10.03 Statement of approval required. A licensed optometrist may not use diagnostic pharmaceutical agents in the practice of optometry unless the optometrist has completed an application form and received a DPA certificate from the department. An application for a certificate shall be granted or denied within 15 business days after receipt of a completed application. A licensed optometrist may not use therapeutic pharmaceutical agents in the practice of optometry unless the optometrist has completed an application form, met the requirements under s. 449.18, Stats., and received a TPA certificate from the optometry examining board.

History: Cr. Register, January, 1979, No. 277, eff. 2-1-79; am. Register, November, 1986, No. 371, eff. 12-1-86; renum. from RL 10.02 and am. Register, November, 1990, No. 419, eff. 12-1-90.

RL 10.04 Application for certificate. To obtain a DPA certificate, an optometrist must submit evidence to the department showing that the optometrist has:

(1) Completed a course of study in pharmacology; and,

(2) Obtained a score of no less than 75 on the examination in pharmacology which is administered by the national board of examiners in optometry; and,

(3) Established an adverse reaction referral plan.

Note: The department of regulation and licensing does not administer the pharmacology examination. The required score of "no less than 75" relates only to the pharmacology section of the national examination. Therefore, if all sections of the national examination are taken at once, the 75 score minimum applies only to the pharmacology section and not to the other sections of the examination.

History: Cr. Register, January, 1979, No. 277, eff. 2-1-79; r. and recr. (2), Register, August, 1990, No. 416, 9-1-90; renum. from RL 10.03, Register, November, 1990, No. 419, eff. 12-1-90.