

How new and wider roles for optometrists affect pharmacy

Using a question-and-answer format, **Lucy Titcomb** and **John Lawrenson** explain the changes to the use and supply of medicines by optometrists that have been passed and how these changes will affect pharmacy

A year ago *The Journal* reported that optometrists were to be given a wider role in the administration, supply and sale of medicines (5 June 2004, p698), including prescription-only medicines. Legislation effecting such changes has now been passed.

Previous legislation

Optometrists, referred to in the Medicines Act 1968 as “ophthalmic opticians”, have historically been able to administer and supply some prescription-only medicines. Before 7 April 2005, optometrists were allowed to use and supply the POMs listed in the top part of Panel 1. Supply of one of these exempted POMs direct to the patient could only be made “in the course of their professional practice” and “in an emergency”. In addition, optometrists were able to use those POMs listed in the bottom part of Panel 1 in the course of their professional practice. These preparations included local anaesthetics which would be used in diagnostic tests (but never to treat an eye disorder), an antibiotic and a miotic (pupil-constricting) agent.

Optometrists obtained supplies of these preparations by presenting a signed order to a person lawfully conducting a retail pharmacy business. Patients could be supplied with these POMs by pharmacists (under the authority of a signed order from an optometrist) or, in an emergency, by the optometrist.

Optometrists could also sell or supply all general sale list products and all pharmacy medicines provided it was in the course of their professional practice and in an emergency. Eye preparations classed as P medicines which could be supplied in this way are listed in the Table on p96.

The proposed changes

In May 2004, proposals suggesting changes to the products that optometrists could administer, sell or supply were put out for consultation by the Medicines and Healthcare products Regulatory Agency (MHRA).

Why were changes thought necessary?

The existing list of preparations available to optometrists contained several drugs that were no longer commercially available as ophthalmic formulations in the UK, such as the antimuscarinic hyoscine and the miotics bethanecol, neostigmine and physostigmine. The proposals suggested these products should be removed.

In the case of antimicrobial preparations, chloramphenicol was the only POM available

Panel 1: POMs available to optometrists before 7 April 2005

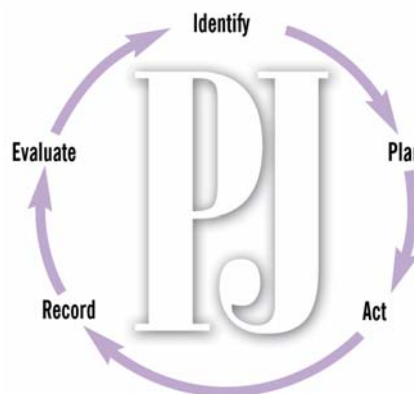
Prescription-only medicines which could be sold or supplied in the course of professional practice and in an emergency included:

Eye drops or eye ointments that are prescription-only medicines by reason only that they contain not more than 0.5 per cent chloramphenicol (eye drops) or not more than 1 per cent chloramphenicol (eye ointments)

Atropine sulphate
Bethanecol chloride
Carbachol
Cyclopentolate hydrochloride
Homatropine hydrobromide
Hyoscine hydrobromide
Naphazoline hydrochloride
Naphazoline nitrate
Neostigmine methylsulphate
Physostigmine salicylate
Physostigmine sulphate
Pilocarpine hydrochloride
Pilocarpine nitrate
Tropicamide

Prescription-only medicines which optometrists could purchase for use in (but not sale or supply from) their practice included:

Amethocaine hydrochloride
Framycetin sulphate
Lignocaine hydrochloride
Oxybuprocaine hydrochloride
Proxymetacaine hydrochloride
Thymoxamine hydrochloride



Identify knowledge gaps

1. What is the new legislation affecting optometrists and pharmacy?
2. What prescription-only medicines can optometrists sell or supply?
3. What is an “additional supply optometrist”?

Before reading on, think about how this article may help you to do your job better. The Royal Pharmaceutical Society’s areas of competence for pharmacists are listed in “Plan and record”, (available at: www.rpsgb.org/education). This article relates to “awareness of issues affecting pharmacy” (see appendix 4 of “Plan and record”).

to optometrists for sale and supply. Although framycetin was listed, it was of little clinical value because it was restricted to administration only (ie, the patient would only get a single dose of antibiotic). The consultation document, therefore, proposed to remove framycetin and add fusidic acid to the list of POMs available for use and supply.

Did the MHRA’s consultation letter suggest any other changes?

Yes. It was proposed that the condition of supply of P medicines only in an emergency should be lifted. The principal reason for this was that optometrists typically stock a range of ocular lubricants for supply. Many of these preparations are now classified as devices but, under the old legislation, for those classified as medicines, supply could only be in an emergency.

It was also proposed that for “additional supply optometrists” (those who have completed extended training — see later) other preparations should be added to the list of POMs available for use and supply for the treatment of non-sight-threatening ocular conditions. The polymyxin B-containing

Ophthalmic preparations classified as pharmacy medicines

Class	Drug	Products
Antihistamines	Antazoline	Otrivine-Antistin eye drops
	Azelastine	Aller-eze eye drops
	Levocabastine	Livostin Direct eye drops
Antimicrobials*	Dibromopropamide isethionate	Brolene, Golden Eye ointment
	Propamide isethionate	Brolene, Golden Eye drops
Astringents	Distilled witch hazel	Optrex Sore Eyes eye drops
	Zinc sulphate	Zinc sulphate eye drops BPC
Mast cell stabilisers	Lodoxamide	Alomide Allergy eye drops
	Sodium cromoglicate	Boots Hayfever Relief Allergy eye drops, Clarityn Allergy eye drops, Dominion Pharma Hayfever eye drops, Hay-Crom Hayfever eye drops, Lloyds Hayfever Allergy eye drops, Optrex Allergy eye drops, Pollenase eye drops, Vivicrom eye drops
Lubricants	Carbomer 940 (polyacrylic acid)	GelTears, Liposic, Viscotears
	Carbomer 974 (polyacrylic acid)	Liquivisc
	Carmellose	Celluvisc
	Dextran 70	Tears Naturale
	Hydroxyethylcellulose	Minims Artificial Tears
	Hypromellose	Artelac, Isopto Alkaline, Isopto Plain, Tears Naturale, Hypromellose eye drops
	Liquid paraffin	Lacri-Lube, Lubri-Tears, Simple eye ointment BP
	Polyvinyl alcohol	Liquifilm Tears, Liquifilm Tears preservative-free, Sno Tears
	Povidone	Oculotect
	Sodium chloride	Minims Sodium Chloride
Stains	Fluorescein	Minims fluorescein sodium
	Rose bengal	Minims rose bengal
Sympathomimetics	Naphazoline	Optrex Red Eyes eye drops
	Phenylephrine	Minims phenylephrine hydrochloride
	Xylometazoline	Otrivine-Antistin

* Chloramphenicol (Optrex Infected Eyes eye drops) was reclassified as a pharmacy medicine on 8 June 2005.

preparations (polymyxin B with bacitracin [Polyfax] and polymyxin B with trimethoprim [Polytrim]) would be made available for the management of superficial infections of the eye and adnexa (the lacrimal glands, eyelids and lacrimal drainage system). These preparations (Polytrim has been discontinued — see later) had a broader spectrum of activity than chloramphenicol and fusidic acid. They provided a useful alternative for patients with allergies to the preservatives used in chloramphenicol or fusidic acid eye drops because they contained a different preservative. They were also available as ointments.

In addition, it was proposed that a range of topical antihistamines, mast cell stabilisers and a non-steroidal anti-inflammatory drug should be added to the list, for the treatment of allergic eye disease. Although the range of P medicines available to treat allergic eye disease has increased, it is still restricted to three antihistamines, only two of which are available as single agents, and two mast cell stabilisers. Moreover, the indications for these preparations are limited compared with those

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of the equivalent POM product in terms of the conditions that may be treated, the age range of patients and duration of treatment. In addition, all the products available as P medicines contain antimicrobial preservatives so there is nothing that the optometrist can recommend for patients who are intolerant of preservatives.

Finally, it was proposed that for optometrists, who play a central role in the management of dry eye, the mucolytic, acetylcysteine, would be a useful inclusion in the list for additional supply optometrists, particularly to treat patients with abnormal mucin production.

The agreed changes

After the consultation, the agreed changes were embodied in three statutory instruments (SI 2005 766, SI 2005 1507 and SI 2005 1520).

What changes have been passed? From 7 April 2005, provided it is in the course of their professional practice, all registered optometrists may still sell or supply all GSL products and all P medicines to a patient. However, the “in an emergency” clause has been removed.

In addition, provided it is in the course of their professional practice and in an emergency, registered optometrists may sell or supply POMs which are not for parenteral administration and which are:

- Eye drops that contain not more than 0.5 per cent chloramphenicol
- Eye ointments that contain not more than 1 per cent chloramphenicol
- Eye drops that contain cyclopentolate hydrochloride, fusidic acid or tropicamide

The POMs to which this exemption applies may also be sold or supplied by a person lawfully conducting a retail pharmacy business on the presentation of an order signed by a registered optometrist. In addition, a registered optometrist may obtain the following medicinal products by way of wholesale dealing:

- P medicines for administration, sale or supply in the course of his or her business
- POMs for administration containing amethocaine (tetracaine) hydrochloride, lignocaine (lidocaine) hydrochloride, oxybuprocaine hydrochloride or proxymetacaine hydrochloride

Does this legislation apply to all registered optometrists? Yes. These are the preparations that optometrists may use and supply as soon as they are registered with the General Optical Council (GOC).

So atropine and homatropine can no longer be used by optometrists? Although these drugs are used (rarely) by community optometrists for cycloplegic refraction (a method of sight testing usually

used in children), they do have therapeutic indications (eg, alleviation of ciliary spasm). Under the new legislation atropine and homatropine will only be available to additional supply optometrists.

What qualifications do additional supply optometrists need? Only optometrists undergoing additional training and accreditation will have access to the extended range of POMs. Training consists of a post-graduate course covering the theory and practice of prescribing (based on the competencies outlined in the document "Competency framework for prescribing optometrists" published jointly by the GOC and the National Prescribing Centre). Optometrists need to have a minimum of two years' post-registration experience. The programme includes a learning-in-practice component, which requires the optometrist to undertake a five-day placement in a hospital eye department under the supervision of an ophthalmologist.

Only those candidates who have successfully completed the assessment of both theory and practice of prescribing will be accredited to use and supply drugs on the additional supply list. Although the necessary legislation is now in place, it is likely to be early next year before any optometrist has received the necessary GOC accreditation.

How can pharmacists check that an optometrist has qualified as an additional supply optometrist? The GOC will set up specialist lists of therapeutic prescribers. Pharmacists will be able to view an optometrist's GOC registration details by searching the online register either by the optometrist's surname or GOC registration number at: www.optical.org/index_files/non_members/reg_search.asp

Which drugs are available to additional supply optometrists? From 30 June 2005,

Action: practice points

Reading is only one way to undertake CPD and the Society will expect to see various approaches in a pharmacist's CPD portfolio.

1. Discuss this article with another pharmacist.
2. Talk to your local optometrists about how they will be applying the new legislation in their practices.
3. Read the newly revised section about optometrists in the July 2005 "Medicines, ethics and practice".

Evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities.

Answer the following questions:

What have you learnt?

How has it added value to your practice? (Have you applied this learning or had any feedback?)

What will you do now and how will this be achieved?



Details required on a signed order for POMs

- The optometrist's name and address
- The date
- The name and address of the patient (if applicable)
- The purpose for which the POM is to be supplied (eg, "use in professional practice")
- Name, quantity and, except where apparent from the name, the pharmaceutical form and strength of the POM
- Labelling directions (where applicable)
- The signature of the optometrist (which must be original)

The signed order must be written in indelible ink, this includes typewritten and computer generated orders. The College of Optometrists' guidance also advises that the optometrist's GOC number be included to differentiate between optometrists with the same name.

additional supply optometrists may use and supply the POMs listed in Panel 2, p98.

Unfortunately, since the proposals, Polytrim has been discontinued. One of the reasons for optometrists wanting access to this preparation was that it contained thiomersal rather than benzalkonium chloride, the preservative in fusidic acid eye drops. However, this reason was removed when the manufacturers changed the preservative to benzalkonium chloride. Earlier this year, we heard that both the eye drops and eye ointment were to be discontinued.

Another disappointment was that prescription-only levocabastine was also discontinued. The only ophthalmic formulation of levocabastine now available is the P product, which can only be used in children over 12.

Why is epinastine not in the list for the treatment of allergic conjunctivitis? This was not available when the original submission was made.

How does the recent POM-to-P switch for chloramphenicol affect optometrists?

Optometrists can now supply P chloramphenicol direct to patients. This does not have to be an emergency as would be the case with the POM product. Of course, the indications would be limited to those of the P licence — the dosage and length of treatment is defined and the drops must not be used in patients under two years old.

The College of Optometrists has produced guidelines to advise its members in the interpretation of the new legislation. These say that an eye examination is required to make a definitive diagnosis before supplying chloramphenicol.

Generally, the advice is that pharmacists will remain the main source of most ophthalmic P medicines. However, it is, essentially,

**From 30 June 2005
"additional supply optometrists" will be able to use and supply an extended range of POMs**

up to the individual optometrist to choose whether or not to stock particular P products.

Is the new legislation applicable in secondary care? As far as eye services in hospitals are concerned the legislation will apply in the same way. Atropine is used more by optometrists working in hospitals, so optometrists wishing to use this drug must either be additional supply optometrists or use atropine under the auspices of a patient group direction.

Does the new legislation apply throughout the UK? All these changes apply throughout the UK.

Will there be further extensions to optometrists' prescribing activities? Legislation relating to supplementary prescribing by optometrists is set out in SI 2005 1507. As with existing nurse and pharmacist supplementary prescribers, optometrist supplementary prescribers would have to successfully complete an approved course of training and have their name annotated to that effect in the GOC register before they would be eligible to practise as such.

Panel 2: POMs that additional supply optometrists can use and supply

To treat allergic eye disease

Azelastrine hydrochloride
Diclofenac sodium
Emedastine
Ketotifen
Levocabastine
Lodoxamide
Nedocromil sodium
Olopatadine
Sodium cromoglicate

To manage superficial infections

Polymyxin B with bacitracin,
Polymyxin B with trimethoprim

To treat dry eye

Acetylcysteine

To produce cycloplegia

Atropine sulphate,
Homatropine hydrobromide

To reverse mydriasis

Pilocarpine hydrochloride
Thymoxamine hydrochloride*

* Now called moxislyte hydrochloride

Further reading

- Medicines and Healthcare products Regulatory Agency. Prescribing, sale and supply of medicines: notes on medical legislation in optometric practice. Available at: <http://medicines.mhra.gov.uk/inforesources/saleandsupply/optometrists.htm> (accessed 11 July 2005). This web page currently only refers to SI 2005 766 but is soon to be updated to include SI 2005 1507 and 1520 which deal with optometrists becoming supplementary prescribers and the POMs that additional supply optometrists can supply.