

Medication Jurisprudence for the California Optometrist

RoseAnn L. Jankowski, Pharm.D.

Educational Objectives

At the conclusion of this educational activity, the optometrist participant should be able to:

- a.) outline the current scope of optometry practice with regard to medication prescribing in the State of California.
- b.) list and discuss requirements for issuing a legal prescription for medication as a licensed California optometrist.
- c.) demonstrate the ability to make correction professional decisions when facing common and uncommon prescribing challenges.

1. Scope of optometrist prescribing in California: What can optometrists legally prescribe?

- a.) Under B & P Code 3041 and 3041.3, doctors of optometry who are certified to prescribe and use therapeutic pharmaceutical agents may prescribe the following for the treatment of eye disorders:
 - All oral analgesics that are not controlled substances
 - Topical and oral anti-allergy agents (no time restrictions)
 - Topical and prescription oral anti-inflammatory agents for post-surgical pain (no time restrictions)
 - Topical antibiotics
 - Oral antibiotics for the treatment of ocular disease
 - All topical hyperosmotic agents
 - Topical anti-glaucoma agents
 - All oral antihistamine agents
 - Topical and oral antiviral agents for typical ocular viral infections (no time restrictions)
- b.) Additionally, California optometrists who are certified to use and prescribe therapeutic pharmaceutical agents and who are also registered and certified to prescribe controlled substances as permitted by scope of practice by the Drug Enforcement Agency (DEA) may prescribe:
 - Codeine and hydrocodone compounds (restricted to a total of three days of use).

2. Elements constituting a legal prescription in California

- a.) A legal prescription for non-controlled substances in California should contain the following elements:
 - Patient name
 - Patient address (not required to be provided by the prescriber, but must be present on the prescription or on the prescription record prior to processing and dispensing.)
 - Date of prescription issue
 - Name of drug or device prescribed and (as appropriate, strength/form)
 - Quantity of drug or device to be dispensed
 - Directions for use
 - If requested by patient: legible, clear notice of the condition for which the drug or device is being prescribed. (Some insurance plans require this, so patients may ask for it to be included.)
 - Prescriber signature and license classification
 - TPA number
- b.) Designating TPA certification status on prescriptions:

- Optometrist's license must be classified as "TPA." "TPA" should appear directly to the right of the prescriber's license number on the prescription.
- If the designation does not appear, the pharmacist will verify the license at the California Board of Optometry "License or Registration" on-line site.

c.) Minimize prescribing and dispensing error risks by avoiding use of unacceptable abbreviations

- The Institute for Safe Medication Practices (ISMP) publishes and promotes a list of medical and prescription abbreviations that should be avoided because of significant risks of misinterpretation and subsequent errors. The list is available at <http://www.ismp.org/tools/errorproneabbreviations.pdf>

Current recommendations call for avoiding use of the following:

- "qd" for daily. Use "q day," "daily," or "every day" instead
 - "cc" as a measure of volume. Use "mL" or "ml" instead
 - Apothecary numerals. Use Arabic numerals "1," "2," etc. instead
 - Avoid use of "trailing" zeros. Use "1%" instead of "1.0%"
 - Where appropriate, use clearly written "leading" zeros such as "0.5"
 - Avoid use of "OD," "OS" or "OU." Use "right eye," "left eye" or "both eyes" instead
- Electronic prescribing assists in avoiding misinterpretation and medication errors

3. Prescribing controlled substances: DEA number, security prescription forms, CURES, and more

a.) Controlled drug status and California optometrist scope of practice

- California law specifies that optometrists are limited to codeine and hydrocodone and only in "compound" or combination products, i.e. in combination with ASA, APAP, or ibuprofen.
- No C-I, C-II, C-IV, or C-V products may currently be prescribed.
- In California, written prescriptions for controlled substances must now be made on printed security prescription forms. These forms can be customized to some degree, and can only be obtained from printers who have been specially approved by the California Board of Pharmacy. (List of approved printers is available on-line at www.pharmacy.ca.gov)
- Valid printed security forms must include specific features. Summary example is available at www.pharmacy.ca.gov

PRESCRIBER, GROUP PRACTICE, OR CLINIC SECURITY PRESCRIPTION FORM SAMPLE IN SINGLE DRUG FORMAT

VOID APPEARS WHEN COPIED **REVERSE RX** **MICROPRINT SIGNATURE LINE** **CA WATERMARK** 2999999-0001

Group Practice Name Prescriber Name, Category of License, DEA Number, State License Number
 Address Prescriber Name, Category of License, DEA Number, State License Number
 City, State Zip Prescriber Name, Category of License, DEA Number, State License Number
 Telephone Number Prescriber Name, Category of License, DEA Number, State License Number

Name _____ DOB _____ Sex: M F
 Address _____

SAMPLE ONLY – ACTUAL FORM DESIGNS WILL VARY

Quantity:
 1-24
 25-49
 50-74
 75-100
 101-150
 151 - over

Unit: _____
 Refills: 0 - 1 - 2 - 3 - 4 - 5
 Do Not Substitute
 Initials _____

Date _____

Prescription is void if more than one controlled substance is written per blank

THERMOCHROMIC INK SYMBOL **QUANTITY CHECK BOXES** **CHEMICAL VOID PROTECTION**

Thermo-chromic ink feature changes color or disappears temporarily with hot breath or when rubbed briskly. It slowly returns to normal as it cools.

Micropoint Signature Line – seen only with a magnifier and becomes a solid line when copied, faxed or scanned.

Description of security features in warning bands on face or listed on back of prescription.

Batch/Lot Numbers – Unique batch and sequential lot numbers assigned by approved security printers. Not tracked by the State.

Opaque Writing fades or disappears when photocopied repeatedly

Six quantity check boxes allow quick confirmation that the quantity prescribed has not been altered.

Refills – CII drugs cannot be refilled, only CIII – V can be refilled.

Do Not Substitute – prescriber must check box and initial

Statement that identifies form as a single drug prescription form

Alternatively, prescribers may order a form designed to write multiple prescriptions on one form. See the next form sample using a multiple drug prescription format. 12/04

- C-III prescriptions issued by optometrists (with TPA and DEA certifications) can be transmitted electronically, subject to verification by the pharmacist.
 - Optometrists can apply for DEA numbers/registration after obtaining TPA certification. Must also maintain valid license. More information and application is available on the Department of Justice website at http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm
 - Officers charged with the responsibility to investigate consumer complaints and to conduct investigations into illegal, fraudulent, or problematic prescribing/prescribing practices include inspectors from the California Board of Optometry, the California Board of Pharmacy, officers from the Department of Justice, and/or the Drug Enforcement Agency.
- b.) All prescriptions for C-II, C-III, and C-IV products issued by California prescribers must be reported to the California Department of Justice's Controlled Substance Utilization Review and Evaluation System (CURES):
- Pharmacies report CURES prescriptions/prescription data to the Department of Justice and the data collection agency (Atlantic Associates) on a weekly basis.
 - CURES database contains over 100 million entries of controlled substances drugs/prescriptions that have been dispensed in California.
 - CURES data allows pre-registered users (licensed prescribers, law enforcement agencies, regulatory boards) to access real-time patient controlled substance history information. The automated prescription drug monitoring program (PDMP) is intended to help identify and deter drug abuse and diversion. CURES can also be used by enforcement agencies to monitor prescriber patterns.
 - Prescribers who are interested in the ability to access the PDMP system must first register with the PDMP system by logging on to the Department of Justice website at <https://pmp.doj.ca.gov/pmpreg/>. Detailed information and instructions completing the registration are provided. Registration takes 1-2 weeks, and proof of state licensure and DEA number is required.

4. Scenarios for consideration: Legal or Not Legal?

- a.) Prescription missing quantity
- b.) Prescription with checkmark only made in the refill box
- c.) Prescription using "qd" in the Sig and a trailing zero in the strength
- d.) Prescription for a C-III product written on a non-security form
- e.) Prescription for a C-III product written on a security form with an incorrect quantity under scope of practice three day limitation
- f.) Prescription for topical antibiotic drops issued with two patient names on the same form
- g.) O.D. without DEA number places a telephone order for a three-day supply of a C-III medication
- h.) A pharmacy technician working for the patient's pharmacy benefit manager contacts the optometrist for records and clinical information to be used for considering a medication prior authorization request.
- i.) A patient last seen in the office 7 months ago calls to request that the optometrist phone in a prescription for a two-day supply of Vicodin®.

- j.) An O.D. writes prescriptions for a C-III medication and an antibiotic eye drop on a security prescription form.
- k.) An O.D. omits the patient's date of birth on the prescription form
- l.) An O.D. omits the patient's address on the prescription form