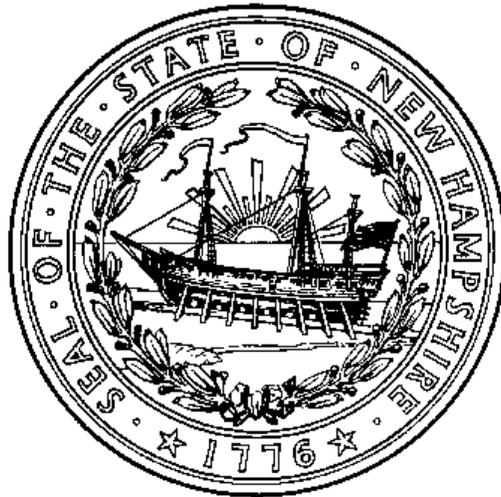


DIVISION OF PUBLIC HEALTH SERVICES  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
NEW HAMPSHIRE BOARD OF REGISTRATION  
IN OPTOMETRY



GENERAL FORMULARY OF APPROVED  
THERAPEUTIC PHARMACEUTICAL AGENTS  
FOR TPA CERTIFIED OPTOMETRISTS

***Approved as of July 2011***

# General Formulary Of Approved Therapeutic Pharmaceutical Agents For TPA Certified Optometrists

The following edition of the **TPA Certified Optometrist Formulary** was approved by the **Joint Pharmaceutical Formulary and Credentialing Committee** and the **Board of Registration in Optometry**. **REVISION DATE JANUARY 13, 2010**

Please note that **only a TPA or TPA/g certified optometrist** is authorized to write prescriptions and/or to dispense samples. A current list of TPA certified optometrists is available from the **Board of Registration in Optometry (271-1203)**.

All **certified** optometrists are authorized to write, and pharmacists are authorized to fill, prescriptions for drugs listed in the Formulary below, provided however, that such drugs are for the **exclusive diagnosis or treatment of disease or conditions of the human eye, adnexa or eyelids**.

No optometrist is authorized to possess, administer, prescribe or dispense controlled substances in Schedules I or II. Certified optometrists who wish to write prescriptions for controlled substances in Schedules III, IV or V must first obtain a DEA permit.

A **certified** optometrist may **dispense** a formulary-listed pharmaceutical agent to a patient **if no charge** is imposed for the drug(s), i.e. samples, and the amount dispensed **does not exceed a 24 hour supply, except** that if the **minimum available quantity** for dispensing is greater than a 24-hour supply, the optometrist may dispense the minimum available quantity.

Specific pharmaceutical agents approved for use by certified optometrists are authorized by either the New Hampshire Board of Registration in Optometry, the Joint Pharmaceutical Formulary and Credentialing Committee, or statute (RSA 327:1).

## Topical Pharmaceutical Agents Approved By The New Hampshire Board of Registration in Optometry

**All topical ophthalmic agents are approved when used in accordance with the Optometric Practice Act, Chapter 327 and to the individual optometrist's level of certification. Currently no topical ophthalmic pharmaceutical agents are excluded.**

Pursuant to RSA 327:6-a,VI the New Hampshire Board of Registration in Optometry approves all topical pharmaceutical agents that are within the scope of optometric practice and pursuant to RSA 327:1,IV and to the extent allowed in RSA 327:6-a. The Board reserves the right to exclude any topical pharmaceutical agents.

Oral Pharmaceutical Agents Approved By the Joint  
Pharmaceutical Formulary and Credentialing Committee

<b>Anti-Infective by Category</b>	<b>Oral Use</b>
Beta-lactams	Yes
Aminopenicillins	Yes
Anti-Staphylococcal Penicillins	Yes
Beta Lactamase Inhibitor Combinations	Yes
Except: Piperacillin/Tazobactam	NO
Ampicillin/Sulbactam	NO
Cephalosporins	Yes
Except: Cefazolin	NO
Cefotetan	NO
Cefoxitin	NO
Ceftazidime	NO
Ceftriaxone	NO
Cefotaxime	NO
Ceftizoxime	NO
Cefepime	NO
Macrolides	Yes
Fluoroquinolones	Yes
Aminoglycosides	Yes
Except: Gentamycin	NO
Tobramycin	NO
Amikacin	NO
Tetracyclines	Yes
Sulfonamides	Yes

<b>Antiviral Agents</b>	<b>Oral Use</b>
Entire Category Approved	Yes

<b>Anti-Allergy Agents</b>	<b>Oral Use</b>
Entire Category Approved	Yes

<b>Analgesics</b>	<b>Oral Use</b>
Acetaminophen with Codeine -Not to exceed 30mg Codeine/300mg Acetaminophen	Yes
Hydrocodone containing products, not to exceed class III limits	Yes

<b>Non Steroidal Anti-Inflammatory Agents</b>	<b>Oral Use</b>
Entire Category Approved	Yes

<b>Corticosteroids</b>	<b>Oral Use</b>
Entire Category Approved	Yes

**Oral Corticosteroids may be prescribed by TPA certified doctors of optometry provided that the course of treatment shall be no longer than fourteen (14) days including the taper. In addition, if there is no improvement in ten (10) days the patient shall be referred to an ophthalmologist.**

<b>Miotics (alone or in combination)</b>	<b>Oral Use</b>
Demecarium Bromide	No
Echothiophate Iodide	No
Isoflurophate	No

**(These agents for use in accommodative esotropia only, the diagnosis to be indicated on any prescription written.)**

## Agents Approved By Statute

Agents	Topical	Oral	Injection
All mydriatic & cycloplegic agents which are topically applied	Yes	No	No
Anti-allergy medications, including but not limited to: antihistamines, decongestants & mast-cell stabilizers which are topically applied	Yes	Yes	No
All anesthetics, dyes, ocular lubricants & hypertonic agents which are topically applied	Yes	No	No
All non-legend, over-the-counter agents	Yes	Yes	No
All oral analgesics which are used for the treatment of eye diseases & which are not Controlled Substances	No	Yes	No
Diphenhydramine (Benadryl), epinephrine (e.g. EpiPen <sup>®</sup> ) or equivalent medications administered or prescribed to counter anaphylaxis or anaphylactic reactions	Yes	Yes	Yes
All topical agents used for diagnostic purposes	Yes	No	No
Board-approved, FDA-designated medical devices. Currently the Board has approved contact lenses as well as temporary & removable punctal plugs	N/A	N/A	N/A
Anti-glaucoma agents which are topically applied if the TPA certified optometrist has met the requirements of RSA 327:6-c	Yes	No	No
Topical and oral anti-glaucoma agents for the emergency treatment of acute angle closure glaucoma, with immediate referral to an ophthalmologist	Yes	Yes	No