

Help Protect Patients and Reduce Topical Drug Waste



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Background

Current U.S. practice during ophthalmic surgery often leads to significant waste of topical drugs and ointments, such as eyedrops and injectables. Although many surgical eyedrops and ointments are labeled as “multidose,” it has become common practice in many surgical settings to discard after use on a single patient. This practice increases costs for patients, practices and payers. It has also been recognized as a contributing factor in drug shortages impacting ophthalmology, as well as detrimental to the environment due to landfill accumulation and carbon emissions.



Academy Position

Safe and responsible use of perioperative topical medications needs to prioritize patient safety alongside fiscal and environmental responsibility. With appropriate guidelines and safety practices, ophthalmic surgeons can significantly reduce drug waste. Using these drugs more efficiently makes ophthalmic surgery better for patients, ophthalmic practices, payers and our planet.

The multi-society position paper *“Reducing Topical Drug Waste in Ophthalmic Surgery”* recommends:

- Topical drugs in multidose containers can be used on multiple patients in surgical facilities if proper guidelines are followed.
- Topical drugs in multidose containers can be used until the manufacturer’s labeled date of expiration if proper guidelines are followed,
- When applicable, patients should be able to bring partially used medication home for post-operative use.

What We're Doing

The Academy is part of a multi-society effort to clarify existing guidance on use of multidose drugs with key federal agencies that have oversight. This engagement has informed the consensus recommendations outlined in the multi-society position paper written in collaboration with the **American Society of Cataract and Refractive Surgery, the American Glaucoma Society and the Outpatient Ophthalmic Surgery Society**. Together, we're advancing an initiative to educate ophthalmic practices on how to use these drugs more responsibly and efficiently.

What You Can Do

You can help protect patients and reduce waste by working with your state medical association and state ophthalmology society to enact model legislation in your state.

In November 2021, the **American Medical Association (AMA)** enacted new medical waste policy in its House of Delegates. The policy calls on the AMA to work with national specialty societies, state medical societies and

other stakeholders to advocate for legislative and regulatory language that would allow for the practice of offering patients any partially used, stock-item medication upon discharge when required for continuing treatment. **Co-sponsored by the Academy**, the new policy was widely recognized by the AMA House of Delegates as a commonsense step to lower the cost of care, reduce medical waste and improve patient outcomes.

State Actions to Date

In July 2021, a **new Illinois law was enacted (Senate Bill 579)** that seeks to limit waste and patient out-of-pocket costs. This law provides that any unused topical antibiotic, anti-inflammatory, dilation or glaucoma drop or ointment must be offered to the patient upon discharge if the medication is administered at a hospital, emergency room or ambulatory surgical center when required for continuing treatment. The Academy has developed model legislation based on this bill that other states can consider.

Model Legislation:

The Topical Medical Waste Reduction Act

An Act concerning health.

Be it enacted by the *(Name of Legislative Body)* in the state of _____:

Section 1. This Section shall be known as The Topical Medical Waste Reduction Act of *(Year)*:

(a) The *(Name of Legislative Body)* finds that this Act is necessary for the immediate preservation of the public peace, health, and safety.

(b) In this Act, "facility-provided medication" means any topical antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment that a hospital operating room (OR), or Emergency Room (ER), or Ambulatory Surgical Treatment Center (ASTC) staff has on stand-by or is retrieved from a dispensing system for a specified patient for use during a procedure or visit.

(c) When a facility-provided medication is ordered at least 24 hours in advance for surgical procedures and is administered to a patient at the facility, any unused portion of the facility-provided medication must be offered to the patient upon discharge when it is required for continuing treatment.

(d) A facility-provided medication shall be labeled consistent with labeling requirements under the *(State Pharmacy Practice Act)*.

(e) If the facility-provided medication is used in an operating room or emergency department setting, the prescriber is responsible for counseling the patient on its proper use and administration and the requirement of pharmacist counseling is waived.

Section 2. Effective date. This Act takes effect on (DATE)