

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 01.2019-14
(A-19)**

Introduced by: David J. Palmer, M.D. and A. Jay Chauhan, D.O., ISMS Members

Subject: Topical Operating Room or Emergency Room Medications for Post-discharge Patient Use

Referred to: Council on Medical Services

1 Whereas, a topical stock-item medication is an unlabeled ointment or drop that
2 the hospital operating room (OR), or Emergency Room (ER), or Ambulatory Surgical
3 Treatment Center (ASTC) staff has on stand-by or is retrieved from a dispensing system
4 for a specified patient for use during a procedure or visit; and

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6 Whereas, topical stock-item agents used in the OR or ER may also be applied
7 post-discharge to aid in the patient’s healing and are charged to the patient; and

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9 Whereas, current policies by the Illinois Pharmacy Practice Act (IPPA) (1) and
10 the American Society of Health-System Pharmacists (ASHP) (2) provide regulations for
11 dispensing stock-item OR or ER medications post-discharge covering labeling, record-
12 keeping, and patient counseling requirements; and

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14 Whereas, the IPPA Onsite Institutional Pharmacy Services Section applies to
15 Hospital and ASTC operating room medication dispensing, and the Community
16 Pharmacy Services Section applies to ER medication dispensing; and

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18 Whereas, the Department of Financial and Professional Regulation enforces the
19 Pharmacy Practice Act and the Illinois Department of Public Health and their operations
20 regulates Hospitals, ASTC’s, and their pharmacy services; and

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22 Whereas the capability and capacity to appropriately label, keep required records,
23 and counsel patients varies among institutions and could be an impediment to patients
24 receiving medications used in the OR or ER for post-discharge use; and

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26 Whereas, the patients may need to purchase duplicate agents for post-discharge
27 use increasing patient cost and creating medication wastage; and

1 Whereas, added costs, including transportation and other social supports, and
2 limited health insurance may be barriers to medication purchase and patient adherence
3 (3) possibly increasing infection risk; and
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5 Whereas, up to 3.8 million cataract surgeries, for example, are performed by
6 ophthalmologists in the United States per year (4) during which unlabeled topical
7 ointment, such as Maxitrol generic (Polymixin-Neomycin-Decadron) at \$25.00 per tube
8 and topical antibiotic drops are often applied during surgery averaging \$56.00 per bottle
9 (Zymaxid, Gatifloxacin, Ofloxacin, or Moxifloxacin) (5) which are discarded and
10 wasted; and
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12 Whereas, studies examining waste and lifecycle assessment of cataract surgery
13 have concluded that there are several strategies for reducing medical waste and related
14 carbon footprints, including providing eye medication used in the operating room to the
15 patients on discharge (6-8); and
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17 Whereas, the AHSP Guidelines on Surgery and Anesthesiology Pharmaceutical
18 Services list medication Waste reduction and Drug cost reduction in drug use
19 management as goals in performance improvement (2); and
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21 Whereas, on February 19, 2019, the Chicago Medical Society approved a
22 directive calling for amendments to the Illinois Pharmacy Practice Act so that topical
23 antibiotic, anti-inflammatory, dilation, and glaucoma drops and/or ointments used in the
24 hospital, ambulatory surgical treatment center (ASTC) operating room (OR) or hospital
25 emergency room (ER) from stored stock supplies on standby, retrieved from a
26 dispensing system, or brought in from an outside pharmacy, may be provided on
27 discharge to a specific patient; the CMS directive calls for working with the IDPH and
28 IDFPR to ensure that hospitals, ambulatory surgical treatment centers (ASTC), and
29 emergency rooms are in compliance with the IPPA to properly counsel, label, and
30 dispense applied, unlabeled operating and emergency room-derived topical medications
31 to patients on discharge; CMS' directive calls for working with the American Society
32 of Health-System Pharmacists (ASHP) to incorporate the amendments made in the IPPA
33 regarding topical OR or ER medications for postoperative patient use into their policies
34 in Illinois as well as in other states whose Pharmacy Practice Acts include similar
35 amendments; the directive calls for CMS to promote measures to reduce medicine waste,
36 reinforce facility adherence to IPPA regulations, and educate the public and health care
37 providers about the benefits and cost-savings to patients; therefore, be it

1 RESOLVED, that the Illinois State Medical Society (ISMS) work with the
2 Chicago Medical Society (CMS) to pursue legislation amending the Illinois Pharmacy
3 Practice Act (IPPA) to state that topical antibiotic, anti-inflammatory, dilation, and
4 glaucoma drops and/or ointments used in the Hospital, Ambulatory Surgical Treatment
5 Center (ASTC) operating room (OR) or hospital emergency room (ER) from stored
6 stock supplies on standby, retrieved from a dispensing system, or brought in from an
7 outside pharmacy, may be provided on discharge to a specific patient *(Footnote); and
8 be it further

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10 RESOLVED, that ISMS work with the Illinois Department of Public Health
11 (IDPH) and the Illinois Department of Financial and Professional Regulation (IDFPR)
12 to ensure that Hospitals, Ambulatory Surgical Treatment Centers (ASTC), and
13 Emergency Rooms are in compliance with the IPPA to properly counsel, label, and
14 dispense applied, unlabeled operating and emergency room-derived topical medications
15 to patients on discharge **(Footnote); and be it further

16
17 RESOLVED, that ISMS work with the American Society of Health-System
18 Pharmacists (ASHP) to incorporate the amendments made in the IPPA regarding topical
19 OR or ER medications for postoperative patient use into their policies in Illinois as well
20 as in other states whose Pharmacy Practice Acts include similar amendments; and be it
21 further

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23 RESOLVED, that ISMS continue to promote measures to reduce medicine waste,
24 reinforce facility adherence to IPPA regulations and educate the public and health care
25 providers about the benefits and cost-savings to patients.

*Footnote

ISMS work with the Illinois Department of Public Health (IDPH) and the Illinois Department of Financial and Professional Regulation (IDFPR) to clarify the Illinois Pharmacy Practice Act (1) by reviewing and possibly amending Section 1330.530, Onsite Institutional Pharmacy Services, and Section 1330.500, Community Pharmacy Services, regarding mandated labeling and dispensing requirements, and counseling by either pharmacists or physicians under the Medical Practice Act.

Proposed language and methodologies include:

The Onsite Institutional Pharmacy Service (in-hospital or on-site satellite pharmacy) or the Community Pharmacy Service, where relevant, will be authorized to dispense the properly-labeled medication to the patient on discharge by means of the OR or ER pharmacists, unit nurses, or physician provided that the container or tube applicator did not make any contact with the patient or non-sterile surfaces during application verified

by the physician. The pharmacist, pharmacy technician or physician, under the Medical Practice Act, will appropriately counsel the patient regarding the medication(s) (9). The label on the medication will contain the following information:

1. The brand or generic name and dosage form of the drug
2. Name and address of dispenser (pharmacy, institution)
3. Serial number of prescription
4. The date filled
5. Name of Prescriber, initials, or other unique identifier of the pharmacist and pharmacy technician if one is used)
6. Name of Patient
7. The quantity dispensed
8. Directions for use, including precautions, if any, indicated on the prescription; and
9. Beyond use date, or up to 1 year after dispensing.

The label may be created by the following methods and applied to the medication prior to patient discharge:

1. A discharge ordering system is in place at the surgical facility or ER: The suitably stored, topically applied, and charged medication(s) in the OR from the Onsite Institutional Pharmacy Service or in the ER from the Community Pharmacy Service is reordered “no charge” by the physician to adhere to record-keeping regulations, avoid a duplicate cost, and sent to the respective pharmacy to prepare a proper label to be attached to the medication(s); and/or
2. A signed order was sent preoperatively from the physician directly to the onsite institutional pharmacy from which the suitably stored, stock-item medications are selected and properly labeled for postop use; and/or
3. Operating room on-site institutional pharmacies develop “Patient Own Med” policies that allow outpatients to bring in topical medications dispensed and properly labeled by an outside pharmacy to be used pre-operatively and/or intra-operatively, examined and approved by the institutional pharmacist, and provided back to the patient for post-discharge use.

In all cases, the physician’s discharge instructions shall document the use of the medication(s) and contact information for any adverse effects, and the hospital pharmacy will maintain a record in accordance with the Illinois Pharmacy Practice Act (IPPA) (1)”;

** (Footnote)

Onsite Institutional and Community Pharmacy Services, not in compliance with the IPPA regulations, may elect to test labeling capability and processing capacity using the ophthalmology specialty as a pilot for no more than 6 months before accepting other intraoperative or emergency room discharge medication orders from other specialties for proper labeling and dispensing to patients on discharge.

References:

1. Joint Commission on Administrative Rules (Illinois): Administrative Code, Chapter VII: Department of Professional and Financial Regulation, Subchapter b: Professions and Occupations, Part 1330: Pharmacy Practice Act, Section 1330.500, Community Pharmacy Services, and Section 1330.530, Onsite Institutional Pharmacy Services. (accessed 1/6/19)
2. ASHP Guidelines on Surgery and Anesthesiology Pharmaceutical Services, Medication Therapy and Patient Care: Specific Practice Areas—Guidelines, pp 482-484. www.ashp.org. (accessed 1/6/19)
3. Tsai, J, A Comprehensive Perspective on Patient Adherence to Topical Glaucoma Therapy. *Ophthalmology*. 2009;116 (11 suppl):S 30-36.
4. iData Research, “Over 3.8 million Cataract Surgeries Performed Every Year”, pp 1-4, <https://idataresearch.com/over-3-8-million-cataract-surgeries-performed-per-year>, 4/6/18 (accessed 1/6/19)
5. WellRx Average price for Maxitrol ointment in the Chicago area (60602 Zip Code), www.wellrx.com. (accessed 1/6/19)
6. Morris, DS, Wright, T, Somner, JEA, and Connor, A, The Carbon Footprint of Cataract Surgery. *Eye*. 2013; 27(4): 495-501.
7. Thiel, CL, Schehlein, E, Thulasiraj, R, et al, Cataract Surgery and Environmental Sustainability: Waste and Lifecycle Assessment of Phacoemulsification at a Private Healthcare Facility. *J Cataract and Refractive Surgery*. 2017; 43(11): 1391-1398.
8. Kent, C, Making the Case for Greener Cataract Surgery. *Review of Ophthalmology, Technology Update*, Jobson Medical Information, New York, NY; December, 2018: 15-21.
9. Illinois Pharmacy Practice Act, 225 ILCS, 85/3, Section 3. “Definitions”, r. “Patient Counseling”

Fiscal Note:

N/A

Existing ISMS policy related to this issue:

Only physicians licensed to practice medicine in all its branches are qualified to prescribe or administer eye medication for therapeutic purposes and services. ISMS vigorously opposes any legislative attempt in Illinois to allow non-physicians to prescribe or use medications other than approved topical agents used for diagnosis. (HOD 1987 Amended; Last BOT Review 2010)