

1
2
3 Title: Unnecessary Charges for Ophthalmic Medications
4
5 Introduced by: David Whalen, MD, for the Kent County Delegation
6
7 Original Authors: Patrick J. Droste, MD, and Lauren Fletcher-Morehouse, DO
8
9 Referred To: Reference Committee A
10
11 House Action: **APPROVED AS AMENDED**

13
14 Whereas, studies have shown that ophthalmic diagnostic medication can be used from
15 patient to patient without evidence of secondary infection, and
16

17 Whereas, there is a current shortage of ophthalmic diagnostic and therapeutic medications
18 to diagnose and treat ophthalmic conditions and disease, and
19

20 Whereas, currently, many hospital systems and their pharmacies are requiring unit doses for
21 inpatient and operating room dispensing BUT they do not require unit dosage for patient
22 evaluation in the outpatient setting, clinics, and
23

24 Whereas, hospital systems charge maximally for unit dose ophthalmic medications and
25 charge up to \$275,000 per year for these medications and make a significant profit from unit dose
26 /patient dispensing, and
27

28 Whereas, plastic bottles, used for unit dose medication, possess a larger than necessary
29 volume than is needed for the patient which contributes to excess cost, waste of medication and
30 shortage of product, and
31

32 Whereas, ophthalmic medication, used in an inpatient or operating room setting, cannot be
33 given to the patient to take home, even though they have been charged for the medication, and
34

35 Whereas, these practices by Health Institution Pharmacies (HIP) have been in place for many
36 years without review; therefore it be
37

38 RESOLVED: That MSMS encourage Health Institution Pharmacies (HIP) to review their
39 current practices and modify their inpatient recommendations for eye medication dispensed in
40 multi-use containers to be consistent with HIP outpatient practices for ophthalmic medication; and
41 be it further
42

43 RESOLVED: That MSMS support that a patient who receives therapeutic ophthalmic
44 medicine, to be used after discharge or operation, be able to take this medication, along with
45 prescriptive instructions, with them when leaving the hospital.
46

47
48 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000 - \$2,000

Relevant MSMS Policy:

Remove Inpatient Pharmacy Requirements of Labeling/Dispensing Sparsely Used Meds to Patients at Discharge

MSMS supports working with the Michigan Pharmacists Association and Michigan Health and Hospital Association to investigate which labeling and dispensing requirements need to be revised to make it possible for patients to safely take home their partially used medications at time of discharge.

Relevant AMA Policy: None