Written Statement for the Record
Energy and Commerce Subcommittee on Health
"Examining Implementation of the Compounding Quality Act"

American Society of Cataract and Refractive Surgery
4000 Legato Road, Suite 700
Fairfax, Virginia 22033-4055

Tuesday, January 30, 2018

Chairman Burgess, Ranking Member Green, and members of the Subcommittee, the American Society of Cataract and Refractive Surgery (ASCRS) would like to thank the Energy and Commerce Subcommittee on Health for the opportunity to provide written testimony for the January 30, 2018, hearing titled "Examining Implementation of the Compounding Quality Act." ASCRS is a medical specialty society representing nearly 9,000 ophthalmologists in the United States and abroad who share a particular interest in cataract and refractive surgical care. ASCRS members annually perform the vast majority of cataract procedures in the United States.

We are very concerned that the Food & Drug Administration (FDA) is implementing Title I of the Drug Quality and Security Act (DQSA), the Compounding Quality Act, in a way that severely impacts patient access to compounded medications and creates an unnecessary burden on physician practices to secure compounded drugs. The practice of ophthalmology relies heavily on compounded drugs, and it is vital that physicians have an immediate supply of compounded drugs available in their offices to treat patients who present with emergent conditions. However, through the use of guidance documents—mostly in draft form, the FDA is restricting physicians' access to medications, which ultimately denies patients timely and effective treatment options.

The FDA's implementation of the DQSA and use of draft guidance documents has created an environment of uncertainty for stakeholders. While draft guidance documents are not legally binding, many stakeholders feel pressured to comply because it represents the agency's current thinking for policy enforcement. As a result, many compounding facilities are abiding by the polices set forth in draft guidance documents, especially compounding regulations. This has significantly impacted physician and patient access to compounded drugs.

When the DSQA was enacted, its sponsors indicated that it was not their intention to restrict the use of compounded drugs for office-use. However, since the implementation of the DQSA, physicians may only access compounded drugs from a 503A traditional compounder for office-use if they have a patient-specific prescription. For patients who present with an emergent condition and require immediate treatment, this is not an effective pathway to quickly secure compounded medications. As an alternative, physicians may procure compounded drugs from a 503B outsourcing facility without a patient-specific prescription; however, many 503B

outsourcing facilities are not producing drugs in the required quantities needed for ophthalmic care. Therefore, physicians' practices are experiencing difficulties in securing necessary drugs for patient treatment.

ASCRS remains committed to ensure patients and physicians have timely access to safe and effective compounded medications, and therefore, we strongly support and urge Congress to pass H.R. 2871, the Preserving Patient Access to Compounded Medications Act, bipartisan legislation sponsored by Reps. Morgan Griffith (R-VA) and Henry Cuellar (D-TX). This bill will amend the Federal Food, Drug, and Cosmetic Act and allow physicians to obtain compounded drugs from 503A traditional compounding pharmacies without a patient-specific prescription to treat patients that present emergent conditions.

Our chief recommendations to the Subcommittee include:

- **Limit the use of guidance documents, often still in draft form, because of the uncertainty of whether the described policies will be enforced; and**

- **Enact H.R. 2871, the Preserving Patient Access to Compounded Medications Act, bipartisan legislation sponsored by Reps. Morgan Griffith (R-VA) and Henry Cuellar (D-TX), to secure compounded medications for office-use compounding and safeguard patient access to treatment by allowing compounding in small quantities for office-use without a patient-specific prescription.**

Additionally, the FDA's 2015 draft guidance related to repackaged biologics would have made it very difficult for ophthalmic practices to access repackaged biologics. In this guidance, the FDA recommended a Beyond-Use Date (BUD) that would have severely impacted the ability of patients and physicians to access and use Avastin, a commonly used sight-saving drug in ophthalmology. ASCRS and the ophthalmic community advocated heavily against this proposal. Fortunately, the FDA took our concerns into account and amended the draft guidance to allow for extended BUD if in accordance with additional sterility testing.

Limit Use of Guidance Documents

As indicated above, ASCRS is concerned that FDA's routine use of guidance documents, often remaining in draft form for several years, creates significant confusion among physicians, pharmacies, and other stakeholders and an environment in which they feel forced to comply even though the documents are not finalized. The FDA's implementation of the DQSA showcases a larger pattern of regulatory overreach by the FDA that has involved the use of guidance documents, often still in draft form, that are not finalized. These guidance documents, while neither nonbinding or technically enforceable, create an environment of ambiguity, as new requirements are often cited in these documents without the benefit of notice or comment from the public. As a result, physicians and other stakeholders feel forced to comply due to the weight the agency and courts give these guidance documents.

Furthermore, these guidance documents create significant financial and administrative burdens on physicians and other stakeholders. The Administrative Procedure Act's (APA) rulemaking

process does not apply to "interpretative rules, general statements of policy, or rules of agency organization, procedure, or practice." Therefore, guidance documents do not consider estimates of costs, economic burdens, and administrative burdens before expecting stakeholders to comply. We believe that policy decisions by the FDA should be conducted through the formal APA rulemaking process, should be consistent with the intent of Congress when the law was passed, and should not create additional burdens. **We urge the Committee to review FDA's use of guidance documents to ensure the agency is following congressional intent related to the DSQA, and incorporating appropriate public input from all stakeholders.**

Patient-Specific Prescription Requirement for Office-Use Compounding

ASCRS is concerned with the final guidance on "Prescription Requirement Under Section 503A of the Federal Food, Drug, and Cosmetic Act," as it will create further access issues to compounded drugs for office-use by requiring a patient-specific prescription for any drug compounded by a 503A traditional compounder. Before the enactment of the DQSA, it was very common for ophthalmic practices to routinely stock small quantities of compounded drugs to treat patients who present with emergent conditions in the office setting. However, this guidance prohibits physicians from keeping small quantities of compounded drugs for office-use, even to treat patients with emergent conditions that may cause blindness. **Physicians may access compounded drugs from 503B outsourcing facilities, but many of these facilities do not produce the drugs in the limited quantities or in ophthalmic solutions required by ophthalmologists.**

Timely Access to Compounded Drugs Needed for Emergent Cases

To reiterate, it is vital for patient care that ophthalmologists have immediate access to small quantities of compounded drugs for office-use to provide treatment to patients presenting emergent conditions. If an ophthalmologist does not have access to needed compounded drugs, this could have lasting negative consequences on a patient, such as extreme ocular damage or even complete blindness. For instance, if a patient presents a bacterial endophthalmitis—an infection where bacteria has reached the inside of the eye—and is not treated within 24 hours with the injection of compounded antibiotics, he or she will almost certainly experience the loss of an eye.

We appreciate that the FDA acknowledged the medical necessity of patients' access to compounded drugs in their physician's office in the final guidance, "Prescription Requirement Under Section 503A of the Federal Food, Drug, and Cosmetic Act," while even highlighting an example from our specialty:

> "If a patient presents at an ophthalmologist's office with a fungal eye infection, timely administration of a compounded antifungal medication may be critical to preventing vision loss. In such a case, the ophthalmologist may need to inject the patient with a compounded drug product immediately, rather than writing a prescription and waiting for the drug product to be compounded and shipped to the prescriber."

However, in the footnote of this example, the FDA states, "such compounding would be subject to all of the conditions of section 503A or 503B . . . ." This is particularly alarming, as the

agency has recognized the importance of the availability of compounded medications for office-use, yet releases final guidance on prescription requirement under section 503A that does not ensure patients' timely access to medications. For example, the FDA acknowledged in this final guidance that "writing a prescription and waiting for the drug product to be compounded and shipped to the prescriber," also known as a patient-specific prescription, is not effective for patients experiencing a critical ophthalmic condition. Physicians have the alternative to obtain compounded medications from a 503B outsourcing facility. However, physicians experience many barriers in accessing necessary compounded medications to treat patients from a 503B outsourcing facility. In addition, many outsourcing facilities do not produce compounded drugs in the quantity needed by ophthalmology practices or in ophthalmic solutions, such as eye drops. This is not only an avoidable delay, but an additional burden on the practice to secure drugs to treat patients with emergent conditions.

Barriers to Access from 503B Outsourcing Facilities

This lack of access to compounded drugs from 503B outsourcing facilities, since the enactment of the DQSA, is evident in the dozens of reports from our members describing access issues to certain drugs for office-use from outsourcing facilities. It is clear from the final guidance and the proposed 503B pathway, that the agency has ignored comments from outsourcing facilities, specifically smaller facilities expressing their inability or lack of willingness to compound in the small quantities needed by many ophthalmologists to have on hand for emergent cases. Since drugs for emergent conditions are not used in ophthalmic practices on a regular basis, physicians generally order smaller quantities, which make it less cost-effective for the outsourcing facilities to produce. As a result, many outsourcing facilities do not produce in the requested quantities as indicated in recent FDA reports, thus limiting physician and patient access to these drugs.

503B Outsourcing Facilities Compounding Production Report

Not only are ophthalmologists reporting a lack of access to drugs from 503B facilities, FDA's own reports demonstrate it. Last year, the FDA finalized guidance, "Electronic Drug Product Reporting for Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act Solution," which requires 503B outsourcing facilities to submit reporting data on drug production. While ASCRS appreciates the FDA's steps toward transparency in drug availability, we remain very concerned that the most recent report finds that a number of ophthalmic drugs are missing from the list of available drugs or are not being produced in the small quantities needed by an ophthalmologist.[*] Additionally, the report indicates that some ophthalmic compounded drugs are being produced by only one facility. The dependence on one facility to produce compounded drugs needed in ophthalmology is particularly alarming, as it leaves the patient and physician community without access to the drug if there is any disruption in production.

To demonstrate the limited supply of compounded drugs from 503B facilities, please see Appendix A of this written statement, which includes a list of more than 100 ophthalmic drugs produced by a 503A traditional compounder before the enactment of the DSQA. Today, that same pharmacy has been converted to a 503B outsourcing facility and now produces just a handful of ophthalmic drugs.

[*] Upon request, ASCRS will provide a list of ophthalmic compounded drugs not being produced by 503B outsourcing facilitates.

Therefore, we strongly urge Congress to ensure that the FDA prioritize the needs of patients with emergent conditions by preserving physician access to compounded drugs for office-use from 503A compounding pharmacies. It is not effective for patients experiencing a critical ophthalmic condition to have to wait for a physician to write a prescription and for the drug product to be compounded and shipped to the prescriber to be treated. We urge Congress to prioritize the needs of patients and enact the Preserving Patient Access to Compounded Medications Act that would allow physicians' access to compounded drugs without patient-specific prescriptions for office-use from 503A traditional compounding pharmacies.

Repackaged Biologics:

ASCRS supports the provisions made in the final guidance, "Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application," which would allow 503B outsourcing facilities to extend the BUD of repackaged biologics, such as Avastin, if additional sterility testing is undertaken. ASCRS applauds the FDA's recognition of the importance of repackaged products to ophthalmology, and thanks the agency for creating provisions within this draft guidance that allow for the extension of BUDs for repackaged biologics beyond 24 hours with additional testing. The previously released draft guidance, in February 2015, proposed strict BUDs that would have severely impacted the ability of patients and physicians to access and use repackaged pharmaceuticals from outsourcing facilities and treat patients before drugs' expired BUDs. This was especially true for biological products repackaged for office use, such as Avastin. Avastin is a commonly used sight-saving drug that ophthalmologists use to treat age-related macular degeneration. The time involved in sterility testing of Avastin is 14 days, as it must be plated and left to incubate in an incubator. In addition, it takes the outsourcing facility two days to package, label, and review the drug to ensure it is clear with no particles. We applaud the FDA for recognizing the time constraints and for revising the guidance to ensure that patients have timely access to treatments.

Conclusion

We encourage Congress to intervene with the FDA's implementation of DQSA to ensure patients and physicians have continued access to compounded medications. Currently, ophthalmologists cannot access an immediate supply of some compounded drugs to treat patients who present with emergent conditions. We urge Congress to pass the Preserving Patient Access to Compounded Medications Act, which will secure compounded medications for office-use compounding and patient access to treatments.

We thank the Committee for the opportunity to bring these matters to your attention. We would be pleased to provide further input or clarification of our comments, as needed. Please contact Nancey McCann, director of government relations, at 703-591-2220 or nmccann@ascrs.org if you have any questions or would like to arrange a meeting.

APENDIX A: List of ophthalmic drugs/ injections being compounded before and after the enactment of the DQSA from same facility.

Ophthalmic drugs/ injections being compounded in a 503B outsourcing facility available in 2018:

Intravitreal Antibiotic Injections

Cefuroxime 10 mg/mL in 0.9% Sodium Chloride (Preservative-free) $34.50/1 mL in a 2 mL Vial
Moxifloxacin 1 mg/mL in Sterile Balanced Salt Solution (BSS) $34.50/1 mL Vial

Ophthalmic Injections

Lidocaine HCl 1%/Phenylephrine HCl 1.5% in sterile water for injection (Bisulfite-Free) $23.00/1 mL Vial

Ophthalmic Solutions

Atropine Sulfate 1% in 0.9% Sodium Chloride (Preservative-Free) $40.00/4 mL in an 11 mL Dropper Bottle
Edetate Disodium 3% in sterile water for Injection $161.00/10 mL in a 15 mL Dropper Bottle
Mitomycin 0.02% (0.2 mg/mL) in sterile water for injection $69.00/1 mL in a 2 mL Vial

Topical Dilation Agents

Cyclopentolate HCl / Tropicamide / Phenylephrine HCl
1 mL Bottle Cyclo HCl 1% / Trop 1% / Phenyl HCl 2.5% in sterile water for injection $30.00/Preserved 1 mL Dropper Bottle
5 mL Bottle Cyclo HCl 1% / Trop 1% / Phenyl HCl 2.5% in sterile water for injection $45.00/Preserved 5 mL Dropper Bottle
10 mL Bottle Cyclo HCl 1% / Trop 1% / Phenyl HCl 2.5% in sterile water for injection $74.50 Preserved 10 mL Dropper Bottle
Tropicamide 1%/Phenylephrine HCl 2.5% in sterile water for injection $74.55 each 10 mL in a 15 mL Dropper Bottle

Sterile Repackage

Avastin (bevacizumab) 2.5 mg/0.1 mL (25 mg/mL) (repackaged, Injection)

Ophthalmic drugs/ injections being compounded in a 503A pharmacy available before the enactment of the DQSA:

Anti Allergy Solutions

Cromolyn 4% Preserved or Preservative Free Ophthalmic Solution $73.05/10ml
Naphazoline HCL Preservative Free Ophthalmic Solution $65.65/10ml
Naphazoline/Pheniramine Preservative Free Ophthalmic Solution $65.65/10ml
Pheniramine 0.3% PF Ophthalmic Solution $65.65/10ml
Zinc Sulfate 0.25% Preservative Free Ophthalmic Solution $50.85/10ml

Anti-Infectives

Antibiotics

Amikacin Ophthalmic Solution 10-50mg/ml $97.20/10ml
Azithromycin 2mg/ml PF Ophthalmic Solution $102.60/10ml
Azithromycin 1% PF Ophthalmic Solution $102.60/10ml

Bacitracin 400u/gm/Dexamethasone 0.05% Oph Ointment $63.20/4gm
Bacitracin Ophthalmic Solution 5,000 or 10,000 u/ml $53.30/10ml
Cefazolin Ophthalmic Suspension $77.95/10ml
Ceftazidime Ophthalmic Solution $82.90/10ml
Chloramphenicol 0.5% Preservative Free Ophthalmic Solution $82.90/10ml
Chloramphenicol 1.0% Ophthalmic Ointment $77.95/4gm
Chlorhexidine Ophthalmic Solution $63.20/10ml
Clindamycin Preservative Free Ophthalmic Suspension varies
Clindamycin 1% Ophthalmic Ointment varies
Ciprofloxacin 0.3% Preservative Free Ophthalmic Solution $65.65/10ml
Clarithromycin 1% Ophthalmic Suspension $90.30/10ml Doxycycline 0.025%
or 0.1% Oph Solution $53.30/10ml
Fortified Cefazolin Ophthalmic Suspension $77.95/10ml
Fortified Gentamicin Ophthalmic Solution (also available Preservative Free) $64.40/7ml
Fortified Tobramycin Ophthalmic Solution (also available Preservative Free) $64.40/7ml
Fumidil B (bicyclohexylammonium fumagillin) $103.10/10ml
Gentamicin Preservative Free 3mg/ml Oph Solution $53.30/5ml
Imipenium/Cil 5mg/ml Pf Oph Solution $102.60/10ml
Kanamycin Ophthalmic Solution 40mg/ml $44.15/10ml
Levofloxacin 5-25mg/ml Ophthalmic Solution $53.30/10ml
Metronidazole 0.5% Preserved or Preservative Free Ophthalmic Solution $66.15/10ml
Metronidazole 0.75% Ophthalmic ointment $68.10/4gm
Neomycin 15mg/ml Ophthalmic Suspension $41.00/10ml
Paromycin 15mg/ml Ophthalmic Solution $102.60/10ml
Penicillin G Potassium Ophthalmic Solution $83.40/10ml
Piperacillin 10mg/ml Pf Oph Solution $117.40/10ml
PHMB 0.01% or 0.02% $92.75/15ml
Polymixin/Trimethoprim Preservative Free Ophthalmic Solution $102.60/10ml
Sodium Sulfacetamide 10%-30% Preservative Free Ophthalmic Solution $82.90/10ml
Sulfamethoxazole/Trimethoprim Ophthalmic Solution $65.65/10ml
Vancomycin 20mg/ml, 25mg/ml or 50mg/ml Ophthalmic Solution $77.95/10ml
Vancomycin 14mg/ml preservered (60 day exp date) $35/10ml
Tobramycin 0.3%/Dexamethasone 0.1% Oph Solution $65.65/5ml
Tobramycin 0.3% Preservative Free Oph Sol $77.95/10ml
Tetracycline 1% Preservative Free Oph Ointment $82.90/4gm

Anti-virals
Acyclovir 3% Ophthalmic Ointment $92.75/4gm
Cidofovir Ophthalmic Solution (Release is required) $225.85/3ml
Idoxuridine 1% or 0.1% Ophthalmic Solution $75.40/8ml
Idoxuridine 0.5% Ophthalmic Ointment $73.05/4gm
Trifluridine 1% Preservative Free Ophthalmic Solution $108.15/8ml
Trifluridine 0.5% Compounded Ophthalmic ointment $73.60/4gm
Vidarabine 3% Ophthalmic Ointment $92.35/4gm

Anti-fungals
Amphotericin 0.1-0.5% Ophthalmic Solution $77.35/10m

Clotrimazole 1% Ophthalmic Suspension $77.95/10ml
Fluconazole 2mg/ml Ophthalmic Solution $90.30/10ml
Flucytosine 10mg/ml Ophthalmic Solution $65.65/10ml
Itraconazole 1% Ophthalmic Suspension $78.95/10ml
Ketoconazole 5% Oph Suspension in Peanut oil $77.95/10ml
Micafungin 0.1% Oph Solution $144.25/5ml
Miconazole Nitrate 1% Ophthalmic Suspension $90.30/10ml
Natacyn Ophthalmic Suspension $231.52/15ml
Voriconazole 1% Cmpd Ophthalmic Solution $157.50/10ml

Cytotoxic Agents

Fluorouracil Ophthalmic Solution 1% $53.30/10ml
Thiotepa 1:2000/ 1:1000 Oph Solution $77.95/5ml
Mitomycin Injection or Ophthalmic Solution (all strengths) $45.52/1ml

Diagnostic Agents
Cocaine Ophthalmic Solution 4% & 10% Varies
Fluorescein Oph Solution 0.2% - 2% Preserved or Preservative Free $41.00/15ml
Glycerin 99.5% PF or Preserved Ophthalmic Suspension $32.06/10ml
Gonioscopic Gel (various strengths) $32.06/10ml
Hydroxyamphetamine 1% Preserved or PF 5ml $53.30/5ml
Lissamine Green 1% Preservative Free or Preserved Ophthalmic Solution $32.06/10ml
Rose Bengal Solution 1% Pres. Free or Preserved Ophthalmic Solution $41.00/10ml
Saccharin Sodium 10mg/ml $41.00/10ml
Sodium Saccharin 2% Ophthalmic Solution $41.00/10ml

Dry Eye Compounds
Albumin 5% Ophthalmic Solution $53.30/10ml
Aquasol A Ophthalmic Suspension $83.45/15ml
Calcium Carbonate 10% Ophthalmic Ointment $41.00/30gm
Castor Oil 2% Ophthalmic Suspension $32.06/10ml
Cyclosporine 0.2% Ophthalmic Ointment $62.65/4gm
Cyclosporine 0.05% in Cyclodextran Solution $83.35/10ml
Cyclosporine 0.05% /Dexamethasone 0.01 % in Cyclodextran Solution $90.30/10ml
Cyclosporine 0.05-2% Ophthalmic Suspension in Gum Cellulose varies
Dehydroepiandrosterone (DHEA) Ophthalmic Suspension 0.5% or 1% $90.30/10ml
Dextran Ophthalmic Suspension $32.06/10ml
Estradiol 0.01-0.03% Ophthalmic Suspension $93.75/10ml
GumCellulose Preservative Free Ophthalmic Solution 0.3% to 2.5% $16.00/15ml
Hyaluronic Acid PF Ophthalmic Suspension 0.5% $144.55 /10ml
Methylcellulose Preservative Free Ophthalmic Solution $16.00/15ml
Poly-Vinyl Alcohol/ Povidone Ophthalmic Solution $32.06/10ml
Rapeseed Oil 2% (Alpha Omega Drop) Suspension $32.06/10ml
Retinoic Acid (all trans) 0.01% Ophthalmic ointment $78.35/4gm
Retinoic Acid (all trans) 0.01% or 0.005% Ophthalmic Suspension $78.35/10ml
Serum Ophthalmic Drops varies

Sodium Carboxy Methylcellulose Ophthalmic Gel $16.00/15ml
Tacrolimus 0.02% Cmpd Ophthalmic Suspension $32.06/5 ml
Tacrolimus 0.02% Cmpd Ophthalmic Ointment $67.00/4 gm
Trehalose 3.78% Ophthalmic Solution $73.05/10ml
Vaseline Preservative Free Ophthalmic Ointment $78.55/4gm
Vitamin A 0.01% Oph Suspension (All Trans Retinoic Acid) $77.95/10ml
Vitamin A 0.01% Ophthalmic Ointment (All Trans Retinoic Acid) $78.35/4gm

Glaucoma
Acetazolamide 1% Preservative Free Ophthalmic Suspension $102.60/10ml
Apraclonidine Preservative Free ** Ophthalmic Solution $77.95/5ml
Betaxolol 0.125% Preservative Free** Ophthalmic Solution $53.30/5ml
Bimatoprost 0.015% PF** Ophthalmic Solution $107.55/3ml
Brimonidine 0.1% or 0.075% Preservative Free** Ophthalmic Solution $102.60/10ml
Brinzolamide 0.5% PF** Ophthalmic Solution $45.95/5ml
Carbachol 1.5%, 2.25% & 3% Preservative Free Ophthalmic Solution $90.30/10ml
Clonidine Preserved or Preservative Free Ophthalmic Solution $65.65/10ml
Dipivefrin 0.1% Pres'd or Pf Oph Solution $55/5ml, $75.00/10ml Dorzolamide 1%
PF** Ophthalmic Drops $102.60/10ml
Dorzolamide 1%/Timolol 0.25% PF ** Ophthalmic Solution $97.2010ml
Epinephrine Bitartrate Preservative Free Ophthalmic Solution $74.35/10ml
Epinephrine Borate Preservative Free Ophthalmic Solution $97.20/10ml
Epinephrine HCL 1% Preserved Ophthalmic Solution $77.95/10ml
Latanoprost 0.0025% Preservative Free** Ophthalmic Solution $90.07/3ml
Levobutanol 0.25% PF** Ophthalmic Solution $53.30/5ml
Phospholine Iodide (all strengths) varies
Pilocarpine Preservative Free Ophthalmic Solutions 0.1% to 6% $65.65/10ml
Pilo 1%/Epi 1% Cmpd Ophthalmic Solution $41.00/5ml
Travoprost Z 0.002% Cmpd PF** Ophthalmic Suspension $83.35/3ml
Preservative Free Steroids
Dexamethasone Na Phos Injection 4-24mg/ml PF varies
Dexamethasone Sodium Phosphate Preservative Free Solutions $58.00/10ml
Dexamethasone 0.05% Ophthalmic Ointment $82.90/4gm
Dexamethasone 0.05% Lanolin Free Ophthalmic Ointment $82.90/4gm
Fluorometholone 0.1% PF Ophthalmic Suspension $55.00/5ml
Loteprednol 0.25% PF** Opthalmic Solution $74.35/ml
Methylprednisolone Na Succinate Preservative Free Ophthalmic Solution $77.95/10m
Prednisolone Acetate Preservative Free Ophthalmic Suspension $92.75/10ml
Prednisolone Sod Phos Preservative Free Ophthalmic Solution $82.90/10ml
Rimexolone 0.5% Cmpd PF ** Ophthalmic Solution $102.60/10ml
Triamcinolone 80mg/ml Preservative Free Compound Injection $20.00/1ml

Misc. Agents

Acetyl Cysteine 5-20% Ophthalmic Solution pf $77.95-97.70/10ml
Aminocaproic Acid 30% Ophthalmic Suspension $85.85/10m
Ascorbic Acid 10% Ophthalmic Suspension $87.85/10ml

Bevacizumab (Avastin) Cmpd Inj (various doses available) varies
Bevacizumab (Avastin) Topical Drops varies
Benoxinate 0.4% PF or Preserved Oph Solution $32.06/5ml
Boric Acid Ophthalmic Ointment $82.90/4gm
Brilliant Green 2% Ophthalmic Stain $32.06/10ml
Brilliant Blue G 0.25mg/1ml $10.00/1ml
Cysteamine 0.55% Cmpd Ophthalmic Solution $83.90/10ml
Diclofenac Sodium 0.1% Preservative Free Ophthalmic Solution $77.95/10ml
EDTA Preserved 0.4% to 3% varies
Ethanol (all concentrations) Ophthalmic Drops or Injectable $53.30/10ml
Indomethacin 0.5 or 1% Ophthalmic Suspension $92.75/15ml
Glutathione 6% Ophthalmic Solution $59.50/15ml
Glycerin 50% oral solution $55.60/220ml
Glycerin 50% Ophthalmic Solution $30.53/10ml
Guanethidine Preservative Free Ophthalmic Solution 2%, 5% or 7.5% varies
Heparin PF Ophthalmic Solution $32.06/10ml
Hyaluronidase Injection 150u/ml $15.00/1ml, $31.25/5 ml, $46.25 /10ml
Ibopamine 2% Ophthalmic Solution $65.00/5ml,$85.00/10ml
Interferon Alfa 2B Ophthalmic Solution (1-3mu/ml) $235.73/3-10ml (depends on strength)
Isosorbide 45% Cmpd Oral Solution $128.75/110ml
Medroxyprogesterone Acetate 0.5% or 1% Ophthalmic Suspension $40.91/10ml
PABA 10% Cmpd Ophthalmic Ointment $60.03/4gm
Phentolamine 0.083% Ophthalmic Solution $41.00/5ml
Physostigmine Salicylate 0.03%, 0.125% 0.25% or 0.5% Oph Solution $77.95/10ml
Physostigmine Salicylate Ophthalmic Ointment $87.85/4gm
Povidone-Iodine Ophthalmic Solution $53.30/10ml
Silver Nitrate Ophthalmic 0.5% or 1% Solution $53.30/10ml
Silver Protein 10% Ophthalmic Solution $44.15/10ml
Sodium Chloride 5% Ophthalmic Solution PF $53.30/10ml
Sodium Chloride 5% Preservative Free Ophthalmic Ointment $63.20/4gm
Sodium Citrate 10% Ophthalmic Solution $69.10/10ml
Tetrahydrolazine 0.05% PF Ophthalmic Solution $53.30/10ml
Vision Blue 0.06% Singles $52.00/each
Vitamin A 1%/ Vit C 1% /Glutathione 1%/DMSO 5% Ophthalmic Sol $98.70/10ml

Topical Anesthetics, Reversal Agents and Combo Dilating Agents

Atropine Sulfate Ophthalmic Solution 0.125% to 1% PF $50.90/10ml
Benoxinate 0.4% PF or Preserved Oph Solution $32.06/5ml
Cyclopentolate 0.5% to 1% P.F. $77.95/10ml
Cyclopentolate/Phenylephrine/Bupivicaine Combo Ophthalmic Solution varies
Cyclopentolate/Phenylephrine/Diclofenac Combo Ophthalmic Solution varies
Cyclopentolate/Phenylephrine Combo varies
Cyclopentolate/Proparacaine Combo varies
Dapiprazole 0.5% Topical Drops (compare to Rev-Eyes-Lyopholized) $40.00/6ml kit
Homatropine Preservative Free Ophthalmic Solution 5% $43.45/10ml
Lidocaine Ophthalmic Solution 0.5-0.4% $53.30/10ml

Phenylephrine Preservative Free Ophthalmic Solution 2.5% or 10% $53.30/10ml
Proparacaine Preserved or PF (0.03%, 0.05%, 0.1%, 0.25%) Ophthalmic Solution $43.35/10ml
Proparacaine 0.05% PH Adjusted Preserved Ophthalmic Solution $32.06/10ml
Proparacaine/Tropicamide/Cyclopentolate/Phenylephrine Combo Oph Sol varies
Scopolamine 0.25% Preservative Free Ophthalmic Solution $65.65/10ml
Tetracaine 0.5% PF Cmpd Ophthalmic Solution $32.06/5ml
Tetracaine 0.5% Ophthalmic Ointment $82.90/4gm
Tetracaine HCL 0.05% Preserved and Stabilized Oph Solution (Comfort Drops) $7.50/3 or 5ml
Tropicamide Preservative Free Ophthalmic Solution $53.30/10ml
Tropicamide 0.5%/Cyclopentolate 0.5%/PHN 2.5% Combo Spray $48.30/10ml
Tropicamide 1%/ Cyclopentolate 1% Ophthalmic Solution $53.30/10ml
Tropicamide 1%/ Phenylephrine 2.5% Preserved Ophthalmic Solution $53.30/10ml
Tropicamide 1%/ Phenylephrine 5% Preserved Ophthalmic Solution $53.30/10ml
Tropicamide 0.25%/ Phenylephrine 5% Preserved Ophthalmic Solution $53.30/10ml
Topicamide 1%/Cyclopentolate1%/Phenylephrine 2.5% Preserved Ophthalmic $54.80/10ml