## **Bacitracin Ophthalmic Ointment USP**

STFRII F

## **Rx Only**

**DESCRIPTION:** Each gram of ointment contains 500 units of Bacitracin in a low melting special base containing White Petrolatum and Mineral Oil.

CLINICAL PHARMACOLOGY: The antibiotic. Bacitracin. exerts a profound action against many gram-positive pathogens, including the common Streptococci and Staphylococci. It is also destructive for certain gramnegative organisms. It is ineffective against fungi.

INDICATIONS AND USAGE: For the treatment of superficial ocular infections involving the conjunctiva and/or cornea caused by Bacitracin susceptible organisms.

**CONTRAINDICATIONS:** This product should not be used in patients with a history of hypersensitivity to Bacitracin.

**PRECAUTIONS:** Bacitracin ophthalmic ointment should not be used in deep-seated ocular infections or in those that are likely to become systemic. The prolonged use of antibiotic containing preparations may result in overgrowth of nonsusceptible organisms particularly fungi. If new infections develop during treatment appropriate antibiotic or chemotherapy should be instituted.

ADVERSE REACTIONS: Bacitracin has such a low incidence of allergenicity that for all practical purposes side reactions are practically non-existent. However, if such reaction should occur, therapy should be discontinued.

To report SUSPECTED ADVERSE REACTIONS, contact Perrigo at 1-866-634-9120 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DOSAGE AND ADMINISTRATION: The ointment should be applied directly into the conjunctival sac 1 to 3 times daily. In blepharitis all scales and crusts should be carefully removed and the ointment then spread uniformly over the lid margins. Patients should be instructed to take appropriate measures to avoid gross contamination of the ointment when applying the ointment directly to the infected eye.

## **HOW SUPPLIED:**

NDC 0574-4022-13 3 - 1 g sterile tamper evident tubes with ophthalmic tip.

NDC 0574-4022-35 3.5 g (1/8 oz.) sterile tamper evident tubes with ophthalmic tip.

Store at 20°-25°C (68°-77°F) [see USP Controlled Room Temperature].



0S400 RC J1 Rev 08-13 A

References: 1. Antibiotic susceptibility: conjunctivitis and blepharitis. University of Pittsburgh Medical Center, Charles T. Campbell Eve University of Pittsburgh Medical Center, Charles I. Campeli Eye Microbiology Lab Web site. http://eyemicrobiology.upmc.com/ AntibioticSusceptibilities/Conjunctivitis.htm. Accessed March 21, 2016. 2. Bacitracin Ophthalmic Ointment [package insert]. Minneapolis, MN: Perrigo Company; August 2013. 3. Hecht G. Ophthalmic preparations. In: Gennaro AR, ed. *Remington: the Science and Practice of Pharmacy*. 20th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2000. 4. Data on file. Perrigo Company





## A Word on HDHPs

I enjoyed reading the editorial about high-deductible health plans (HDHPs; Opinion, July). Dr. Williams is right that it all comes down to educating patients about the benefits (or lack of benefits) provided.

Unfortunately, most corporate executives select a health plan without employee involvement. The employ-

ers then make little extra effort to explain to their workers the coverage provided by that one plan. The employees are not motivated to learn about their coverage until they see a physician and are then given a physician's bill.

My medium-sized ophthalmology group has educated our employees about the benefits of health plans by giving each of them the choice of either a traditional preferred provider organization (PPO) or an HDHP in combination with a health savings account (HSA). We make it the annual obligation of our insurance broker to meet with and educate our staff as a group and individually prior to each employee's decision on a plan. Everyone in our corporation contributes toward their direct health insurance premium, and the partners have adjusted the contribution percentages annually.

Our youngest and healthiest employees tend to select the HDHPs because they assume that they will remain healthy. Because the HDHP is less expensive and the cost in-

creases have been relatively stable, more employees have sought upfront savings by going over to the HDHP. We have also had a few employees with major chronic

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illnesses switch over to an HDHP plan because it can have a lower maximum out-of-pocket limit. They are expecting to "max out" their cost every year. Some select the HDHP then avoid using the HSA so that it can grow and they can later apply those funds to pay for Medicare premiums.

My hope is that my group will be able to offer each employee a choice of 2 plans for many years.

> John R. Stechschulte, MD Columbus, Ohio