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BREAKING NEWS AT CHICAGOTRIBUNE.COM

Sight for sore eyes: Bill could fill Rx gap

Drops often miss mark, so state may reduce wait time

BY ELLEN JEAN HIRST
Tribune reporter

Anthie Koromilas' right hand stiffens around the bottle of eyedrops as she pulls down her cheek with her left and delicately squeezes the nozzle, just a few inches above her eye.

She can't afford, she said, to waste a drop.

"I'm so careful, so nervous," said Koromilas, 70, who uses the medicine to slow the progression of glaucoma. "I always do what they tell me ... but sometimes it runs down. You cannot control that."

Every month, Koromilas said, she runs out of her prescription eyedrops three or four days early. To

bridge that gap and get a refill, she said, she would have to pay \$271, the full price of her brand-name medicine.

The Inverness resident said she buys cheaper versions of her prescription eyedrops in Greece when she visits family each summer, paying \$5 to \$8. But she's never been entirely comfortable with doing that.

Others with commercial health insurance face similar challenges.

People on Medicare can refill prescriptions as early as day 21 in a 30-day prescription. But consumers who are not covered by Medicare — those younger than 65 or those, like Koromilas, who are eligible but opt for employer-sponsored health insur-

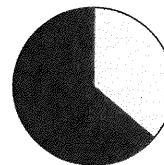
Turn to *Eyedrops*, Page 9



STACEY WESCOTT/CHICAGO TRIBUNE

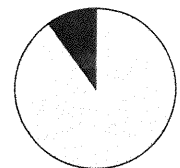
Anthie Koromilas said she runs out of prescription eyedrops a few days early each month. A bill would ease refills.

Some eyedrop study results



64%

of patients waste drops, using an average of 1.8 drops to actually get the medicine in the eye.

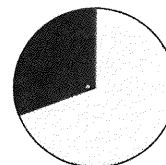


10%

of patients with hand-eye coordination affected by conditions such as Parkinson's and tremors can hit the eye with one drop without touching the bottle to the eye or lid.

SOURCE: Illinois Society of Eye Physicians & Surgeons

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31%

miss the eye altogether, hitting the lid or cheek.

Eyedrop bill out to bridge Rx gap

Eyedrops, from Page 1

ance — have to wait until their 30- or 90-day eyedrop prescription period is up to refill, if they want it covered.

Legislation proposed last week could change that.

Eyedrops are notoriously hard to place, even for those without shaky hands, said Dr. David Palmer, an ophthalmologist with offices in Glenview and Chicago.

Many patients waste the drops and need refills earlier, he said, but they can't afford the added expense — sometimes the drug's full price — to refill early.

"The insurance companies count the number of drops and say this is good for a month, but they don't take into account the waste," Palmer said. "Many patients living month-to-month or paycheck-to-paycheck can't afford that extra copay and have to go without medication."

The Illinois Society of Eye Physicians and Surgeons drafted legislation that would allow those with a chronic eye condition who have commercial health insurance to refill prescriptions after 75 percent of the prescription period has passed — about 23 days for a 30-day prescription.

Illinois would be the 12th state to pass legislation allowing people to refill early.

The society's executive director, Richard Paul, said he thinks the bill has a "reasonably good chance" of passing, despite the general difficulties of getting bills advanced in the state legislature.

"These prescription eyedrops can be tricky to take."

— *America's Health Insurance Plans, an industry group*

Paul said no major insurance companies have taken a stance against the bill.

Koromilas has Blue Cross and Blue Shield of Illinois insurance, she said, and can't refill her prescriptions early without paying more — much more in the case of the brand-name drug she uses, Alphagan.

Blue Cross and Blue Shield of Illinois said the company took a neutral stance on the legislation.

"We do have some dispensing limits in place for certain eyedrop medications," spokesman Michael Deering said in an email.

Blue Cross declined to comment on Koromilas' situation specifically.

Another Illinois insurer, Land of Lincoln Health, supported the bill.

"Land of Lincoln Health believes HB3137 provides needed support for the elderly and other populations suffering from conditions like glaucoma, which could result in a loss of vision if not properly treated," said Land of Lincoln's chief medical officer, Dr. Barbara Loeb.

Industry group America's Health Insurance Plans said health insurance com-

panies are "generally OK with the legislative language on eyedrops."

"We've found, from the plan perspective, that this doesn't impose a new or more strenuous administrative function and does help consumers," the group said in an email, "as these prescription eyedrops can be tricky to take and more of the drops end up anywhere except (in) the eye."

Other insurance companies, including United-

HealthCare and Humana, declined to comment on the bill.

Koromilas said the legislation is sorely needed. Having a day pass without the drops, she said, isn't an option.

"If I stopped, I guess I will lose my vision," she said. "It's very important for me to have those drops."

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