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-

Some eyedrop study results

64% of patients waste drops, using an average of 1.8 drops to actually get the medicine in the eye.

31% miss the eye altogether, hitting the lid or cheek.

SOURCE: Illinois Society of Eye Physicians & Surgeons

STACEY WESCOTT/CHICAGO TRIBUNE
Anthie Koromilas said she runs out of prescription eye drops a few days early each month. A bill would ease refills.
Eyedrop bill out to bridge Rx gap

“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 compa-