

Testimony of Dr. Elwin Schwartz
in support of
House Bill No. 6540 – An Act Concerning Eye Drop Refills
Before the Select Committee on Aging
Tuesday March 3, 2009

Senator Prague, Assemblyman Serra, and members and staff of the Select Committee on Aging. Good morning and thank you for the opportunity to testify before you in support of Raised Bill No. 6540 – An Act Concerning Eye Drop Refills. For several years now more and more patients have been coming to my office with stories of how they have been denied a prescription refill by their pharmacist, or been told to pay full retail cost (frequently over \$100.00 per bottle) if they have run out of their eye drop medication before the end of the 30 day period allotted by their health care plan or HMO. This is now reaching epidemic proportions. More often than not the patient cannot afford to pay the retail cost and has therefore not utilized their drops until they were “eligible” again to purchase a new bottle. This has caused patients to be off their therapeutic drops for more than a week. Many are on fixed incomes and I have heard the expression numerous times, “Doc, I have to choose whether to buy my heart medicine or eye medicine and I can’t afford the extra expense of paying full retail for drops I need, even though I may go blind.” This is critical as the great majority of these patients are senior citizens taking chronic drops to prevent blindness from glaucoma, a disease of increased pressure in the eye that is the leading cause of irreversible blindness in the elderly. Their eyes are at great risk while off the medication.

The issue here is really quite simple. I fully understand that an HMO or insurance plan would want to restrict a medication in pill form to the prescribed number ordered by the physician. If it states one pill per day, then 30 or 31 pills would suffice for the month. Most patients would have no difficulty with this. However, as I sit here in front of you today, I challenge anyone in this room (myself included) to get a drop in their eye, first time every time without missing and having the drop land on their cheek or forehead a significant amount of the time. I have brought some samples if anyone would wish to try. Compound this by the fact that most patients needing chronic eye drop therapy are senior citizens with some degree of arthritis or motility difficulty and you can see how this problem is compounded. The idea that the HMOs and Insurance companies are “counting” drops that patients can be allotted is absurd. Believe me, patients are not sharing their drops with friends or using them to clean off their glasses.

We are not asking HMOs and Insurance plans to give patients free medication in drop form if they need them, only to allow patients to continue proper therapy on a daily basis by allowing them to purchase their drops at the cost of the appropriate co-pay when needed. I should note that already co pays for many eye drops are Tier 3- the highest level, and are a significant financial burden for many of our citizens. I would not want to see the insurance industry classify drops needed to complete a month’s therapy automatically at a high co pay level.

In summary, until someone comes up with a fool proof method of instilling the first drop directly into the eye every time passage of this Act is the only fair and proper thing to do.

I thank you for your time, and would be happy to answer any questions.

Elwin G. Schwartz

egschwartz@middlesexeye.com

February 26, 2009

Attorney General Richard Blumenthal
55 Elm Street
Hartford, CT 06106

Re: I.F.

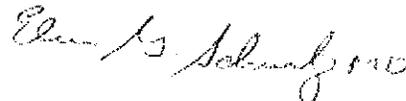
Dear Attorney General Blumenthal:

I am writing you again about the outrageous practice of HMO's not allowing the citizens of Connecticut to obtain proper eye medication in a timely fashion. I am specifically referring to eye drops that most often are used to treat chronic open angle glaucoma. Without proper therapy, a patient may lose significant vision. The most recent case, which I would ask you to investigate, is that of AARP Pharmacy Solutions as a Part D Supplement to I.F.'s Medicare. I.F. recently went to her pharmacist, Walgreen's, as she had run out of topical Travatan. Her pharmacist was unable to fulfill the prescription without having to charge her full retail cost as the insurance plan denied payment. I called the pharmacist and spoke with him directly and told him the importance of the medication. He fully understands and he did call AARP Pharmacy Solutions. He was told by them and I quote, "that an override to allow him to prematurely dispense medicines to her would be at level Tier 5. Attorney Blumenthal, I have practiced in Connecticut since 1982 and I have no idea what Tier 5 means. What this statement does mean to me is that the insurance companies continue to try to count eye drops and are denying patients proper medical treatment. As you know, it is virtually impossible to get every drop in the eye on first attempt.

I have been totally frustrated in the past few years dealing with health insurance plans and HMO's and I have been working with the State Legislature to see if we can come up with a Bill to stop this outrageous practice. In the meantime, I would ask that you look into this case with AARP as they do insure many of our senior citizens, the people in this state who need the most protection from the wonton financial and medical practices of health insure

I thank you in advance and I would be happy to answer any questions. Please feel free to contact me at any time.

Sincerely yours,



Elwin G. Schwartz, M.D.

EGS/bjw

Cc: AARP Insurance

At the end of December in 2008, I placed an order over the phone with the Pharmacy for a refill of my prescription for Cosopt (eye drop medication for glaucoma treatment) after noticing I only had enough to last me another day. When I went to the Pharmacy the following day, I was informed that the Insurance Company would not refill the prescription until January 23, 2009. I was quite annoyed and told the pharmacist it did not seem right that the insurance company should have that much control over making such a determination. In my moment of frustration and anger, I asked who would be the responsible party if I had to do without the medication for a month and went blind. I also was not certain at the time as to whether or not I was given the total supply when I had picked up my last refill and I did mention this to the Manager at the Pharmacy. I told him to go ahead and refill the order and I would pay for it. Ultimately, the Manager supplied me with a container of Cosopt at no charge. He did show compassion and understanding.

I believe there are a couple of issues involved here regarding prescriptions. I can understand the insurance company taking a position of not refilling a prescription for pills until the refill date since it is quite clear there is a set amount to be taken. However, in administering eye drops, it cannot be an exact science since it presents a challenge depending upon the dexterity of the user. It took a lot of practice for me to successfully apply the drops without missing most of the time. This is the one area where I believe the insurance company should revise its policy on eye drop refills, allowing the user to refill when the drops have run out. Consideration should be given to the fact that some users may have arthritic problems, shakes, or other difficulties where the amount allotted for the month turns out not to be adequate.

Florence Dickson

My name is Inez Fanfrlik and I have been using Travatan for quite some time. I get frustrated because I can't get the drops into my eyes and I'm alone and do not have anyone that can help me. I am only able to get a certain amount per month and the amount only lasts 2 weeks. I find it very expensive for me and my budget.

Sincerely,

A handwritten signature in cursive script that reads "Inez Fanfrlik". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Inez Fanfrlik