



Prescription Eye Drop Refills

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Patients suffering from eye diseases (such as glaucoma or chronic dry eye syndrome) may be prescribed topical liquid ophthalmic drugs, commonly known as “eye drops.” Despite prescriber or pharmacy advice on the proper amount of liquid that a patient should apply, some patients, especially those with motor function issues or sight problems, may “miss” when applying a solution to their eyes, resulting in inadvertent product waste. In some cases, patients may need early refills of their eye drop prescriptions. Although health plans have procedures in place for these situations, some states are considering legislation to require that health plans cover early refills for eye drops without limitation.

Mandating Early Eye Drop Refills May Not Improve Adherence

The California Health Benefits Review Program (CHBRP), which reviews health benefit mandates being considered by the legislature, reviewed a proposal to apply the Medicare eye drop refill standard to all health plans in the state.¹ The study found that there is “insufficient evidence to conclude that coverage of refills for topical ophthalmic products at or after 70% of the expected days of use would affect eye health.”

Non-Binding Early Eye Drop Refill Guidance from Medicare

In 2010, the Centers for Medicare and Medicaid Services (CMS) issued non-binding guidance to Medicare Part D (prescription drug) plans regarding early refills of prescriptions for eye drops. As with most prescriptions, eye drop scripts are subject to refill limitations to assure patients are receiving the right medicine at the right time. CMS recommends that plans override these “when appropriate and necessary to prevent unintended interruptions in drug therapy.”² CMS recommended that plans:

- Permit refills at 70% of the predicted days of use (21 of 30 days).
- Ensure the same refill allowances regardless of dispensing channel (retail vs. mail).
- Permit prescribers to authorize even earlier refills for beneficiaries with particular need.

Broad State Mandates Are Unnecessary

The Medicare population, for whom the guidance was originally developed, consists of the elderly and disabled, who typically have more problems related to motor skills and mobility. Compared with the overall population, Medicare enrollees are more likely to have issues that exacerbate eye drop overuse and spills. Since CMS issued this non-binding guidance years ago, plans have voluntarily complied and have addressed most problems for patients in need of early eye drop refills. Additionally, plans have voluntarily applied this or similar early refill standards to non-Medicare patient groups. Requiring plans to provide all patients early access to eye drop refills without review or limitation could decrease the care with which patients approach taking their ophthalmic medications and possibly increase waste. For this reason, PCMA opposes a broad state eye drop refill mandate.

¹ California Health Benefits Review Program, “Analysis of Assembly Bill 2418: Prescription Drug Refills: A Report to the 2013-2014 California Legislature,” April 25, 2014.

² CMS Guidance Memo: “Early Refill Edits of Topical Ophthalmic Products,” June 2, 2010. http://www.cms.gov/Medicare/Prescription-DrugCoverage/PrescriptionDrugCovContra/Downloads/MemoEarlyRefillOph_060210.pdf.