

Letters

Verification of Contact Lens Prescriptions

The Contact Lens Rule (CLR) was implemented in 2004 to promote competition in the contact lens market. It enables “consumers” (i.e., wearers) to shop around, and it permits passive verification of prescriptions: Under the CLR, if a vendor contacts a prescriber’s office to verify a prescription but doesn’t hear back within eight business hours, the prescription is considered to be automatically verified.

How big a problem is passive verification of prescriptions? We explored the rate of invalid prescriptions presented for passive verification at a county hospital and a private office—and we found a rate of 52.8%.¹ Many of these patients had not seen an eye care provider in years but were still able to order nonprescribed, unvetted contact lenses, putting them at risk for lapses in education and increased risk of complications.

In June 2020, addendums were announced to address some of the CLR’s problems. Unfortunately, many problems were not addressed, including the use of automated phone calls to verify prescriptions. Under the new requirements, the Federal Trade Commission (FTC) calls for sellers to take additional measures to ensure automated calls are com-

prehensible to the prescriber, but it does not ban the use of automated calls. Another problem is that the FTC now mandates providers to “prove” that prescriptions are released to patients—a response to a problem that may not widely exist.

The passive verification loophole is still in desperate need of revision. Patients are responsible for purchasing lenses that are FDA-approved with a prescription that is current, specific, and valid. This is unlikely to happen within the current eight-hour window constraint of passive verification. *Caveat emptor.*

Contact lenses are FDA-sanctioned medical devices, but they are increasingly sold as a “product” to “consumers.” As ophthalmologists, we should resist the marketing trend to treat contact lenses as interchangeable commodities.

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1 Yupari RJ, Steinemann TL. *Eye Contact Lens*. 2020;46(4):197-200.

For more on the CLR, see page 57.



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AcrySof® IQ PanOptix® Family of Trifocal IOLs Important Product Information

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ PanOptix® Trifocal IOLs include AcrySof® IQ PanOptix® and AcrySof® IQ PanOptix® Toric IOLs and are indicated for primary implantation in the capsular bag in the posterior chamber of the eye for the visual correction of aphakia in adult patients, with less than 1 diopter of pre-existing corneal astigmatism, in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity with a reduced need for eyeglasses, compared to a monofocal IOL. In addition, the AcrySof® IQ PanOptix® Toric Trifocal IOL is indicated for the reduction of residual refractive astigmatism.

WARNINGS/PRECAUTIONS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Physicians should target emmetropia and ensure that IOL centration is achieved. For the AcrySof® IQ PanOptix® Toric Trifocal IOL, the lens should not be implanted if the posterior capsule is ruptured, if the zonules are damaged or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation. Some visual effects may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or starbursts, as well as other visual symptoms. As with other multifocal IOLs, there is a possibility that visual symptoms may be significant enough that the patient will request explant of the multifocal IOL. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients and may be more prevalent in low lighting conditions. Therefore, patients implanted with multifocal IOLs should exercise caution when driving at night or in poor visibility conditions. Patients should be advised that unexpected outcomes could lead to continued spectacle dependence or the need for secondary surgical intervention (e.g., intraocular lens replacement or repositioning). As with other multifocal IOLs, patients may need glasses when reading small print or looking at small objects. Posterior capsule opacification (PCO) may significantly affect the vision of patients with multifocal IOLs sooner in its progression than patients with monofocal IOLs. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure, available from Alcon, informing them of possible risks and benefits associated with the AcrySof® IQ PanOptix® Trifocal IOLs. **ATTENTION:** Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.

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