

Prior Authorization (PA) is a routine process used by health plans to confirm that certain drugs or services are only used when medically necessary. When prescribing Epioxa, securing approval via prior authorization may be necessary before treatment can begin. This checklist is intended to help healthcare providers support patient access to epithelium-on corneal cross-linking with Epioxa by organizing information commonly required by payers to support complete submissions and minimize treatment delays.

This checklist is provided for informational purposes only and is not a substitute for exercising clinical judgment. Documentation requirements may vary by payer, and providers should submit information consistent with clinical judgment and payer-specific policies. Inclusion of items in this checklist does not imply that any payer will approve coverage. The health care provider remains responsible for confirming the specific documentation and criteria required by each payer and for ensuring that the information submitted is accurate, complete, and up to date. Glaukos does not guarantee coverage or reimbursement.

PREPARE

Gather Relevant Information

Patient Info: Name, DOB, insurance policy & group numbers

Clinical Summary:

The below are examples of what some payers may require based on existing corneal cross-linking policies. Always review payer-specific coverage requirements:

Diagnosis & ICD-10 codes

Corneal Topography/Tomography: Kmax, anterior/posterior curvature, cone location

Pachymetry: Central and thinnest-point corneal thickness (≥ 325 microns per [Prescribing Information](#))

Refraction Data: Manifest refraction, changes over time, BCVA decline

Clinical Notes: Exam notes confirming diagnosis, disease status, and visual significance (e.g., Vogt's striae, apical thinning, scarring if present)

Treatment History: Prior therapies, duration, outcomes, intolerance/failures

Epioxa Treatment Details: Drug name, dosage, route of administration, planned treatment date

SUBMIT

Complete Required Documentation

Use the information above to complete:

Payer-Specific PA Form – or universal form, if accepted

Letter of Medical Necessity: Concise clinical rationale for Epioxa based on test results and disease status, with documentation tailored to payer requirements and clinical judgment

Attach Supporting Documentation:

Provide all that apply based on payer policy and clinical judgment:

Clinical notes (exam findings confirming keratoconus diagnosis)

Test results (corneal topography/tomography, pachymetry, refraction data)

Guideline references (if needed)

Submit to Payer: Use preferred channel – e-portal, fax, or phone

Track Submission: Save reference numbers and note submission date

FOLLOW-UP

Monitor

Monitor payer turnaround times

Respond promptly to requests for additional information

Document decision outcome, authorization number, and next steps

Status of peer-to-peer, if necessary

DISCLAIMER

This guide is provided by Glaukos for educational purposes only to support healthcare providers in preparing for prior authorization submission. It is not intended to direct clinical practice, dictate payer requirements, or guarantee coverage, payment, or appeal outcomes. Each payer's policies and review processes vary, and it is the healthcare provider's responsibility to determine appropriate documentation, clinical rationale, and next steps based on the patient's specific circumstances and payer requirements. The information contained herein was obtained from publicly available and third-party sources believed to be accurate at the time of publication but is subject to change without notice.

Indication and Important Safety Information

INDICATIONS AND USAGE

EPIOXA HD (riboflavin 5'-phosphate ophthalmic solution) 0.239% and EPIOXA (riboflavin 5'-phosphate ophthalmic solution) 0.177% are photoenhancers indicated for use in epithelium-on corneal collagen cross-linking for the treatment of keratoconus in adults and pediatric patients aged 13 years and older, in conjunction with the O₂n™ System and the Boost Goggles®.

IMPORTANT SAFETY INFORMATION

Contraindications

EPIOXA HD and EPIOXA are contraindicated in patients with known hypersensitivity to benzalkonium chloride (BAC) or any ingredients in EPIOXA HD and EPIOXA. Epithelium-on corneal collagen cross-linking is contraindicated in aphakic and pseudophakic patients without a UV-blocking intraocular lens.

Warnings and Precautions

Corneal collagen cross-linking should be used with caution in patients with a history of herpetic keratitis due to the potential for reactivation of herpes keratitis.

Adverse Reactions

The most common adverse reaction was conjunctival hyperaemia (31%). Other adverse reactions, occurring in 5% to 25% of eyes included: corneal opacity (haze), photophobia, punctate keratitis, eye pain, eye irritation, increased lacrimation, corneal epithelium defect, eyelid oedema, corneal striae, visual acuity reduced, dry eye, and anterior chamber flare.

Dosage and Administration

EPIOXA HD and EPIOXA are for topical ophthalmic use. NOT for injection or intraocular use.

EPIOXA HD and EPIOXA are supplied in single-dose syringes. Discard opened syringes after use.

EPIOXA HD and EPIOXA are for use with the O₂n System and Boost Goggles only.

Refer to the [O₂n System Operator's Manual and Boost Goggles User Guide](#) for device instructions.

Please see full Prescribing Information for EPIOXA HD and EPIOXA at www.Epioxa.com.

You are encouraged to report all side effects to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088. You may also call Glaukos at 1-888-404-1644.



Reach out to your Glaukos Reimbursement Liaison for claims submission and prior authorization support.