

Understanding Insurance Coverage

Know how your insurance works and the resources available to help you get the Epioxa treatment you need

Please see Important Safety Information on last page. For full Prescribing Information, please visit www.Epioxa.com.

Understanding

Insurance Coverage

When you're prescribed a treatment like Epioxa™ (riboflavin 5'-phosphate ophthalmic solution), it's helpful to understand how your insurance works.

Knowing the process can make it easier to stay on schedule with your treatment plan and avoid unexpected delays.



This brochure will help you understand:



Health insurance and types of coverage



The treatment approval process



What you could expect to pay for treatment



Financial assistance options

EpioxaCareConnect™

If you have questions as you review this guide, your Patient Access Liaison (PAL) is available to help*. Contact them at 1-855-5-EPIOXA or visit www.EpioxaCareConnect.com for additional support.

*Patient Access Liaisons are provided by Glaukos to support you through your treatment logistics and do not work under the direction of your health care professional (HCP) or give medical advice. They are trained to direct patients to their HCP for treatment-related advice, including further referrals.

Understanding

Health Insurance and Types of Coverage

Health insurance helps cover the cost of your medical care – from office visits and procedures to treatments that support your vision. Understanding how your plan works can help you anticipate costs and avoid delays when scheduling your corneal cross-linking treatment with Epioxa.

This brochure focuses mainly on commercial insurance.

Private (Commercial) Health Insurance^{1,2}: Usually provided by an employer or individually purchased, typically referred to as commercial insurance.

Public Health Insurance³: Offered by federal or state programs for eligible individuals, examples include Medicare and Medicaid.

Your insurance plan typically provides 2 types of healthcare benefits—**medical and pharmacy benefits**—which will dictate your access to corneal cross-linking treatment with Epioxa.⁴

Medical Benefit: Typically covers physician and hospital services, drugs administered by doctors, as well as surgery, lab tests, and mental health services.⁵

OR

Pharmacy Benefit: Covers prescription medications. While this often includes drugs taken at home, some insurance plans also cover certain doctor-administered medications under the pharmacy benefit.⁴



Your Patient Access Liaison (PAL) is here to help you understand your access to Epioxa.

Did You Know?

Your health plan determines how you can access corneal crosslinking treatment with Epioxa. Insurance companies differ in how they cover medical procedures and prescription drugs.^{4,5} Because every plan is structured differently, it's important to understand whether your coverage for Epioxa falls under the medical or pharmacy benefit. Knowing this early can help you and your doctor avoid treatment delays and unexpected costs.

Treatment

Approval Process

Before starting your Epioxa treatment, your doctor's office will work with your insurance plan to confirm coverage and complete any needed approvals.^{6,7} Understanding how this process works can help you know what to expect and prevent delays in scheduling your procedure.

STEP 01 Your Doctor Submits a Request

Your doctor will send your treatment information to your insurance plan. This is sometimes called **prior authorization (PA)** or **precertification**.⁶ These requests help your plan confirm that Epioxa is being used for an eligible condition and that it meets your plan's medical necessity requirements.

Your doctor's team will include supporting information such as your diagnosis and treatment history. You don't need to submit anything yourself, but your insurance may contact your doctor if they need more details to complete the review.⁶

STEP 02 The Review Process

Once your plan has all the required information, it will review the request to decide whether to approve coverage.⁷

STEP 03 Getting a Decision

If your plan requires additional information, your doctor can help submit what's needed to move the process forward. If coverage is denied, your doctor can help file an appeal or a letter of medical necessity.⁸

If your plan approves coverage, your doctor's office will schedule your procedure and confirm your out-of-pocket costs, if any.



Your Patient Access Liaison (PAL) can help track your case, explain the insurance process, review affordability programs you may be eligible for, and support your doctor's office if follow-up is needed.

If you ever have questions, your PAL can help you understand each step of the process and connect you with additional resources to make accessing treatment as smooth as possible.

Did You Know?

Review times vary by plan — some may respond in days, others in weeks. Most insurance plans complete this review within a few weeks, but timing can vary depending on the plan and whether additional documentation is requested.

Understanding

What You'll Pay for Treatment

When planning for corneal cross-linking treatment, it's important to understand your health insurance costs. The amount you pay for healthcare services depends on your insurance plan's deductible, co-insurance, and benefit design.⁹ These examples show how out-of-pocket costs may vary based on your plan type.

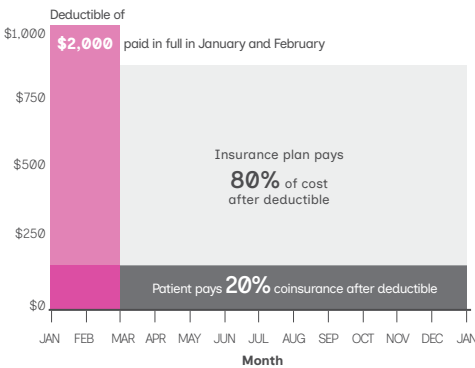
Types of Costs You May See on Your Bill

Deductible: The amount you must pay each year for covered services before your insurance begins to pay.¹⁰

Co-pay: A fixed amount you pay at the time of service (for example, a set fee for a doctor's visit or procedure).¹¹

Co-insurance: A percentage of the total cost you pay after your deductible is met. Example: If your plan covers 80% of costs after your deductible, you will pay the remaining 20%.¹¹

Out-of-Pocket Maximum: The most you'll pay for covered care in a plan year. Once this limit is reached, your insurance usually pays 100% of covered services for the rest of the year.¹¹



Scenario: Patient's plan includes a **\$2,000 annual deductible and 20% co-insurance** for specialty treatments.

What it Means: Let's say the patient meets their \$2,000 deductible in January and February, for the rest of the year, they'll pay 20% of their treatment costs, and their health plan will cover the remaining 80%.



If you're unsure how your plan covers Epioxa, your **Patient Access Liaison (PAL)** can help review your insurance benefits and discuss available financial support options.

Did You Know?

Your summary of benefits will explain exactly how much you may owe for your deductible, co-pays, co-insurance, and annual out-of-pocket maximum. Knowing these details can help you avoid unexpected costs and plan ahead for your Epioxa™ treatment.⁹⁻¹¹


The Insurance Approval Process

Your coverage journey may look something like this

1	Treatment Decision Clinical prescribing decision made by provider during patient visit	
2	EpioxaCareConnect™ Enrollment Your provider may help you enroll in EpioxaCareConnect™ to begin the insurance verification process and connect you with a Patient Access Liaison (PAL).	EpioxaCareConnect™ is a patient support program designed specifically for you. Our dedicated team of Patient Access Liaisons (PALs) are your partners committed to providing non-medical personalized support, so you can start treatment as prescribed by your doctor.
3	Benefits Investigation Next, a benefits investigation is performed to review whether epithelium-on oxygen-enriched cross-linking therapy with Epioxa is covered by your plan, whether a prior authorization is needed, and what your estimated out-of-pocket costs may be.	Your PAL can educate and assist you with understanding your health plan coverage for Epioxa as well as your estimated out-of-pocket costs, including deductibles, co-payments, and coinsurance.

Did You Know?

It can take up to 90 days from prescription to treatment for Epioxa, though urgent cases may be approved in as little as 72 hours.⁶

If you are covered	If you are covered with cost share*	If you are not covered [†]
<p>The provider will schedule an appointment for your treatment.</p> <p>Treatment Performed Your provider performs your cross-linking treatment.</p> <p>∨</p> <p>Claim Submitted The provider submits a claim to your insurance for the treatment.</p> <p>∨</p> <p>Claim Processed Claim processed and the doctor's office receives payment for the treatment rendered.¹⁰</p>	<p>Make sure you understand your insurance coverage, requirements, and which out-of-pocket costs you'll be responsible for.⁹</p> <p>Treatment Performed Your provider performs your cross-linking treatment.</p> <p>∨</p> <p>Claim Submitted The provider submits a claim to your insurance for the treatment.</p> <p>∨</p> <p>Claim Processed Claim processed and the doctor's office receives payment for the Epioxa treatment rendered.</p> <p>∨</p> <p>Office Bills Patient Billing practices differ by provider. If there is an out-of-pocket cost, you may receive a bill for your cost-share responsibility either before or after your procedure.⁹</p>	<p>If your health plan does not cover Epioxa or if you do not have health insurance, there may be options to discuss with your doctor.</p> <p>Your PAL can help you identify alternate ways to access Epioxa depending on your coverage and eligibility.</p> <p> Did You Know? Your out-of-pocket cost-share responsibility depends on your insurance plan. This may comprise co-pay, co-insurance, and/or deductible, depending on your plan.⁹⁻¹¹</p> <p>Your PAL can help you understand costs associated with treatment with Epioxa and your cost assistance options.</p>

*Glaukos can help identify financial assistance programs for patients who need help managing the cost of treatment. The appropriate program will depend on the patient's coverage and satisfaction of respective eligibility criteria.

[†]For patients with no prescription drug coverage, Glaukos can provide information to you and your doctor regarding programs that may be able to provide financial support. Glaukos cannot guarantee that a patient will receive access.

Learn About Financial Support Offerings

One of the ways we can support your treatment journey is by sharing information about financial support options. The options available are based on the type of insurance you have.

Epioxa™ Co-Pay Program

The Epioxa Co-Pay Program helps eligible, commercially insured patients with their out-of-pocket costs associated with the medication and treatment.

If you have commercial insurance, you could be eligible to pay as little as:



\$0

Out-of-pocket
for the cost of Epioxa*



\$0

Out-of-pocket
for the cost of the
cross-linking procedure*

Subject to annual maximum benefit

*Financial support is available for commercially insured eligible patients only. Additional restrictions may apply. Subject to change. For full terms and conditions, visit www.Epioxa.com.

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IMPORTANT SAFETY INFORMATION

Does the EPIOXA™ corneal collagen cross-linking procedure have any side effects?

The most common side effects were red eye, haze, sensitivity to light, disruption of surface cells of the cornea, eye pain, eye irritation, watery eyes, swelling of eyelid, fine white lines in the cornea, reduced sharpness of vision, dry eye, and eye inflammation.

The EPIOXA™ corneal collagen cross-linking procedure should not be performed if:

- You have a known hypersensitivity to any ingredients in the product.
- You had cataract surgery and either did not receive an artificial lens in your eye or received a non-UV blocking artificial lens.
- You have a history of herpetic keratitis.
- You are pregnant.

What is the EPIOXA™ corneal collagen cross-linking procedure?

The EPIOXA corneal collagen cross-linking procedure is performed by your eye doctor for the treatment of keratoconus. It does not require the removal of the corneal epithelium (outermost layer of the front of the eye). It consists of EPIOXA™ HD (riboflavin 5'-phosphate ophthalmic solution) 0.239% and EPIOXA™ (riboflavin 5'-phosphate ophthalmic solution) 0.177%, which are prescription eye drops used in combination with the O²n™ System and Boost Goggles®.

Who can have the EPIOXA™ corneal collagen cross-linking procedure?

The EPIOXA corneal collagen cross-linking procedure is for the treatment of keratoconus in adults and pediatric patients 13 years of age and older.

If you have any additional questions, please contact your doctor. For full Prescribing Information visit 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**.

References:

1. Centers for Medicare & Medicaid Services. (n.d.). Health insurance basics. HealthCare.gov. <https://www.cms.gov/files/document/nsa-health-insurance-basics.pdf>.
2. Kaiser Family Foundation. (2023). Health insurance coverage of the total population. KFF. <https://www.kff.org/other/state-indicator/total-population>.
3. Centers for Medicare & Medicaid Services. (n.d.). Medicare & Medicaid basics. CMS.gov. <https://www.cms.gov/files/document/medicare-and-medicoid-basics.pdf>.
4. National Council for Prescription Drug Programs. (2023). Specialty pharmacy benefit coverage identification white paper. NCPDP. <https://www.ncpdp.org/NCPDP/media/pdf/WhitePaper/NCPDP-Specialty-Pharmacy-Benefit-Coverage-Identification-White-Paper.pdf>.
5. Berger, R. (2023). The medical versus the pharmacy benefit: An overview. Berkeley Research Group (BRG). <https://www.thinkbrg.com/insights/publications/the-medical-versus-the-pharmacy-benefit-an-overview>.
6. Harvard Health Publishing. (n.d.). Prior authorization: What is it, when might you need it. <https://www.health.harvard.edu/staying-healthy/prior-authorization-what-is-it-when-might-you-need-it-and-how-do-you-get-it>.
7. Verywell Health. (n.d.). Prior authorization: Overview, purpose, process. <https://www.verywellhealth.com/prior-authorization-1738770>.
8. Medica (Provider site). (n.d.). Utilization management and prior authorization policies. <https://partner.medica.com/providers/policies-and-guidelines/um-policies-and-prior-authorization>.
9. Medicare.gov. (n.d.). Medicare Costs. U.S. Centers for Medicare & Medicaid Services. <https://www.medicare.gov/basics/costs/medicare-costs>.
10. Kaiser Family Foundation. (2023). Healthcare Costs and Affordability. <https://www.kff.org/health-costs/health-policy-101-health-care-costs-and-affordability/>.
11. U.S. Department of Labor, Employee Benefits Security Administration. (2021). A consumer guide to health insurance. <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/consumer-guide-to-health-insurance.pdf>.

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