

EpioxaCareConnect™

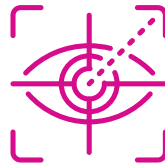
Eligible
commercially
insured **patients**
may pay as
little as **\$0***



\$0

Out-of-pocket

For the cost of Epioxa™*



\$0

Out-of-pocket

For the cost of the cross-linking procedure*



To get started, scan the QR code or call

1-855-5-EPIOXA

1-855-537-4692

*Financial support is available for commercially insured eligible patients only. Additional restrictions may apply. Subject to change.

For full terms and conditions, visit [Epioxa.com](https://www.epioxa.com)
See Program Terms, Conditions, and Eligibility



Epioxa™
(riboflavin 5'-phosphate
ophthalmic solution)

Epioxa Copay Program Eligibility

- Patient eligibility is contingent upon enrollment in EpioxaCareConnect™ (ECC) prior to verification.

EPIOXA™ (riboflavin 5'-phosphate ophthalmic solution) Copay Program Terms & Conditions:

- The Epioxa Copay Program ("Program") is available exclusively to patients with commercial (private or non-governmental) insurance who have a valid prescription for an FDA-approved use of Epioxa.
- Patients who use Medicare, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DoD), TRICARE, or any other federal or state government program (collectively, "Government Programs") to pay for Epioxa or related administration services are not eligible.
- The Program is also invalid if all costs can be fully reimbursed by commercial insurance or other assistance programs.
- Under the Program, patients may still be required to pay a copay. Depending on individual insurance coverage, out-of-pocket expenses for Epioxa may be reduced to as little as \$0 per calendar year. The exact out-of-pocket cost depends on the patient's health insurance plan.
- The Program helps cover the cost of Epioxa and, where allowed by law, may also assist with eligible procedure costs directly related to its administration. Program benefits cannot exceed the patient's actual out-of-pocket expenses for Epioxa. This Program is not health insurance or a benefit plan; the patient's non-governmental insurance remains the primary payer.
- Once enrolled, the Program will honor claims for services rendered up to 180 days prior to the enrollment date. Claims must be submitted within 180 days of the date of service, unless otherwise specified.
- Use of this Program must comply with all relevant health insurance requirements. Patients, pharmacies, physicians' offices, and hospitals participating in the Program are responsible for reporting all Program benefits received, as required by insurers or the law.
- Program benefits may not be sold, purchased, traded, or offered for sale.
- The patient or their guardian must be at least 18 years old to receive assistance through the Program. The Program is valid only in the United States and U.S. Territories and is void where prohibited by law.
- The Program's value is intended solely for the benefit of the patient. Funds provided through the Program may only be used to reduce out-of-pocket costs for enrolled patients.
- Patients must have commercial insurance and provide proof of financial responsibility for a portion of the drug and/or procedure cost, if applicable.
- This offer cannot be combined with any other rebate, coupon, or similar offer for Epioxa.
- Glaukos reserves the right at any time to delete, modify, or change the terms, benefits, and conditions without notice.

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