



**PAY AS
LITTLE AS**



Please see full Terms and
Conditions at Epioxa.com



Not actual card

Helping you lower your out-of-pocket costs for Epioxa®.

The Epioxa Copay Assistance Program may help eligible commercially insured patients **reduce out-of-pocket costs** associated with Epioxa treatment, including eligible costs for Epioxa and the cross-linking procedure.

You may pay as little as \$0 out-of-pocket.*

Program benefits may apply to deductible, coinsurance, and copayment costs.

Getting started is easy

- 1. Check your enrollment status:**
Your provider may have already enrolled you in the Epioxa Copay Assistance Program.
- 2. Enroll if needed:** If you are not already enrolled, your provider's office can help, or you can complete the Epioxa Copay Assistance Program Enrollment Form yourself.

- 3. Submit Form:** After completing and signing the form, submit it using one of the options below.

Patient Portal: Sign up or log in to the EpioxaCareConnect™ Patient Portal at pt.epioxacareconnect.com.

Go to Documents to upload your form.

Fax: You may also fax your completed and signed form to 1-800-839-6276.



Questions:
1-855-5-EPIOXA;
1-855-537-4692,
option 2



**Scan QR code
to visit
Patient Portal**

EpioxaCareConnect™

*The Epioxa Copay Assistance Program is available for commercially insured eligible patients only. Additional restrictions may apply. Subject to change; find full terms and conditions on Epioxa.com.

Epioxa® Copay Assistance Program Terms and Conditions

The Epioxa Copay Assistance 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, including health savings account (HSA), flexible savings account (FSA), or other healthcare reimbursement account (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 co-pay. 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. Any fraudulent or unlawful use of the Program is strictly prohibited and may result in termination of benefits.

By enrolling in this Program, the patient or caregiver acknowledges that the patient meets

the eligibility requirements outlined in these terms and conditions and understands that they are responsible for reporting the co-pay benefits received to the patient's insurer, payor, or anyone else as required by applicable laws or regulations.

IMPORTANT SAFETY INFORMATION

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

- The EPIOXA corneal collagen cross-linking procedure consists of EPIOXA® HD (riboflavin 5'-phosphate ophthalmic solution) 0.239% and EPIOXA® (riboflavin 5'-phosphate ophthalmic solution) 0.177% which are prescription medication eye drops (riboflavin) that are used with the O²n™ System and Boost Goggles®, without removing the corneal epithelium (outermost layer of the front of the eye).

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.

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

- You have a known hypersensitivity to any ingredients in the product.
- You are aphakic (you had cataract surgery and did not receive an artificial lens in your eye) or pseudophakic (you had cataract surgery, and you received an artificial lens in your eye), but the lens is not UV-blocking.
- You have a history of herpetic keratitis.
- You are a pregnant woman.

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

- The most common side effects involving the eyes reported in patients using the EPIOXA cross-linking procedure 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 inflammation.

What should I do if I have any additional questions?

- If you have any additional questions, please contact your doctor.
- 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.

