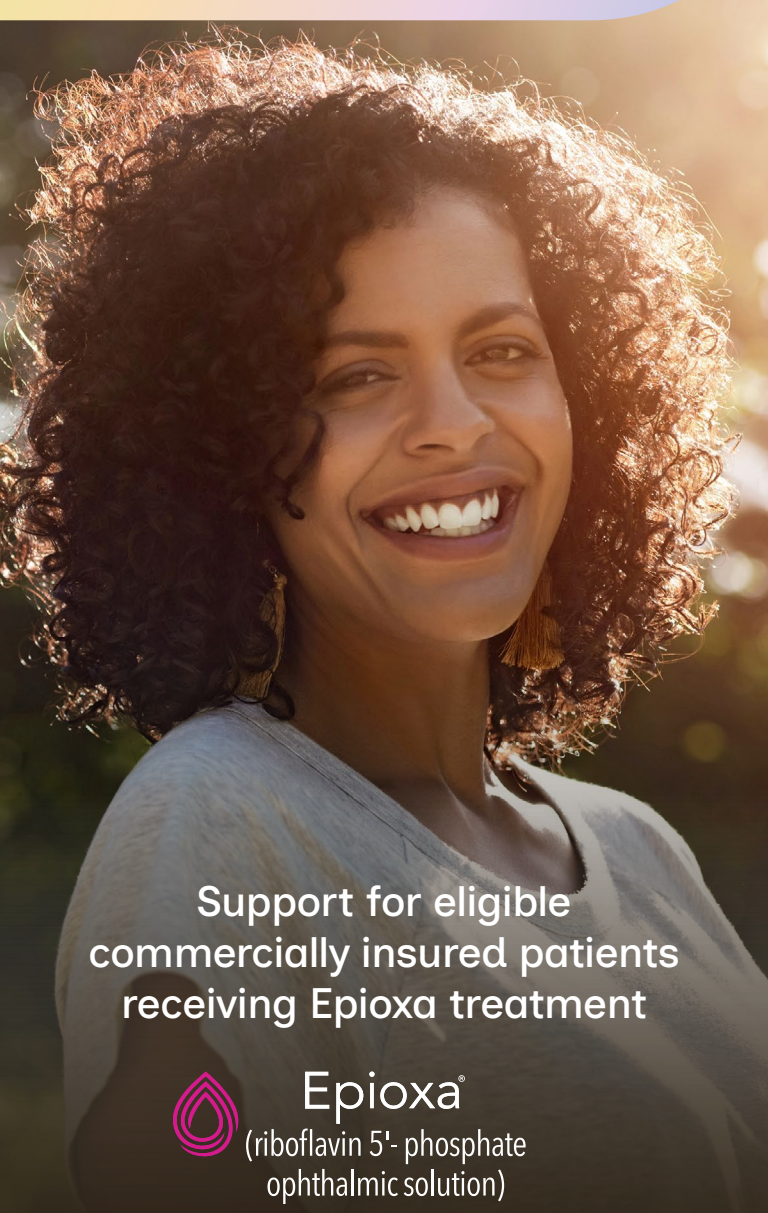
Getting Started with the Epioxa® Copay Assistance Program



Support for eligible commercially insured patients receiving Epioxa treatment

Epioxa®
(riboflavin 5'- phosphate ophthalmic solution)

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

STEP 1

Enroll in the Epioxa® Copay Assistance Program

To use the Epioxa Copay Assistance Program, you must be enrolled first.

Check Your Enrollment Status:

- **Already enrolled by your provider?**
  Share your copay ID with your healthcare provider once you receive it.
- **Not sure?**
  Contact EpioxaCareConnect™ or ask your provider's office to check.
- **Need to enroll?**
  Your provider's office can help, or you can complete the Epioxa Copay Enrollment Form yourself.

Epioxa Copay Enrollment Form

Enrollment How To

Once the Epioxa Copay Enrollment form is completed and signed, submit it:

Option 1

Sign up or log in to the EpioxaCareConnect Patient Portal at: pt.epioxacareconnect.com, Go to: **Documents > Epioxa Copay Enrollment Form** to upload your completed form.

Option 2

Fax your completed form to **1-800-839-6276.**

STEP 2

Submit Your Copay Assistance Claim Request, if Needed

If you are enrolled in the Epioxa® Copay Assistance Program and paid an eligible out-of-pocket cost, you can submit a copay assistance claim request.

Your Copay Assistance Claim Request Should Include:

- Completed and signed **Patient Reimbursement Form**
- **Explanation of Benefits**, called an EOB, from your insurer
- **Itemized bill** from your provider
- **Proof of payment**, if you already paid out-of-pocket

Scan the QR codes to access the Request Form and get step-by-step instructions.

- **Patient Reimbursement Request Form**
- **Guide to Copay Assistance Claim Requests**

STEP 3

What to Expect After You Submit

After your copay assistance claim request is submitted, the Epioxa® Copay Assistance Program will review your completed form and supporting documents. If information is missing or cannot be verified, the program may contact you or your healthcare provider's office.

How payment may be issued:

If your request is approved, payment may be issued as follows:

Check: If you already paid your eligible out-of-pocket cost, you may receive a check directly.

Processing times may vary based on the completeness of your submission.

Questions?

Call the Epioxa Copay Assistance Program at 1-855-5-EPIOXA / 1-855-537-4692.

Helping Eligible Patients Lower Their Out-Of-Pocket Costs for Epioxa®.

Not actual card

The Epioxa Copay Assistance Program may help patients with commercial insurance **reduce out-of-pocket costs** for Epioxa treatment, including costs for the cross-linking procedure.

Eligible patients may pay as little as $0 out-of-pocket.

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

Epioxa® (riboflavin 5'- phosphate ophthalmic solution)

GLAUKOS TRANSFORMING VISION

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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 ophthalmicsolution) 0.177% which are prescription medication eye drops (riboflavin) that are used with the O^2n™ 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, orcall 1-800-FDA-1088.
- You may also call Glaukos at 1-888-404-1644.