How to Submit a Copay Reimbursement Request to the Epioxa® Copay Program

EpioxaCareConnect™

The Epioxa Copay 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.*

Step 1: Confirm Enrollment in the Epioxa Copay Program

This checklist is for patients who are already enrolled in the Epioxa Copay Program and are submitting a copay reimbursement request. **Before submitting, make sure you are enrolled. Reimbursement cannot be issued unless you are enrolled.**

Step 2: Complete the Patient Reimbursement Form

Complete and sign the **Patient Reimbursement Form**. Before submitting, confirm that:

- Your name and contact information are complete
- Your date of service is included
- Required treatment details are included
- You answered whether you have already paid your healthcare provider out-of-pocket
- Your mailing address is correct, if reimbursement may be issued by check
- You signed the form

Important: If you already paid your provider and are requesting reimbursement directly, make sure your mailing address is current. Contact the Epioxa Copay Program right away if your address changes.

Step 3: Gather your Supporting Documents

The documents needed may depend on whether you already paid your healthcare provider out-of-pocket.

If **you already paid your provider**, your request should include:

1. An **Itemized Bill**, from your provider's office showing the services you received and their cost
2. **Proof of Payment**, if you already paid out-of-pocket
3. An **Explanation of Benefits**, also called an EOB, which is issued by your health plan. Because the EOB contains key claim details needed for reimbursement, review the example below to see what information to look for.

Important: If you **have not already paid your provider,** your request should include an Explanation of Benefits, also called an EOB. The EOB helps confirm your eligible out-of-pocket responsibility. If approved, payment information may be provided to your provider.

Explanation of Benefits (EOB)

This is not a bill. Keep this for your records.

1 **Patient Name:** John Q. Sample
Member ID: ABC123456789
Claim Number: CLM000123456789
Group Number: GRP9876543

2 **Provider Name:** Vision Care Specialists, P.C.
Provider Address: 1234 Eye Health Way Anytown, ST 12345
Date Processed: MM/DD/YYYY

3 Blue Sky PPO Demo Plan

4 **Date Prepared:** MM/DD/YYYY

Details of Service

5 Date of Service	6 Service Code	Description of Services	8 Provider Charge	9 Amount Allowed	Plan Paid	10 Patient Responsibility
MM/DD/YYYY	J2789	Riboflavin 5'-phosphate, ophthalmic solution (Epioxa/Epioxa HD), up to 2 mL	$0.00	$0.00	$0.00	$0.00
MM/DD/YYYY	7 0402T	Collagen cross-linking of cornea	$0.00	$0.00	$0.00	$0.00

1. Patient Name, Plan Details
2. Provider and/or Facility Name
3. Health Plan Name
4. EOB Date
5. Date of Service **(copay reimbursement claim must be submitted to the Epioxa Copay Program within 180 days of this date for reimbursement)**
6. Service Code and Description for Epioxa
7. Service Code and Description for Service Code Applicable to Epioxa for corneal cross-linking
8. Billed Amount
9. Allowed Amount
10. Patient Responsibility

Disclaimer: The information provided on this form is for demonstration purposes only and does not represent any real person. While your EOB may look different, the same information is required to process your reimbursement claim for the Epioxa Copay Program.

Step 4: Submit your copay reimbursement request

Online: Sign up or log in to the EpioxaCareConnect™ Patient Portal at **pt.epioxacareconnect.com**.
Upload your completed reimbursement form and supporting documents under Documents > Other Supporting Documents.

Fax: Fax your completed reimbursement form and supporting documents to **1-800-839-6276**.

How payment may be issued

If your reimbursement request is approved, payment may be issued in one of two ways:

Check: If you already paid your eligible out-of-pocket, reimbursement may be issued to you directly by check.

Debit Card or other preferred payment method: If you have not already paid your healthcare provider, payment information may be provided to them through a preloaded virtual debit card, or their preferred payment method if otherwise denoted.

Need Help? Call the Epioxa Copay Program at 1-855-5-EPIOXA (1-855-537-4692), option 2, Mon-Fri, 8AM-8PM EST

*Financial support is available for commercially insured eligible patients only. Additional restrictions apply. Subject to program terms and conditions.

EpioxaCareConnect™

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, 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 ordered 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.

NPM-US-0182. Last Updated: July 2026.

GLAUKOS TRANSFORMING VISION