

Disclaimer: This sample appeal letter is provided for informational purposes only and should be customized for your individual situation. It does not guarantee coverage or payment. All coverage decisions are made by your health plan based on your benefits and policy requirements. Please consult your healthcare provider or health plan for guidance specific to your case.

Patient Name: _____ Patient Date of Birth: _____

Policy ID: _____ Policy Group: _____

Policyholder Name: _____

Dear Appeals Department,

I am a member of your health plan. I am writing to formally appeal the denial for corneal collagen cross-linking treatment with Epioxa® (riboflavin 5'-phosphate ophthalmic solution).

Denial Date: _____

Reason for Denial: _____

Please find relevant details about my diagnosis and condition:

Diagnosis: ☐ Keratoconus ☐ Progressive Keratoconus

Date of Diagnosis: _____

How my condition affects me (optional): *Examples may include changes in vision, difficulty with daily activities, or reliance on corrective lenses*

Treatment and Physician Information

Recommended treatment: *Epithelium-on corneal cross-linking with Epioxa*

Treating Physician: _____

Facility Name: _____

Based on my understanding, this treatment has been recommended to address my condition because: *Examples may include changes in your condition, vision-related concerns, or other reasons discussed with your physician*

I respectfully request that you reconsider your denial decision and approve coverage for my corneal cross-linking treatment with EpiOxa.

If additional information is needed, please contact me or my healthcare provider at the phone number provided below:

Patient/Caregiver Phone Number: _____

Doctor's Office Phone Number: _____

Sincerely,

Supporting Documentation: Supporting documentation may include, if available:

- ☐ Denial letter from health plan
- ☐ Medical records
- ☐ Physician recommendation or letter of medical necessity
- ☐ Other: _____

This page is for your reference only. Content on this page does not need to be sent to the insurance company.

IMPORTANT SAFETY INFORMATION

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.

You should not have the EPIOXA™ corneal collagen cross-linking procedure if you have a known hypersensitivity to any ingredients in the product, have had cataract surgery and either did not receive an artificial lens in your eye or received a non-UV blocking artificial lens, have a history of herpetic keratitis, or are pregnant.

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.

APPROVED USES

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®.

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