



## Living with Keratoconus Patient Support Program

### Frequently Asked Questions

#### What is the Living with Keratoconus Patient Support Program?

If you have been diagnosed with progressive keratoconus and your doctor has recommended corneal cross-linking, our patient support program can help offset some of your out of pocket costs with up to \$100 towards your non-reimbursable copay expenses for the Photrexa<sup>®</sup> drug formulations [Photrexa<sup>®</sup> Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution), Photrexa<sup>®</sup> (riboflavin 5'-phosphate ophthalmic solution)] used in your FDA-approved epi-off corneal cross-linking procedure.

#### How long does the program run?

The program will accept submissions for procedures completed between June 15, 2020 and December 31, 2020. Voucher requests must be submitted by February 28, 2021.

#### Who is eligible to participate in the program?

This program is open to anyone with commercial insurance coverage who has been diagnosed with progressive keratoconus.

As is typical of copay programs, anyone who is a government beneficiary and/or a participant in a federal or state-funded health insurance program (eg, Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD, TRICARE) is not eligible, as mandated by government guidelines.

#### What expenses does the voucher program cover?

The Program will cover certain non-reimbursable out of pocket copay expenses for the FDA-approved cross-linking procedure with Photrexa drug formulations up to \$100. The maximum payment under the program is \$100. The Explanation of Benefits form you receive from your commercial insurance provider should show both the professional fee and pharmaceutical fee associated with your procedure. Legally, the copay voucher can only apply to your out of pocket expenses related to the pharmaceutical fee.

Your Explanation of Benefits Form should show:

J2787 - This is the J code for the Photrexa drug formulations. Your copay related to this code will be eligible for reimbursement.

0402T - This T code is related to your physician's time during the procedure and is not eligible for reimbursement as part of this program.

## How much money can a patient receive under the voucher program?

The Program will cover your non-reimbursable out of pocket copay expenses for FDA-approved cross-linking with Photrexa drug formulations up to \$100. The maximum payment under the program is \$100.

## Does my doctor have to do anything to participate in the program?

No, your doctor's office will process your claim with your insurance provider as usual. Your insurance provider will provide you with the Explanation of Benefits documentation which is required to submit your voucher.

## How does a patient get paid?

Once your voucher has been submitted via our online portal and approved, you will receive a prepaid bank card in the mail to the mailing address you provide.

## How long does the payment take to process?

Once your voucher has been submitted, it will typically take up to four weeks for you to receive a prepaid debit card in the mail. For example, if you submitted your voucher request on December 1, 2020 you should expect to receive your voucher payment by December 30, 2020.

## What is the last date for a patient to submit a voucher request?

Vouchers must be submitted by February 28, 2021. The last date for an eligible cross-linking procedure is December 31, 2021.

## What is required to submit a voucher?

1. A completed cross-linking procedure with Photrexa drug formulations between June 15, 2020 and December 31, 2020
2. Explanation of Benefits from your commercial insurance provider

## Where can I find a doctor who offers FDA-approved cross-linking?

You can find a list of doctors who perform FDA-approved cross-linking with Photrexa drug formulations on our [physician locator](#).

## Where can I find more information on the program?

For complete program details, visit [livingwithkc.com/copay-voucher](http://livingwithkc.com/copay-voucher). If you have questions, email us at [info@livingwithkeratoconus.com](mailto:info@livingwithkeratoconus.com).

The Living with Keratoconus Patient Support Program (The Program) is sponsored by Glaukos. Glaukos's mission is to transform the treatment of chronic eye diseases with novel therapies that provide sustainable solutions to important clinical needs.

LivingwithKeratoconus.com is an inclusive patient community that supports you on your keratoconus journey.

The Living with Keratoconus Patient Support Program covers copays related to the performance of the FDA approved corneal cross-linking procedure with Photrexa® drug formulations up to \$100. The maximum payment under the program is \$100.

The program runs from June 15, 2020, and December 31, 2020. Offer is valid only in the United States and U.S. Territories. Voucher requests for procedures completed between June 15, 2020, and December 31, 2020, must be submitted by February 28, 2021. The patient must have enrolled in the Living with Keratoconus Patient Support Program and have received a voucher code to request a payment under the program. The patient or their guardian must be 18 years or older for the patient to be eligible. This Program is only valid in the United States and U.S. Territories. This Program is void where prohibited by law. This offer cannot be combined with other offers. Not valid for copays that are not related to the FDA approved corneal cross-linking procedure with Photrexa® drug formulations [Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution), Photrexa® (riboflavin 5'-phosphate ophthalmic solution)] and the KXL® System that slows or halts the progression of keratoconus. Receipts/Explanation of Benefits (EOB) must clearly state that the copays were for the corneal cross-linking procedure with Photrexa® drug formulations.

The Explanation of Benefits (EOB) Form you receive from your insurance provider should show both the professional fee and pharmaceutical fee associated with your procedure. Legally, the copay voucher can only apply to your out of pocket expenses related to the pharmaceutical fee. Your EOB form should show J2787 and 0402T. The J code is for the Photrexa drug formulations. Your copay related to this code will be eligible for reimbursement. The T code is related to your physician's time during the procedure and is not eligible for reimbursement as part of this program.

## Summary of Information About Corneal Cross-Linking

### INDICATIONS

Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution) and Photrexa® (riboflavin 5'-phosphate ophthalmic solution) are indicated for use with the KXL System in corneal collagen cross-linking for the treatment of progressive keratoconus and corneal ectasia following refractive surgery.

### IMPORTANT SAFETY INFORMATION

Corneal collagen cross-linking should not be performed on pregnant women.

Ulcerative keratitis can occur. Patients should be monitored for resolution of epithelial defects. The most common ocular adverse reaction was corneal opacity (haze). Other ocular side effects include punctate keratitis, corneal striae, dry eye, corneal epithelium defect, eye pain, light sensitivity, reduced visual acuity, and blurred vision.

These are not all of the side effects of the corneal collagen cross-linking treatment. For more information, go to [www.livingwithkeratoconus.com/](http://www.livingwithkeratoconus.com/) to obtain the FDA-approved product labeling.

You are encouraged to report all side effects to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088. Photrexa® Viscous and Photrexa® are manufactured for Avedro.

The KXL® System is manufactured by Avedro. Avedro is a wholly owned subsidiary of Glaukos Corporation.