iLink Copay Savings Program
Frequently Asked Questions

What is the iLink Copay Savings Program?

If you have been diagnosed with progressive keratoconus and your doctor has recommended corneal cross-linking, our copay program can help offset some of your out-of-pocket costs with up to $200 towards your non-reimbursable copay expenses for the Photrexa® drug formulations [Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution), Photrexa® (riboflavin 5'-phosphate ophthalmic solution)] used in your FDA-approved corneal cross-linking procedure.

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 who has been treated with Photrexa in an FDA-approved corneal cross-linking procedure.

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.

Applies to procedures completed between December 1, 2021 and December 31, 2022.

What expenses does the voucher program cover?

The Program will apply to the drug related non-reimbursable out-of-pocket copay expenses for the FDA-approved cross-linkingprocedure with Photrexa drug formulations up to $200 per eye. The maximum payment under the program is $400 ($200 per eye). The Explanation of Benefits (EOB) 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 co-pay assistance.

0402T - This T code is related to your physician's work to perform the procedure and is not eligible for co-pay assistance as part of this program.

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

The Program will apply to your non-reimbursable out-of-pocket copay expenses for FDA-approved cross-linking with Photrexa drug formulations up to $200. The maximum payment under the program is $400 ($200 per eye).

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

Your doctor may be willing to help you submit your faxed application, but you will need to provide the key information as well as your Explanation of Benefits documentation which is required to receive your check once your treatment is completed.

How does a patient get paid?

Once your completed and signed application is submitted via fax, you are eligible for the program, and you have submitted your Explanation of Benefits, you will receive a check up to $200 for the patient responsibility portion of your claim to the mailing address you provide.

How long does the payment take to process?

Once your Explanation of Benefits has been submitted, it will typically take 14-21 days to receive your check in the mail.

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?

LivingwithKC.com
iPath360.net

Glaukos.com

The iLink Copay Savings 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.

Applies to procedures completed between December 1, 2021 and December 31, 2022.

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/ to obtain the FDA-approved product labeling.

You are encouraged to report all side effects to the FDA. Visit 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.