

Epioxa™ - Epioxa™HD (riboflavin 5'-phosphate) (Ophthalmic Topical)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for one dose for each eye.
- Renewal: Prior authorization validity may NOT be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- 4 billable units per 180 days

(Quantity Limits/Max units are based on administration to BOTH eyes)

III. Initial Approval Criteria ¹

Prior authorization validity is provided in the following conditions:

- Member is at least 13 years of age; **AND**

Universal Criteria ¹

- Member does not have any FDA labeled contraindications to the requested agent (e.g., hypersensitivity, aphakic and pseudophakic members without a UV-blocking intraocular lens); **AND**
- Member has not had prior corneal cross-linking treatment in the affected eye; **AND**

Keratoconus † Φ ^{1-4,10,13}

- Member has a confirmed diagnosis of keratoconus as evidenced by topographical (e.g., axial topography consistent with keratoconus, maximum corneal curvature as measured by Kmax of ≥ 47.00 D, presence of central or inferior steepening on the Pentacam topography map) and clinical examination findings (e.g., Fleischer ring, Vogt striae, corneal thinning, corneal scarring, scissoring of the retinoscopic reflex); **AND**
- Member will use therapy for epithelium-on corneal collagen cross-linking in the treatment of keratoconus; **AND**
- Will be used in conjunction with the O₂n System and the Boost Goggles; **AND**
- Member has progressive disease, despite avoidance of eye rubbing and use of topical antiallergy medications as applicable, notable for one or more of the following: maximum

keratometry, steepening or changes in curvature of the anterior or posterior corneal surface, thinning and/or an increase in the rate of corneal thickness change from the periphery to the thinnest point, refractive changes such as increasing myopia and astigmatism (Note: progression is not required in pediatric members)

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

IV. Renewal Criteria ¹

Duration of authorization has not been exceeded (*refer to Section I*)

V. Dosage/Administration ¹

Indication	Dose
Keratoconus	• Apply topical anesthetic and insert a lid speculum. • Using a cellulose spear sponge soaked with Epioxa HD, remove the mucin layer from the corneal surface without debriding the corneal epithelium (epithelium-on) by swiping the sponge 4 to 10 times horizontally and vertically. • Apply two drops of Epioxa HD topically on the eye every 60 seconds for 4 minutes (STEP 1), followed by two drops of Epioxa topically on the eye every 30 seconds for 6 minutes (STEP 2). • Gently rinse the corneal surface with approximately 5 mL of balanced salt solution (BSS). • Perform ultrasound pachymetry. If corneal thickness is less than 325 microns, irradiation should not be performed. • Apply the Boost Goggles and turn on the oxygen flow as per the instructions in the Boost Goggles User Guide. • Center the optical head of the O₂n System over the cornea and irradiate the eye as per the instructions in the O₂n System Operator's Manual. The O₂n System automatically delivers irradiation to the eye for 11 minutes 6 seconds at 30 mW/cm² with an on/off cycle of 1 second UV-A on/1 second UV-A off at a wavelength of 365 nm. • Instill BSS on the cornea every 2 minutes, or more frequently as needed, to maintain corneal hydration during UV-A irradiation. • When the UV-A irradiation has stopped, shut off the oxygen flow, and remove the Boost Goggles and lid speculum. • Apply a bandage contact lens.
• For topical ophthalmic use, NOT for injection or intraocular use. • Epioxa HD and Epioxa are supplied in single-dose syringes. Discard opened syringes after use. • Epioxa HD and Epioxa are for use with the O₂n System and Boost Goggles only. Refer to the O₂n System Operator's Manual and Boost Goggles User Guide for device instructions.	

VI. Billing Code/Availability Information

HCPCS Code:

- J2789 – Riboflavin 5'-phosphate, ophthalmic solution (epioxa hd/epioxa), up to 2 mL; 1 billable unit = 2 mL

NDC:

- Epioxa HD 0.239% or Epioxa 0.177% - One single-dose glass syringe containing 2 mL packaged in a foil pouch.: 25357-0024-xx

VII. References

1. Epioxa/Epioxa-HD [package insert]. Burlington, MA; Avedro, a Glaukos company; October 2025. Accessed October 2026.

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6. Larkin DFP, Chowdhury K, Burr JM, et al. Effect of corneal cross-linking versus standard care on keratoconus progression in young patients: the Keralink randomized controlled trial. *Ophthalmology*. 2021;128:1516–26.
7. Cortina MS, Greiner MA, Kuo AN, et al. Safety and efficacy of epithelium-off corneal collagen cross-linking for the treatment of corneal ectasia: a report by the American Academy of Ophthalmology. *Ophthalmology*. 2024;131(10):1234–42. <https://doi.org/10.1016/j.ophtha.2024.05.006>.
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10. Gomes JAP, Hafezi F, Ambrósio R, et al. Global Consensus on Keratoconus and Ectatic Diseases—Edition 2 *Cornea*. 2026;45(7):888-908. doi:10.1097/ICO.00000000000004170
11. Cortina M, Greiner M, Kuo A, et al. Safety and Efficacy of Epithelium-Off Corneal Collagen Cross-Linking for the Treatment of Corneal Ectasia. *Ophthalmology*, 2024; 131, 1234-1242
12. Asimellis G, Kaufman EJ. Keratoconus. [Updated 2024 Apr 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470435/>
13. Jhanji V, Ahmad S, Amescua G, et al. Corneal Ectasia Preferred Practice Pattern® *Ophthalmology*, 2024; 131, P205-P246

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management

NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	Description
H18.601	Keratoconus, unspecified, right eye
H18.602	Keratoconus, unspecified, left eye
H18.603	Keratoconus, unspecified, bilateral
H18.611	Keratoconus, stable, right eye
H18.612	Keratoconus, stable, left eye
H18.613	Keratoconus, stable, bilateral
H18.621	Keratoconus, unstable, right eye
H18.622	Keratoconus, unstable, left eye
H18.623	Keratoconus, unstable, bilateral

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	Wellpoint Federal
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	Wellpoint Federal
15	KY, OH	CGS Administrators, LLC