

ophthalmic riboflavin (Epioxa, Photrexa)

HCPCS: J2787 riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL, J2789 riboflavin 5'-phosphate, ophthalmic solution (epioxa hd/epioxa), up to 2 mL

LOB:	MCAL
Duration of Approval:	One Treatment
Quantity Limit:	Per FDA-Approved Dosing (Photrexa: Max: 6 mL/2 units (1 kit) per eye; Epioxa: Max: Two units [2 mL of Epioxa and 2 mL of Epioxa HD] per eye)
MCG Available:	Yes (Photrexa)
DHCS Drug Policy:	Yes (Photrexa)

Requires Prior Authorization (PA)

Epioxa/Epioxa HD (riboflavin 5'-phosphate) ophthalmic solution

Photrexa (riboflavin 5'-phosphate) ophthalmic solution

PA CRITERIA FOR APPROVAL

Photrexa: Follow the Department of Health Care Services (DHCS) drug policy for [collagen cross-linking of the cornea](#).

Epioxa/Epioxa HD

****All requests must be approved by a Medical Director****

1. The member has a diagnosis for a Food and Drug Administration (FDA)-approved indication (refer to package insert under References) **OR** a compendia-supported (Drugdex or American Hospital Formulary Service [AHFS]) indication **AND**
2. The medication is prescribed by an ophthalmologist **AND**
3. The member has topographic and clinical evidence of keratoconus defined as ALL of the following **(a-d)**:
 - a. Axial topography consistent with keratoconus
 - b. Maximal corneal curvature as measured by $K_{max} \geq 47.00$ D
 - c. Presence of central or inferior steepening on the Pentacam topography map
 - d. Presence of one or more findings associated with keratoconus such as: Fleischer ring, Vogt striae, corneal thinning, corneal scarring or scissoring of the retinoscopic reflex**AND**
4. The member does **NOT** have any of the following:
 - a. The eye to be treated is aphakic
 - b. The eye to be treated is pseudophakic and does not have a UV-blocking lens implanted
 - c. Pachymetry shows corneal thickness is < 325 μ m at the thinnest point**AND**
5. The member has a contraindication or reason for intolerance to Photrexa

OTHER INFORMATION:

HCPCS/CPT	Description	Brand name
J2787	riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Photrexa
J2789	riboflavin 5'-phosphate, ophthalmic solution (epioxa hd/epioxa), up to 2 mL	Epioxa/Epioxa HD
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	

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REFERENCES:

1. Photrexa Prescribing Information. www.glaukos.com/prescribing-information/photrexa-viscous-and-photrexa/#section-1. 08/2024.
2. Epioxa/Epioxa HD Prescribing Information. www.epioxa.com/wp-content/uploads/2025/10/epioxa-prescribing-information-final.pdf. 10/2025.
3. Medi-Cal Surgery: Eye and Ocular Adnexa Policy. mcweb.apps.prd.cammis.medi-cal.ca.gov/file/manual?fn=surgeye.pdf. Page 14. 10/2022.
4. Epioxa Billing and Coding. Quick Reference Guide. www.epioxa.com/wp-content/uploads/2026/06/PM-US-3238-V-2-Epioxa-Quick-Reference-Billing-Coding-Guide-Approved-for-Distribution.pdf
5. Beckman KA, Parkhurst GD, Lee JH, et al. Randomized, Controlled Study to Evaluate the Safety and Efficacy of Oxygen-Enriched Epithelium-On Corneal Cross-Linking for the Treatment of Keratoconus. Ophthalmol Ther. 2015 April; 15(4): 1463-1484. pmc.ncbi.nlm.nih.gov/articles/PMC13046903/pdf/40123_2026_Article_1364.pdf