

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEUREMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Corneal Collagen Cross-linking Using Riboflavin (e.g., Photrex, Epioxa)	2014011	<p>Prior approval statement added for corneal collagen cross-linking using riboflavin 5' phosphate with O2n System device and Boost Goggles effective 1/23/2027.</p> <p>Coverage criteria updated to include corneal collagen cross-linking using riboflavin 5' phosphate with O2n System device and Boost Goggles (e.g., Epioxa).</p> <ol style="list-style-type: none"> 1. Individual is 13 years of age or older (Epioxa, 2025); AND 2. Individual has a diagnosis of progressive keratoconus requiring treatment with an epithelium-on collagen cross-linking procedure (Epioxa, 2025); AND 3. Cannot be utilized if another epi-off (e.g. Photrex) product has been given; AND 4. Prescribing physician is an ophthalmologist or corneal specialist who confirms the diagnosis; AND 5. Progressive keratoconus is demonstrated by at least one of the following: <ol style="list-style-type: none"> a. Progressive corneal thinning (decreased pachymetry); OR b. Increasing corneal steepening on topography/tomography; OR c. Increasing myopia or astigmatism; OR d. ≥1.0 diopter (D) increase in maximum keratometry (Kmax) within a 24-month period; OR 6. Reduction in best-corrected visual acuity attributable to keratoconus; AND 7. Individual will use Riboflavin 5' phosphate (e.g., Epioxa) with the appropriate O2n system and Boost Goggles; AND 8. Individual is not receiving duplicate corneal cross-linking therapy concurrently; AND 9. Individual does not have any of the following contraindications: 	Yes	January 23, 2027	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2014011

		<ul style="list-style-type: none">a. Active or prior ocular herpes or herpetic keratitis; ORb. Corneal hydrops; ORc. Any active ocular infection (bacterial, fungal, viral, or acanthamoeba keratitis); ORd. Aphakia and pseudophakia without a UV-blocking intraocular lens; ORe. Significant corneal scarring that limits expected benefit; AND <p>10. Treatment is limited to once per eye per lifetime.</p>			
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