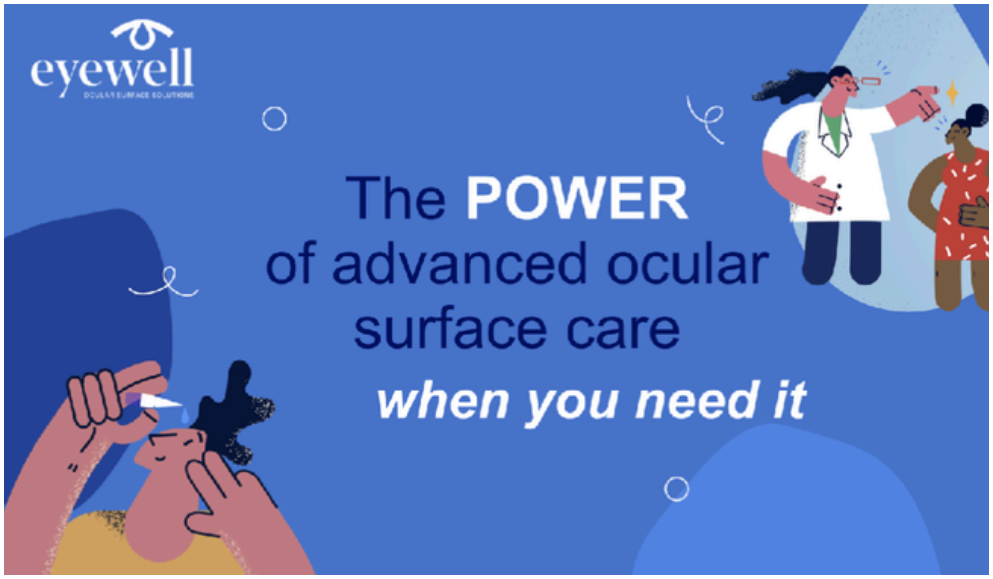
Phone: (617) 433-9895 **Inquiries: info@myeyewell.com**
Fax: (617) 675-2453 **kristin.green@myeyewell.com**

NEWSLETTER

eyewell®
OCULAR SURFACE SOLUTIONS



NOVEMBER 11TH IS WORLD KERATOCONUS DAY

Keratoconus Patient Education Series in honor of World Keratoconus Day

As part of our mission to educate as many people as possible about ocular surface disease, we are hosting our second *patient education seminar*. In partnership with Glaukos, this webinar will highlight Epioxa with surgeon Marc Leibole, MD, the importance of appropriate screening, how to treat ocular surface disease to improve contact lens and surgical outcomes, and tips to maximize contact lens performance. Invite to follow for our Zoom-based event that you can share with your keratoconus patients. You and your staff are also welcome to attend.

GLAUKOS HAS DESIGNATED EYEWELL A KERATOCONUS DETECTION CENTER

Eyewell *can help you diagnose or assess keratoconus progression using Pentacam corneal tomography. We offer meibography and meibomian gland evaluation (MGE) with every KC screening visit, including a full report back to you.*

EPIOXA (GLAUKOS)

Epioxa is the first FDA-approved (Oct 2025), incision-free, ***epithelium-on*** *("epi-on") topical drug therapy used for corneal collagen cross-linking to treat keratoconus.*

Epioxa can halt KC, and patients with most commercial insurance plans are covered for the procedure.

Newest Consensus Statement on Keratoconus Management 2026

Gomes JAP, et al. Global Consensus on Keratoconus and Ectatic Diseases-Edition 2. Cornea. 2026 Jul 1;45(7):888-908. PMID: 42228627

This is a "must read" paper for doctors treating keratoconus (KC) patients. The most significant message is that KC screening should occur at the ***earliest suspicion of KC or sub-clinical KC***, before reduced visual acuity or classic clinical signs develop.

The major diagnostic criteria for clinical keratoconus are as follows: Abnormal steepening of the anterior and/or posterior corneal surface; Abnormal corneal thickness profile; Classic slit-lamp biomicroscopic signs; and Decline in corrected distance VA. Although these 4 criteria were considered "major criteria," the last 2 are not mandatory for the diagnosis of keratoconus.

The consensus supports closer monitoring in higher-risk patients e.g younger patients with significant astigmatism. Follow-up should reflect age, clinical findings, and suspected progression.

Consensus Recommendations for KC Screening

Patient Group	Suggested Clinical Action
Children 6–18 with greater than 2.00 D astigmatism	Obtain corneal topography or tomography
Children with suspicious corneal findings	Establish baseline imaging and monitor closely
Patients with irregular or changing astigmatism	Perform tomography to investigate ectasia
Patients with a family history of keratoconus	Include family history in risk assessment and consider imaging
Refractive surgery candidates	Obtain tomography and consider epithelial and biomechanical evaluation
Confirmed keratoconus	Monitor for progression using multiple structural parameters

WE CAN HELP.

We would like to thank all of you for who have and continue to support our mission, making it possible for us to bring advanced dry eye care to your patients.

Call today or visit us online to schedule your appointment today!

WANT TO REFER A PATIENT?
SCAN TO INITIATE REFERRAL OR GO TO:
HTTPS://MYEYEWELL.COM/CONTACT-US

Detecting Keratoconus

The American Academy of Ophthalmology Corneal Ectasia Preferred Practice Pattern® recommends prompt referral of patients who have been diagnosed with progressive keratoconus to a specialist who can perform corneal cross-linking.[1] Early detection of keratoconus is important to ensure timely intervention before visual function is lost.

When you see patients with the following signs and symptoms, consider keratoconus as a possible diagnosis.

Family History

- Family history of keratoconus
- Chronic eye rubbing and/or atopic eye diseases
- Systemic associations
  - Down syndrome
  - Connective tissue disorders

Patient Symptoms

- Reduced visual quality or loss of vision
- Glare, halo, ghosting, and/or monocular diplopia (especially at night)
- Frequent changes in glasses prescriptions or contact lens refits

Possible Examination Findings

- **Refraction & visual acuity:**
  - High astigmatism ≥2.00 D or increase in astigmatism ≥1.00 D
  - Increase of myopia ≥0.50 D or changes inconsistent with patient age
  - Vision does not correct to 20/20, or visual quality complaints associated with higher-order aberrations
- **Retinoscopy:**
  - Scissor reflex
  - Difficult retinoscopy
- **Autorefraction/Autokeratometry:**
  - Error messages
  - Increase in K values from prior visits or K>47.00 D
- **Manual Keratometry:**
  - Distorted mires
  - Increase in K values from prior visits or K>47.00 D
- **Topography/Tomography:**
  - Asymmetry, especially inferior to superior
  - Inferior steepening or high (>47.00 D) K values
  - Skewed axis (non-orthogonal axis)
  - Inferior thinning
  - OU K_{max} difference greater than 2.00 D

Waiting for iLink™ treatment can lead to further progression.

Age-dependent suggested wait times[2]:

- No longer than 6 weeks for patients younger than 18 years old
- No longer than 12 weeks for patients over 18 years old

No topographer available? No problem.

Visit iLinkExpert.com to connect with a doctor who performs iLink™ and can discuss referrals for imaging. The sooner you make a referral, the sooner patients can be treated with FDA-approved cross-linking.

Referral Form for Cross-linking Consultation

☐ Please note all findings that apply and include all available supporting documentation (eg, charts and/or imaging).

Patient: _____ **DOB:** _____

Documenting **one or more** of the following clinical changes within 24 months when conservative treatments have failed is important to helping insurance carriers determine the medical necessity of cross-linking.

1. An increase of ≥1.00 D in steepest keratometry

☐ OD	Date:	K_{Max}:	☐ OS	Date:	K_{Max}:
	Date:	K_{Max}:		Date:	K_{Max}:

2. Increase of ≥1.00 D of cylinder (Cyl) in subjective or manifest refraction

☐ OD	Date:	Cyl:	☐ OS	Date:	Cyl:
	Date:	Cyl:		Date:	Cyl:

3. A myopic shift of ≥0.50 D of spherical equivalent refractive error (MRSE)

☐ OD	Date:	MRSE:	☐ OS	Date:	MRSE:
	Date:	MRSE:		Date:	MRSE:

4. A decrease of ≥0.10 mm in back optical zone radius (BOZR) in corneal rigid gas permeable lenses

☐ OD	Date:	BOZR:	☐ OS	Date:	BOZR:
	Date:	BOZR:		Date:	BOZR:

5. Progressive deterioration of best spectacle corrected visual acuity (BSCVA) worse than 20/20

☐ OD	Date:	BSCVA:	☐ OS	Date:	BSCVA:
	Date:	BSCVA:		Date:	BSCVA:

6. Failed spectacle correction or contact lenses ☐ OD ☐ OS

☐ **Applicable** (continued progression in a contact lens wearer, and/or inadequate function in glasses or contacts, and/or contact lens intolerance)

☐ **Not Applicable** (no progression and adequate function in glasses or contacts)

Questions About Insurance Coverage for Cross-linking?

Find details regarding your patients' insurance policies at: www.glaukos.com/corneal-health/ilink-reimbursement/

REFERENCES: 1. Garcia-Ferrer FJ, Akpek EK, Amescua G, et al; American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Corneal Ectasia Preferred Practice Pattern®. *Ophthalmology.* 2019;126(1):P170-P215. **2.** Romano V, Vinciguerra R, Arbabi EM, et al. Progression of keratoconus in patients while awaiting corneal cross-linking: a prospective clinical study. *J Refract Surg.* 2018;34(3):177-180.

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.

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GLAUKOS®
San Clemente, CA +1-949-367-9600