

## Utilization Management and Clinical Medical Policy

<b>Policy Name:</b> Avacincaptad pegol intravitreal solution (Izervay™)	<b>Policy Number:</b> MP-RX-FP-117-24	<b>Scope:</b> <input checked="" type="checkbox"/> MMM MA <input checked="" type="checkbox"/> MMM MultiHealth	<b>Origination Date:</b> 6/28/2024 <b>Last Review Date:</b> 2/22/2026	<b>Effective Date:</b> 2/22/2026 <b>Frequently Revision:</b> 2/22/2027
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### Service Category:

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| <input type="checkbox"/> Anesthesia                          | <input type="checkbox"/> Medicine Services and Procedures   |
| <input type="checkbox"/> Surgery                             | <input type="checkbox"/> Evaluation and Management Services |
| <input type="checkbox"/> Radiology Procedures                | <input type="checkbox"/> DME/Prosthetics or Supplies        |
| <input type="checkbox"/> Pathology and Laboratory Procedures | <input checked="" type="checkbox"/> Part B Drugs            |

### Service Description:

This document addresses the use of *Avacincaptad pegol intravitreal solution (Izervay™)*, a complement inhibitor approved by the Food and Drug Administration (FDA) for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

### Background Information:

Geographic atrophy (GA) represents an advanced and severe manifestation of dry age-related macular degeneration (AMD). It occurs due to the gradual deterioration of light-sensitive cells in the macula, leading to the formation of irreversible lesions in the retinal pigment epithelium (RPE). As GA progresses, it results in a gradual decline in visual function. Common symptoms include scotomas, difficulty in recognizing faces, reduced reading speed, impaired adaptation to darkness, low luminance deficit (LLD), compromised contrast sensitivity, and challenges with night driving. More than half of GA patients experience significant impairment in everyday vision, and approximately 20% may suffer from severe vision loss, with a visual acuity of 20/200 or worse.

The precise cause of GA remains unknown, although it is believed to stem from a complex interplay of factors. Age and family history are prominent risk factors, with genetics contributing to disease susceptibility. Errors in genes associated with the complement cascade are thought to induce inflammation, rendering the eye more vulnerable to GA. Additional risk factors include smoking and higher body mass index.

Two types of AMD include: dry (aka atrophic AMD) and wet (aka advanced neovascular AMD). Dry AMD is the more common condition of the two, in which the macula gets thinner with age, specifically because of the loss of photoreceptors and retinal pigment epithelium cells which results in atrophy of the retinal tissue. Dry AMD typically has a slow progression. Late-stage dry AMD is referred to as Geographic Atrophy (GA), which is irreversible. GA is characterized by sharply defined atrophy of the outer retinal tissue, retinal pigment epithelium, and choriocapillaris. Wet AMD typically is seen to progress faster than dry AMD. Late-stage wet AMD can lead to GA. Therefore, GA can occur in both dry and wet AMD.

The complement cascade has been linked to the pathophysiology of dry AMD and GA. Within the innate immune system, there are 3 different pathways: classical, alternative, and lectin. Once a pathway (or multiple pathways) is activated, an inflammatory and cytolytic immune response from proteins within the complement system occurs. All 3 activation pathways converge at C3 convertase. C3 convertase promotes cleavage of C3 into C3a and C3b subunits. This cleavage results in subsequent generation of complement C5 convertase, which cleaves complement C5 into C5a and C5b. Findings of inflammatory cytokines and chemokines in the retina,

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along with the overactivity of the complement system and the subsequent formation of drusen, supports the hypothesis that the complement system is a key component for the development and progression of GA.

Izervay (avacincaptad pegol) is a pegylated RNA aptamer and a specific inhibitor of complement C5. Inhibiting the cleavage of C5 prevents formation of C5a and C5b. It is thought that inhibition at C5 within the complement system can reduce or slow down the downstream processes that can lead to continuous retinal atrophy. During the phase 2/3 study (GATHER1), adverse events of choroidal neovascularization or neovascular “wet” AMD were reported. These individuals were withdrawn from the study.

The first 12-months results from the GATHER2 trial were published in September 2023. The GATHER2 trial was a 24-month, multicenter, phase 3 trial aimed to evaluate the efficacy and safety of avacincaptad pegol 2 mg in reducing GA lesion growth. Eligible patients were aged 50 years or older with non-centrepoint-involving GA and best corrected visual acuity between 20/25 and 20/320 in the study eye. Participants were randomly assigned (1:1) to receive monthly avacincaptad pegol 2 mg intravitreal injections or sham treatment for the first 12 months. The primary endpoint was GA lesion size measured by fundus autofluorescence at baseline, month 6, and month 12. The trial included 448 enrolled patients. Results showed that avacincaptad pegol 2 mg significantly reduced the mean rate of GA lesion growth compared to sham treatment over 12 months, with a difference in growth of 0.056 mm/year (95% CI 0.016–0.096; p=0.0064), representing a 14% difference between the groups. Ocular treatment-emergent adverse events were reported in both groups, with no significant differences between avacincaptad pegol 2 mg and sham. The authors concluded that monthly avacincaptad pegol 2 mg demonstrated good tolerability and significantly slower GA growth over 12 months compared to sham treatment.

### Approved Indications

- A. For the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

### Other Uses

- A. N/A

### Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
J2782	Injection, avacincaptad pegol, 0.1 mg (Izervay)
ICD-10	Description
H35.3113	Advanced atrophic without subfoveal involvement-RT EYE

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H35.3123	Advanced atrophic without subfoveal involvement-LT EYE
H35.3133	Advanced atrophic without subfoveal involvement-Bilateral
H35.3114	Advanced atrophic with subfoveal involvement-RT EYE
H35.3124	Advanced atrophic with subfoveal involvement-LT EYE
H35.3134	Advanced atrophic with subfoveal involvement-Bilateral

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### Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member’s medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

#### *Avacincaptad pegol intravitreal solution (Izervay™)*

**A. Criteria For Initial Approval** *(Provider must submit documentation (such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information) supporting the patient's diagnosis for the drug and confirming that the patient has met approval criteria)*

- i. Individual has a diagnosis of geographic atrophy (GA) of the macula secondary to age-related macular degeneration (AMD); **AND**
- ii. The diagnosis of GA secondary to AMD has been verified by appropriate objective imaging and/or diagnostic modalities, such as:
  - Optical coherence tomography (OCT)
  - Fluorescein angiography
  - Fundus photography
  - Fundus autofluorescence (FAF)
  - Other clinically accepted retinal imaging techniques demonstrating geographic atrophy lesions consistent with AMD.

**B. Criteria For Continuation of Therapy**

- i. MMM considers continuation of Avacincaptad pegol intravitreal solution (Izervay™) therapy medically necessary in members requesting reauthorization when the maximum duration of therapy has not been exceeded, and the following information is provided for reauthorization:
  - a. Documented evidence of disease stabilization or response consistent with slowing of GA lesion growth or preservation of visual function, such as:
    1. Serial imaging showing reduced rate of GA expansion compared with baseline expectations or prior scans;
    - OR**
    2. Evidence of clinically meaningful benefit as assessed by the treating specialist;
  - AND**
  - b. Documentation that additional doses are clinically necessary; **AND**
  - c. Documentation that the patient has no evidence of significant ocular toxicity related to IZERVAY therapy, including but not limited to:
    - Absence of infectious or inflammatory complications (e.g., endophthalmitis)
    - No evidence of retinal detachment

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- Acceptable intraocular pressure status (no sustained elevated IOP requiring discontinuation)
- Monitoring for and documentation of absence of neovascular (wet) AMD or appropriate management if present; **AND**
- d. Documentation that the patient is tolerating therapy without adverse events that require discontinuation.

### C. Conditions not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

- i. Requests for Izervay (avacincaptad pegol) may not be approved for the following:
  - a. Geographic atrophy that is secondary to a condition other than age-related macular degeneration (including but not limited to Stargardt disease, cone rod dystrophy or toxic maculopathies);  
**OR**
  - b. Individual has a history of or active choroidal neovascularization or wet age-related macular degeneration;  
**OR**
  - c. Individual has an active ocular or periocular infection;  
**OR**
  - d. Individual has an active intraocular inflammation;  
**OR**
  - e. May not be approved when the above criteria are not met and for all other indications.

### D. Authorization Duration

- i. Initial Approval Duration: Up to 12 months
- ii. Reauthorization Approval Duration: Up to 12 months

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### Limits or Restrictions:

#### A. Therapeutic Alternatives

*The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.*

- i. N/A

#### B. Quantity Limitations

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.*

Drug	Recommended Dosing Schedule
<b>Avacincaptad pegol intravitreal solution (Izervay™) 20mg/ml vial</b>	2 mg (0.1 mL of 20 mg/mL solution) administered by intravitreal injection to each affected eye once monthly (approximately 28 ± 7 days).  Izervay is available as an intravitreal injection solution of 20 mg/mL in a single dose vial. Approvals will be limited to two (2)- 20mg/mL single dose vial every 28 days.
Exceptions	
<ul style="list-style-type: none"> <li>According to manufacturer, each single-dose vial should only be used for the treatment of a single eye.</li> </ul>	

### Reference Information:

- Khanani, A. M., Patel, S. S., Staurengi, G., Tadayoni, R., Danzig, C. J., Eichenbaum, D. A., et al. GATHER2 trial investigators. (2023). Efficacy and safety of avacincaptad pegol in patients with geographic atrophy (GATHER2): 12-month results from a randomised, double-masked, phase 3 trial. *Lancet*, 402(10411), 1449-1458. [https://doi.org/10.1016/S0140-6736\(23\)01583-0](https://doi.org/10.1016/S0140-6736(23)01583-0)
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
- DrugPoints System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE, Lexi-Comp with AHFS, Lexi-Comp, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
- Jaffe GJ, Westby K, Csaky KG, et al. C5 Inhibitor Avacincaptad Pegol for Geographic Atrophy Due to Age- Related Macular Degeneration: A Randomized Pivotal Phase 2/3 Trial. *Ophthalmology*. 2021 Apr;128(4):576-586. doi: 10.1016/j.ophtha.2020.08.027.

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6. DailyMed. (2024). IZERVAY (avacincaptad pegol) – FDA drug label. U.S. National Library of Medicine. Retrieved January 22, 2026, from <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=1642fe6a-dc26-4d20-ae6e-654af744e3bd&type=display>.
7. Astellas Pharma US, Inc. (2024). IZERVAY® (avacincaptad pegol intravitreal solution) prescribing information. Retrieved January 22, 2026, from [https://www.astellas.com/content/dam/astellas-com/global/en/documents/izervay\\_pi.pdf](https://www.astellas.com/content/dam/astellas-com/global/en/documents/izervay_pi.pdf).
8. Astellas Pharma US, Inc. (2024). IZERVAY Healthcare Professional Information: Efficacy and Safety. Retrieved January 22, 2026, from <https://www.izervayecp.com>.
9. UpToDate. (2025). Age-related macular degeneration. Retrieved January 22, 2026, from [https://www.uptodate.com/contents/age-related-macular-degeneration?search=izervay&source=search\\_result&selectedTitle=2~2&usage\\_type=default&display\\_rank=1#WhatsNew0](https://www.uptodate.com/contents/age-related-macular-degeneration?search=izervay&source=search_result&selectedTitle=2~2&usage_type=default&display_rank=1#WhatsNew0).

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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### Policy History:

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Annual Review	Added fundus autofluorescence (FAF) as an example of acceptable diagnostic imaging to the Criteria for Initial Approval. Updated Criteria for Continuation of Therapy to include documentation of disease stabilization/clinical response and tolerability of therapy. Added Conditions Not Covered to align with FDA-labeled contraindications, warnings, and limitations of use. Added available dosage form and strength to the dosing table. Updated references list. Made minor wording and formatting updates, including standardization of the drug name from Izervay® to Izervay™.	2/3/2026	2/22/2026
Annual Review	Efficacy-Labeling Change with Clinical Data (02/12/2025)-Indication no longer states restriction of use up to 12 months. Addition of continuation criteria since the drug's new clinical findings do not limit the use to 12 months. Addition of reauthorization approval duration: up to 12 months	4/16/2025	5/6/2025
Focus Review	Coding Reviewed: No changes. Effective 4/1/2024 Added HCPCS J2782. Added ICD-10-CM H35.3113, H35.3123, H35.3133, H35.3114, H35.3124, H35.3134. Removed HCPCS J3490, J3590, J9999, C9162.	N/A	N/A
Policy Inception	Elevance Health's Medical Policy adoption.	N/A	6/28/2024

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