

## avacincaptad pegol (Izervay®)

### Medical Benefit Drug Policy

#### Place of Service

Office Administration

Outpatient Facility Administration

#### Drug Details

USP Category: OPHTHALMIC AGENTS

Mechanism of Action: Complement C5 inhibitor

#### HCPCS:

- Through 3/31/2024: C9162 per 0.1 mg
- Effective 4/1/2024 and after: J2782 per 0.1 mg

#### How Supplied:

20 mg/mL in a single-dose vial

#### Condition(s) listed in policy (*see coverage criteria for details*)

- Geographic atrophy secondary to age-related macular degeneration (GA-AMD)

#### The following condition(s) require Prior Authorization/Preservice:

Geographic atrophy secondary to age-related macular degeneration (GA-AMD)

#### Covered Doses:

2 mg given by intravitreal injection to each affected eye every 3 weeks

#### Coverage Period:

1 year

#### References

1. AHFS®. Available by subscription at <http://www.lexi.com>
2. DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Izervay (avacincaptad pegol) [Prescribing information]. Parsippany, NJ: Iveric bio, Inc.; 8/2023.

#### Review History

Date of Last Annual Review: 11/29/2023

Date of last revision: 4/3/2024

Changes from previous policy version:

- Added HCPCS J2782 per 0.1 mg, effective 4/1/2024 and after.

*Blue Shield of California Medication Policy to Determine Medical Necessity  
Reviewed by P&T Committee*