blue california
Promise Health Plan

avacincaptad pegol (Izervay)

Medical Benefit Drug Policy

Place of Service
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: OPHTHALMIC AGENTS
Mechanism of Action: Complement C5 inhibitor
HCPCS:
J2782:Injection, avacincaptad pegol, 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)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Geographic Atrophy Secondary to Age-Related Macular Degeneration (GA-AMD)
Meets medical necessity if all the following are met:
1. Meets diagnosis

Covered Doses:
Up to 2 mg given by intravitreal injection to each affected eye every 3 weeks

Coverage Period:
Yearly

ICD-10:

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H35.3113, H35.3114, H35.3123, H35.3124, H35.3133, H35.3134

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. Iveric bio, Inc.; Parsippany, NJ. 8.2023.

Review History

Date of Last Annual Review: 4Q2024

Changes from previous policy version:

- GA secondary to AMD: Updated Coverage Period

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