Medical Policy:

Izervay (avacincaptad pegol), intravitreal injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.396	February 16, 2024	October 13, 2023

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Izervay, a complement C5 inhibitor, is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD). The recommended dose of Izervay is 2 mg, administered by intravitreal injection to each affected eye once monthly (approximately once every 28 ± 7 days) for up to 12 months.

Length of Authorization

12 Months and may not be renewed

Dosing Limits [Medical Benefit]

A. Quantity Limit (max daily dose) [NDC unit]:

- The dose is 2 mg (0.1 mL of 20 mg/mL solution) administered by intravitreal injection for each eye being treated

B. Max Units (per dose and over time) [HCPCS Unit]:

- 2mg not more frequent than once every 21 days for each eye being treated.

Guideline

I. Initial

1. **Geographic Atrophy.**
    A. Patient has geographic atrophy secondary to age-related macular degeneration; **AND**
    B. Patient has a best corrected visual acuity (BCVA) in the affected eye of between 20/25 and 20/320 letters; **AND**
    C. The medication is administered by or under the supervision of an ophthalmologist.

Applicable Procedure Codes

Code	Description
C9162	Injection, avacincaptad pegol, 0.1 mg

Applicable NDCs

Code	Description
82829-0002-01	Izervay 2mg/0.1ml Solution of Injection in a Single-dose Vial

ICD-10 Diagnoses

Code	Description
H35.3113	Nonexudative age-related macular degeneration, right eye advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye advanced atrophic with subfoveal involvement
H35.3123	Nonexudative age-related macular degeneration, left eye advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye advanced atrophic with subfoveal involvement
H35.3133	Nonexudative age-related macular degeneration, bilateral eye advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral eye advanced atrophic with subfoveal involvement
H35.3193	Nonexudative age-related macular degeneration, unspecified eye advanced atrophic without subfoveal involvement
H35.3194	Nonexudative age-related macular degeneration, unspecified eye advanced atrophic with subfoveal involvement

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	2/16/2024	Annual Review: no criteria changes, added code C9162, removed J3490 and C9399
EmblemHealth & ConnectiCare	10/13/2023	New Policy

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References

1. Izervay™ intravitreal injection [prescribing information]. Parsippany, NJ: Iveric; August 2023.

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