

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Izervay is a complement inhibitor indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD). Currently, there are no compendia supported uses for this therapy outside the FDA-indication(s).						
Exclusion Criteria	GA secondary to a condition other than AMD is not covered. Izervay must not be used in combination with Syfovre or any other medication for GA (Izervay has not been studied and there is no data to support use in combination with other medications used to treat GA).						
Required Medical Information	Medical records supporting the request must be provided. For initial requests, must also have documentation confirming the diagnosis.						
Age Restriction	None.						
Prescriber Restrictions	Must be prescribed by or in consultation with an ophthalmologist.						
Coverage Duration	Initial: one year. Reauthorization: two years. Dose will be approved according to the FDA- approved labeling or within accepted standards of medical practice. For reauthorization: Documentation showing the patient had a measurable improvement or stabilization in the condition compared to pre-treatment baseline (such as GA lesion size reduction, improved visual acuity, or improved/stable disease as seen on fundus autofluorescence or OCT) must be provided.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1121 1513 1266"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J2782</td> <td>Izervay (avacincaptad pegol)</td> <td>Billing unit: 0.1 mg 2 mg/0.1 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J2782	Izervay (avacincaptad pegol)	Billing unit: 0.1 mg 2 mg/0.1 mL SDV
HCPCS	Description	Billing Units/How Supplied					
J2782	Izervay (avacincaptad pegol)	Billing unit: 0.1 mg 2 mg/0.1 mL SDV					

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025