Oscar Clinical Guideline: Izervay (avancincaptad pegol) (PG168, Ver. 3)

Izervay (avancincaptad pegol)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Age-related macular degeneration (AMD) is a common progressive eye condition and a leading cause of vision loss in those over 65 years old. The most common form is dry AMD, affecting about 70-90% of AMD patients. As dry AMD advances, the risk of geographic atrophy increases. Geographic atrophy (GA), characterized by irreversible loss of retinal cells, leading to progressive vision difficulties like blurred areas or missing spots when reading, accounts for ~15% of all AMD cases. Geographic atrophy impacts daily functioning and can ultimately cause severe central vision loss or blindness.

Despite the significant burden of GA, effective treatment options have been lacking until recently. On August 4, 2023, the FDA granted approval to Izervay (avacincaptad pegol) as the first C5 complement inhibitor for GA secondary to AMD. As an overactive complement system contributes to AMD pathology, inhibiting C5 may reduce this damaging effect.

1. The monthly intravitreal injections of Izervay were studied in two phase 3 trials, GATHER1 and GATHER2, which showed significantly reduced GA lesion growth rates compared to sham

injections over 12 months. However, no differences in visual acuity were observed between the treatment and placebo groups.

2. A post-hoc analysis of the GATHER1 and GATHER2 study assessed the impact of Izervay (avancincaptad pegol) 2 mg versus sham on the impact on visual acuity measured by letter loss from baseline. There was a significant difference between Izerkay (avancincaptad pegol) and sham for loss of ≥15 works (3.4% vs. 78%) by 12 months. This difference was consistently seen for ≥10 word and ≥20 word loss. This post-hoc analysis also found a reduction in the loss of visual acuity to below driving eligibility threshold, which is a clinically meaningful outcome. However, this study is significantly limited by its post-hoc design, limited statistical analysis and power (despite pooling the GATHER1 and GATHER2 study sample to increase total size).
3. While Izervay represents an important advance as the first approved pharmacotherapy for GA, concerns exist regarding its benefit-risk profile. Increased adverse events like endophthalmitis and conversion to wet AMD were seen with Izervay versus placebo. Additionally, the lack of efficacy on visual acuity, a key goal in managing AMD, raises uncertainty about its clinical value.

Definitions

"**Age-related macular degeneration (AMD)**" is a common progressive eye disease that results in damage to the macula and central vision loss. It has two main forms - dry and wet AMD.

"**Drusen**"is yellow extracellular deposits that accumulate under the retinal pigment epithelium characterizing early AMD.

"**Dry AMD**" is the most common form of AMD (~90% cases) characterized by drusen deposits and abnormalities in the retinal pigment epithelium in the macula.

"**Endophthalmitis**" is a serious inflammation of the interior of the eye that can lead to vision loss.

"**Geographic atrophy (GA)**" is an advanced form of dry AMD defined by irreversible atrophy and loss of retinal cells leading to progressive vision impairment. Also known as atrophic AMD.

"**Idiopathic Polypoidal Choroidal Vasculopathy (IPCV)**" is a condition characterized by the presence of polypoidal, saccular dilations of blood vessels located beneath the RPE. It can lead to serous and hemorrhagic detachments of the RPE. While IPCV shares some similarities with nAMD, it's a distinct entity.

"**Intravitreal injection**" refers to injection of a medication into the vitreous humor of the eye to directly deliver the drug to the retina.

"**Macula**" is the small central area of the retina responsible for sharp, detailed central vision.

"**Neovascular Age-Related Macular Degeneration (nAMD)**" is the wet form of AMD. It is characterized by the growth of abnormal blood vessels under the retina, which can leak fluid and blood. This leads to rapid and severe central vision loss if not treated.

"**Stargardt Disease**" is an inherited form of juvenile macular degeneration. It typically begins in childhood or adolescence and is caused by mutations in specific genes. Over time, there's a progressive loss of central vision.

Medical Necessity Criteria for Initial Authorization

The Plan considers **Izervay (avacincaptad pegol)** medically necessary when **ALL** of the following criteria are met:

1. The medication is prescribed by or in consultation with an ophthalmologist; ***AND***
2. The member is 18 years of age or older; ***AND***
3. The member has a diagnosis of geographic atrophy secondary to age-related macular degeneration supported by clinical documentation; ***AND***
4. The member does **NOT** have **ANY** of the following:
    a. active ocular or periocular infections; ***or***
    b. active intraocular inflammation; ***AND***
5. Izervay (avacincaptad pegol) is being prescribed at a dose and frequency that is within FDA approved labeling **OR** is supported by compendia or evidence-based published dosing guidelines for the requested indication.

If the above prior authorization criteria are met, Izervay (avancincaptad pegol) will be approved for up to 12-months.

Medical Necessity Criteria for Reauthorization

Reauthorization for up to 12 months for **Izervay (avacincaptad pegol)** will be reviewed on a case-by-case basis and may be granted based on **BOTH** of the following:

1. The medication is prescribed by or in consultation with an ophthalmologist***; AND***
2. Clinical documentation is provided showing **ALL** of the following:

a. Continued disease stability or slowing in the growth rate of geographic atrophy lesions***; AND***
b. No evidence of unacceptable toxicity or adverse events, such as endophthalmitis, retinal detachment, or conversion to wet AMD***; AND***
c. If applicable, clinical rationale and supporting evidence for extended Izervay treatment beyond 24 months of total use.

Experimental or Investigational / Not Medically Necessary

Izervay (avacincaptad pegol) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Neovascular Age-Related Macular Degeneration (nAMD)
- Stargardt Disease
- Idiopathic Polypoidal Choroidal Vasculopathy

Applicable Billing Codes (HCPCS/CPT Codes)

Service(s) name	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
Code	*Description*
Healthcare Common Procedure Coding System (HCPCS) code	
J2782	Injection, avacincaptad pegol, 0.1 mg
CPT code for injections	
67028	Intravitreal injection of a pharmacologic agent (separate procedure)
ICD-10 codes considered medically necessary if criteria are met:	
Code	*Description*
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement

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

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Clinical Guideline Revision / History Information

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