



EFFECTIVE 4/1/24  
New Permanent J-code J2782

# Billing and Coding Guide

Your Access and Reimbursement Manager:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

With just a call or click, you can get assistance from a dedicated IZERVAY My Way<sup>SM</sup> Access Coordinator.



Phone: **1-888-C5MYWAY (1-888-256-9929)**  
8 AM to 8 PM ET Monday - Friday



Fax: **1-833-C5MYWAY (1-833-256-9929)**



Email: **Support@IZERVAYMyWay.com**



Website: **IZERVAYecp.com/PatientSupport**

**This Billing and Coding Guide is for general informational purposes only. The codes listed reflect a sample of potentially relevant codes but the provider is responsible for selecting the appropriate diagnosis, procedure, and billing codes that truthfully reflect the diagnosis and level of service provided to the patient in each instance of administration of IZERVAY.**

**The information in this guide is subject to change without notice and should be verified by the provider for each patient prior to treatment. Contact the patient's health plan directly for the most accurate information.**

**Astellas Pharma US, Inc. does not guarantee payment or coverage for any product or service.**

**Please see Important Safety Information on page 8 and accompanying full Prescribing Information.**

# Codes for billing and reimbursement

The codes below are common codes that may be used when filing a claim for IZERVAY. For the most accurate codes, please contact your patient's health plan.

## Current Procedural Terminology (CPT®) codes for imaging<sup>1,2</sup>

CPT code	Description
92134	Optical coherence tomography
92235	Fluorescein angiography (FA)
92250	Fundus photography (Fundus autofluorescence)
92240	Indocyanine green angiography (ICG)
92242	FA and ICG

## CPT code for injections<sup>3</sup>

CPT code	Site modifier	Description
67028	Apply the appropriate site modifier (LT, RT, or 50) to the end of CPT code 67028	Intravitreal injection

LT, left eye; RT, right eye; 50, both eyes.

CPT® codes and descriptions are © 2024 American Medical Association (AMA). All rights reserved.

**References:** 1. Centers for Medicare & Medicaid Services. Physician fee schedule search. Accessed May 18, 2023. <https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=0&HT=1&CT=0&H1=92134&H2=92235&H3=92250&H4=92240&H5=92242&M=1>  
2. Asbell RL. Chart documentation for ophthalmic diagnostic tests. *Retina Today*. 2014;29-30. 3. Medicare.gov. Intravitreal injection of a pharmacologic agent (separate procedure). Accessed May 18, 2023. <https://www.medicare.gov/procedure-price-lookup/cost/67028>

**It is always the provider's responsibility to determine the appropriate clinical diagnosis and healthcare setting to submit true and accurate claims for the products and services rendered.**

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**izervay**<sup>™</sup>  
(avacincaptad pegol  
intravitreal solution) 2 mg

## Evaluation and management (E/M) codes<sup>1</sup>

CPT code	Description
99203	New Patient Level 3 E/M
99213	Established Patient Level 3 E/M
99204	New Patient Level 4 E/M
99214	Established Patient Level 4 E/M

Other E/M codes may apply or be more appropriate for a given visit. Please refer to the E/M coding and documentation guidelines in the CPT book provided by the American Medical Association.

## Office visit modifier<sup>2</sup>

Modifier	Description
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified healthcare professional on the same day of the procedure or other services.

Office visit modifiers help with prompt and correct payment based on evaluation and management services provided. These modifiers do not apply to services like tests or surgeries.

**References:** 1. American College of Obstetricians and Gynecologists. 2021 Evaluation and management summary. Accessed May 18, 2023. <https://www.dph.ncdhhs.gov/lhd/docs/2021-EM-CodingSummary.pdf> 2. American Academy of Ophthalmology. Effectively use exam modifiers. Accessed May 18, 2023. <https://www.aao.org/young-ophthalmologists/yo-info/article/effectively-use-exam-modifiers>

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## ICD-10 codes for GA<sup>1</sup>

Right eye

Left eye

Bilateral

**Dry (nonexudative)  
AMD, advanced  
atrophic without  
subfoveal involvement**

H35.31**13**

H35.31**23**

H35.31**33**

**Dry (nonexudative)  
AMD, advanced  
atrophic with  
subfoveal involvement**

H35.31**14**

H35.31**24**

H35.31**34**

### Key:

**Blue** numerals  
(6th position)  
indicate laterality.

H35.31**11**

**Red** numerals  
(7th position)  
indicate staging.

## National Drug Code (NDC)<sup>2</sup>

Tradename

Package strength

10-digit format

11-digit format

IZERVAY™  
(avacincaptad  
pegol intravitreal  
solution)

20 mg/mL  
solution in a  
single-dose  
glass vial

82829-002-01

82829-0002-01

Check with the patient's health plan to determine sequence requirements regarding the use of a 10-digit or 11-digit NDC as it may vary.

**References:** 1. American Academy of Ophthalmology. How to use the ICD-10 codes for age-related macular degeneration. Accessed May 18, 2023. <https://www.aao.org/eyenet/article/how-to-use-the-icd-10-codes-for-amd> 2. IZERVAY™ (avacincaptad pegol intravitreal solution) Prescribing Information. IVERIC bio, Inc., Parsippany, NJ 07054.

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Healthcare Common Procedure Coding System (HCPCS) code<sup>1</sup>

HCPCS code	Descriptor	Site of care	Billing units*
<b>J2782</b>	Injection, avacincaptad pegol intravitreal solution, 0.1 mg	All sites of care	<b>20</b>

**When using the permanent J-code, bill 20 units for a 2-mg dose of IZERVAY.\* Be sure to check with each payer for specific coding requirements.**

\*One billing unit of J2782 equals 0.1 mg of avacincaptad pegol. As a result, billing for 20 units equals a 2-mg dose of IZERVAY.<sup>1</sup>

JZ modifier: Effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.<sup>2</sup>

**Important reminders when billing for IZERVAY**

**Ensure the following information is included in the claim submission:**

- Drug name/generic name
- Strength
- Unit administered
- Route of administration
- NDC
- Appropriate codes (ICD-10, CPT, HCPCS)

**Some health plans may also request the following:**

- Prescribing information
- FDA approval letter
- Any relevant documentation to support medical necessity (EHR documentation, letter of medical necessity, etc)
- Drug purchase invoice

**References:** 1. Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: Fourth Quarter, 2023 HCPCS Coding Cycle. Accessed February 16, 2024. <https://www.cms.gov/files/document/2023-hcpcs-application-summary-quarter-4-2023-drugs-and-biologicals-updated-02/16/2024.pdf> 2. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals–JW modifier and JZ modifier policy frequently asked questions. Accessed May 18, 2023. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

**It is your responsibility to ensure that claim forms are completed accurately based on the clinical visit.**

**It is always the provider’s responsibility to determine the appropriate clinical diagnosis and healthcare setting to submit true and accurate claims for the products and services rendered.**

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# Sample CMS-1500 form

The sample claim form below is just an example of how services provided in a physician's office may be billed on the CMS-1500 form.

## Box 19:

Product name, generic, strength, dose administered, route of administration, NDC

## Box 21A:

Diagnosis code (ICD-10-CM)

## Box 23:

Prior authorization number, if available

## Box 24A:

In the red shaded area at the top of the box, insert the N4 qualifier followed by the 11-digit NDC number and unit quantity. List the date of service in the white space. Hyphens may or may not be required by payer.

## Box 24D:

Enter the appropriate HCPCS code, J2782, for IZERVAY on its own line, which should correlate to the NDC in Box 24A. The HCPCS code must be accompanied by the JZ modifier.<sup>1</sup> Include the following on separate lines:

- CPT code to report the administration procedure, 67028, along with the correct site modifier
- CPT code to report imaging, if appropriate
- CPT E/M code, if appropriate

## Box 24E:

Enter the diagnosis code reference letter as shown in Box 21 to relate the date of service and the procedures performed to the diagnosis code.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare#)  MEDICAID (Medicaid)  TRICARE (TRICARE)  CHAMPVA (Member ID#)  GROUP HEALTH PLAN (ID#)  FECA BLK/LNNG (ID#)  OTHER (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M  F ) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED (Self  Spouse  Child  Other ) 7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT? (Current or Previous) YES  NO  b. AUTO ACCIDENT? YES  NO  c. OTHER ACCIDENT? YES  NO ) 11. INSURED'S POLICY GROUP OR FECA NUMBER (a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M  F ) b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES  NO  # yes, complete items 9, 9a, and 9d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM DD YY) QUAL. 15. OTHER DATE (MM DD YY) 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM DD YY TO MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17a. NAME 17b. NPI) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES  NO  \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD 10d. 22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

LINE	24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. PLACE OF SERVICE EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) (PT/HCPCS) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNITS	H. PRICE PER UNIT	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From	To									
1	01	22 23 01 22 23			J2782 JZ	A		20			NPI
2	01	22 23 01 22 23			67028 LT						NPI
3											NPI
4											NPI
5											NPI
6											NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN   26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. clients, see back) YES  NO  28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Paid for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ( )

SIGNED DATE a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

## Box 24G:

When using the permanent J-code, bill 20 units for each IZERVAY injection. 20 billing units of J2782 equals a 2-mg dose of IZERVAY. As a result, 20 units equals 1 single-dose 20-mg vial. Be sure to check with each payer for their specific coding requirements.

**Reference:** 1. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals—JW modifier and JZ modifier policy frequently asked questions. Accessed May 18, 2023. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

**It is your responsibility to ensure that claim forms are completed accurately based on the clinical visit.**

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# Sample CMS-1450 form

The sample claim form below is just an example of how services provided in a hospital outpatient department may be billed on the CMS-1450 form.

## Box 42:

Enter the appropriate revenue code corresponding with the HCPCS code in Box 44. Then enter the appropriate revenue code corresponding with the CPT code in Box 44 (eg, 500 for general outpatient services, or 510 for general clinic services).<sup>1</sup>

## Box 43:

Enter a detailed drug description for the payer. The N4 indicator is listed first, the 11-digit NDC number is listed second, a code describing the unit of measurement qualifier is listed third, and the unit quantity is listed at the end.

## Box 44:

Enter the appropriate HCPCS code for IZERVAY—J2782. It is your responsibility to confirm the appropriate code with the health plan and submit claims accordingly. The HCPCS code must be accompanied by the JZ modifier.<sup>2</sup> To report the injection procedure, enter the appropriate CPT code, 67028, along with the appropriate site modifier.

## Box 46:

Enter the units of service

## Box 63:

Treatment authorization codes

1		2		3a. JCN CNTL #		4. PPS OF BILL	
3b. JCN REC #		5. FED. TAX NO.		6. STATEMENT COVERS PERIOD FROM		7. THROUGH	
8. PATIENT NAME				9. PATIENT ADDRESS			
10. BIRTHDATE		11. SEX		12. DATE		13. ADMISSION 13 HR 14 TYPE 15 SRC	
16. DHR		17. STAT		18. 19. 20.		21. CONDITION CODES 22. 23. 24. 25. 26. 27. 28.	
29. ACCT STATE		31. OCCURRENCE DATE		32. OCCURRENCE DATE		33. OCCURRENCE DATE	
34. OCCURRENCE DATE		35. CODE		36. OCCURRENCE SPAN FROM		37. THROUGH	
38. 39. VALUE CODES AMOUNT		40. VALUE CODES AMOUNT		41. VALUE CODES AMOUNT		42. VALUE CODES AMOUNT	
43. REV. CD		43. DESCRIPTION		44. HCPCS / RATE / HIPPS CODE		45. SERV. DATE	
46. SERV. UNITS		47. TOTAL CHARGES		48. NON-COVERED CHARGES		49.	
250		N482829 0002 01 MLO.1		J2782 JZ		20	
500		Outpatient clinic		67028LT			
PAGE		OF		CREATION DATE		TOTALS	
50. PAYER NAME		51. HEALTH PLAN ID		52. REL. SHIP		53. ADJ. SERV.	
54. PRIOR PAYMENTS		55. EST. AMOUNT DUE		56. NP1		57. OTHER PRV ID.	
58. INSURED'S NAME		59. PREL.		60. INSURED'S UNIQUE ID		61. GROUP NAME	
62. INSURANCE GROUP NO.		63. TREATMENT AUTHORIZATION CODES		64. DOCUMENT CONTROL NUMBER		65. EMPLOYER NAME	
66. H35.3123		67. ADMIT DN		68. PATIENT REASON DXT		69. PPS CODE	
70. ECI		71. PRINCIPAL PROCEDURE DATE		72. OTHER PROCEDURE DATE		73. OTHER PROCEDURE DATE	
74. OTHER PROCEDURE DATE		75. OTHER PROCEDURE DATE		76. OTHER PROCEDURE DATE		77. ATTENDING NP1	
78. LAST		79. FIRST		80. QUAL		81. LAST	
82. FIRST		83. QUAL		84. LAST		85. FIRST	
86. QUAL		87. LAST		88. FIRST		89. QUAL	
90. LAST		91. FIRST		92. QUAL		93. LAST	
94. FIRST		95. QUAL		96. LAST		97. FIRST	
98. QUAL		99. LAST		100. FIRST		101. QUAL	
102. LAST		103. FIRST		104. QUAL		105. LAST	
106. FIRST		107. QUAL		108. LAST		109. FIRST	
110. QUAL		111. LAST		112. FIRST		113. QUAL	
114. LAST		115. FIRST		116. QUAL		117. LAST	
118. FIRST		119. QUAL		120. LAST		121. FIRST	
122. QUAL		123. LAST		124. FIRST		125. QUAL	
126. LAST		127. FIRST		128. QUAL		129. LAST	
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134. QUAL		135. LAST		136. FIRST		137. QUAL	
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146. QUAL		147. LAST		148. FIRST		149. QUAL	
150. LAST		151. FIRST		152. QUAL		153. LAST	
154. FIRST		155. QUAL		156. LAST		157. FIRST	
158. QUAL		159. LAST		160. FIRST		161. QUAL	
162. LAST		163. FIRST		164. QUAL		165. LAST	
166. FIRST		167. QUAL		168. LAST		169. FIRST	
170. QUAL		171. LAST		172. FIRST		173. QUAL	
174. LAST		175. FIRST		176. QUAL		177. LAST	
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194. QUAL		195. LAST		196. FIRST		197. QUAL	
198. LAST		199. FIRST		200. QUAL		201. LAST	
202. FIRST		203. QUAL		204. LAST		205. FIRST	
206. QUAL		207. LAST		208. FIRST		209. QUAL	
210. LAST		211. FIRST		212. QUAL		213. LAST	
214. FIRST		215. QUAL		216. LAST		217. FIRST	
218. QUAL		219. LAST		220. FIRST		221. QUAL	
222. LAST		223. FIRST		224. QUAL		225. LAST	
226. FIRST		227. QUAL		228. LAST		229. FIRST	
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298. FIRST		299. QUAL		300. LAST		301. FIRST	
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306. LAST		307. FIRST		308. QUAL		309. LAST	
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418. FIRST		419. QUAL		420. LAST		421. FIRST	
422. QUAL		423. LAST		424. FIRST		425. QUAL	
426. LAST		427. FIRST		428. QUAL		429. LAST	
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570. LAST		571. FIRST		572. QUAL		573. LAST	
574. FIRST		575. QUAL		576. LAST		577. FIRST	
578. QUAL		579. LAST		580. FIRST		581. QUAL	
582. LAST		583. FIRST		584. QUAL		585. LAST	
586. FIRST		587. QUAL		588. LAST		589. FIRST	
590. QUAL		591. LAST		592. FIRST		593. QUAL	
594. LAST		595. FIRST		596. QUAL		597. LAST	
598. FIRST		599. QUAL		600. LAST		601. FIRST	
602. QUAL		603. LAST		604. FIRST		605. QUAL	
606. LAST		607. FIRST		608. QUAL		609. LAST	
610. FIRST		611. QUAL		612. LAST		613. FIRST	
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618. LAST		619. FIRST		620. QUAL		621. LAST	
622. FIRST		623. QUAL		624. LAST		625. FIRST	
626. QUAL		627. LAST		628. FIRST		629. QUAL	
630. LAST		631. FIRST		632. QUAL		633. LAST	
634. FIRST		635. QUAL		636. LAST		637. FIRST	
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662. QUAL		663. LAST		664. FIRST		665. QUAL	
666. LAST		667. FIRST		668. QUAL		669. LAST	
670. FIRST		671. QUAL		672. LAST		673. FIRST	
674. QUAL		675. LAST		676. FIRST		677. QUAL	
678. LAST		679. FIRST		680. QUAL		681. LAST	
682. FIRST		683. QUAL		684. LAST		685. FIRST	
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690. LAST		691. FIRST		692. QUAL		693. LAST	
694. FIRST		695. QUAL		696. LAST		697. FIRST	
698. QUAL		699. LAST		700. FIRST		701. QUAL	
702. LAST		703. FIRST		704. QUAL		705. LAST	
706. FIRST		707. QUAL		708. LAST		709. FIRST	
710. QUAL		711. LAST		712. FIRST		713. QUAL	
714. LAST		715. FIRST		716. QUAL		717. LAST	
718. FIRST		719. QUAL		720. LAST		721. FIRST	
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726. LAST		727. FIRST		728. QUAL		729. LAST	
730. FIRST							

## INDICATION

**IZERVAY™ (avacincaptad pegol intravitreal solution) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).**

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

- IZERVAY is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation.

### WARNINGS AND PRECAUTIONS

- Endophthalmitis and Retinal Detachments
  - Intravitreal injections, including those with IZERVAY, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering IZERVAY in order to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.
- Neovascular AMD
  - In clinical trials, use of IZERVAY was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (7% when administered monthly and 4% in the sham group) by Month 12. Patients receiving IZERVAY should be monitored for signs of neovascular AMD.
- Increase in Intraocular Pressure
  - Transient increases in intraocular pressure (IOP) may occur after any intravitreal injection, including with IZERVAY. Perfusion of the optic nerve head should be monitored following the injection and managed appropriately.

### ADVERSE REACTIONS

- Most common adverse reactions (incidence  $\geq 5\%$ ) reported in patients receiving IZERVAY were conjunctival hemorrhage, increased IOP, blurred vision, and neovascular age-related macular degeneration.

**Please see full Prescribing Information for more information.**

**It is always the provider's responsibility to determine the appropriate clinical diagnosis and healthcare setting to submit true and accurate claims for the products and services rendered.**

The logo for IZERVAY features the brand name in a bold, purple, sans-serif font. Above the letters 'I' and 'Z' is a curved line with a color gradient from orange to purple. Below the brand name, the text '(avacincaptad pegol intravitreal solution) 2 mg' is written in a smaller, black, sans-serif font.**izervay™**  
(avacincaptad pegol  
intravitreal solution) 2 mg



  
**izervay**<sup>™</sup>  
(avacincaptad pegol  
intravitreal solution) 2 mg

**Wherever you are in the process,  
we are ready to provide access and  
reimbursement support for IZERVAY.**

With just a call or click, you can get assistance from a dedicated IZERVAY My Way<sup>SM</sup> Access Coordinator.

 Phone: **1-888-C5MYWAY (1-888-256-9929)**  
8 AM to 8 PM ET Monday - Friday

 Fax: **1-833-C5MYWAY (1-833-256-9929)**

 Email: **Support@IZERVAYMyWay.com**

 Website: **IZERVAYecp.com/PatientSupport**

**It is always the provider's responsibility to determine the appropriate codes for the products and services rendered. Astellas Pharma US, Inc. does not guarantee payment or coverage for any product or service.**

**Please see Important Safety Information on page 8 and accompanying full Prescribing Information.**



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