

**Izervay (avacincaptad pegol)**  
**Effective 05/06/2024**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

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

### Coverage Guidelines

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of GA secondary to AMD
2. Prescriber is an ophthalmologist
3. Member is  $\geq 50$  years of age
4. Absence of choroidal neovascularization (CNV or Wet-AMD) in the treatment eye
5. Normal luminance best corrected visual acuity (BCVA)  $\geq 24$  letters (20/320 Snellen equivalence)
6. Total GA lesion area  $\geq 2.5$  and  $\leq 17.5$  mm<sup>2</sup>, with at least 1 lesion  $\geq 1.25$  mm<sup>2</sup> if GA is multifocal.
7. Presence of any pattern of hyperautofluorescence in the junctional zone of GA.
8. Requested dosing is 2mg (0.1 mL) every 28 days

### Continuation of Therapy

Prescriber must provide documentation of **ALL** of the following:

1. Positive response to therapy
2. Member has not developed nAMD (wet AMD)
3. Total treatment duration  $\leq 1$  year.

### Limitations

1. Initial approval duration will be granted for 6 months.
2. There is currently no data supporting dosing of this agent for  $> 1$  year. Recertification may be granted for total approval duration of 1 year.

### References

1. Izervay® [package insert]. Parsippany (NJ): Iveric Bio, Inc.; 2023 Aug

**Review History**

4/10/24 – Created for P&T. Adopted MH criteria. Izervay will require PA under MB. Effective 5/6/24.

