Avacincaptad Pegol (IZERVAY) Intravitreal Injection
Criteria for Use
May 2025

VA Pharmacy Benefits Management Services, VA National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive avacincaptad

- ☐ Geographic atrophy that is secondary to a condition other than age-related macular degeneration (AMD)
- ☐ Ocular or periocular infections
- ☐ Active intraocular inflammation

Inclusion Criteria

All of the following criteria must be met.

- ☐ Provider is a VA or VA Community Care ophthalmologist
- ☐ Diagnosis of geographic atrophy secondary to AMD

In clinical trials, use of avacincaptad was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization. Patients should be monitored for signs of neovascular AMD. In case anti-Vascular Endothelial Growth Factor (anti-VEGF) is required, it should be given separately from avacincaptad administration.

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