

# Avacincaptad Pegol Intravitreal



**Included Products:** Izervay (avacincaptad pegol intravitreal injection)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 01/11/2024

Revised: 01/11/2024

Reviewed: 01/11/2024

Updated: 02/01/2024

## Geographic Atrophy (GA) Secondary to Age-related Macular Degeneration (AMD)

Initial Criteria		If yes	If no
1.	Is the request from an ophthalmologist?	Continue to #2.	Do not approve.
2.	Is the patient at least 50 years old?	Continue to #3.	Do not approve.
3.	Is the following criteria met? a. Diagnosis of GA secondary to AMD b. Absence of choroid neovascularization (CNV) in treated eye c. BCVA between 20/25 and 20/320 in affected eye d. GA lesion size between 2.5 mm <sup>2</sup> and 17.5 mm <sup>2</sup> with at least 1 lesion $\geq$ 1.25 mm <sup>2</sup>	Continue to #4.	Do not approve.
4.	Has Syfovre been failed?	Continue to #5.	Do not approve.
5.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is there documentation that ongoing treatment is medically necessary based on objective measurements of all GA lesions and their corresponding changes in size (such as slower rate of lesion growth since starting Izervay compared to baseline)?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		