

# PHARMACY POLICY STATEMENT

## North Carolina Marketplace

<b>DRUG NAME</b>	<b>Izervay (avacincaptad pegol)</b>
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Izervay, approved by the FDA in 2023, is a complement

**CareSource considers Izervay (avacincaptad pegol) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
09/18/2023	New policy for Izervay created.

References:

1. Izervay [prescribing information]. IVERIC bio, Inc.; 2023.
2. Flaxel CJ, Adelman RA, Bailey ST, et al. Age-Related Macular Degeneration Preferred Practice Pattern® [published correction appears in *Ophthalmology*. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(1):P1-P65. doi:10.1016/j.optha.2019.09.024
3. Jaffe GJ, Westby K, Csaky KG, et al. C5 Inhibitor Avacincaptad Pegol for Geographic Atrophy Due to Age-Related Macular Degeneration: A Randomized Pivotal Phase 2/3 Trial. *Ophthalmology*. 2021;128(4):576-586. doi:10.1016/j.optha.2020.08.024