



izervay[™]
(avacincaptad pegol
intravitreal solution) 2 mg

IZERVAY Dosing Preparation Guide

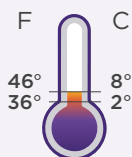
How to Prepare IZERVAY

The recommended dose for IZERVAY is 2 mg (0.1 mL of 20 mg/mL solution) administered by intravitreal injection to each affected eye once monthly (approximately every 28 ± 7 days).

IZERVAY must be administered by a qualified physician.

Storage

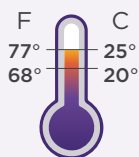
Storage Temperature



Storage:

- Store IZERVAY in the refrigerator
- Do not freeze or shake
- Keep the vial in the original carton to protect from light

Room Temperature



Prior to use:

- Allow IZERVAY to reach room temperature
- Unopened IZERVAY vial may be kept at room temperature for up to 24 hours

NOTE: ensure the injection is given immediately after preparing the dose.

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.

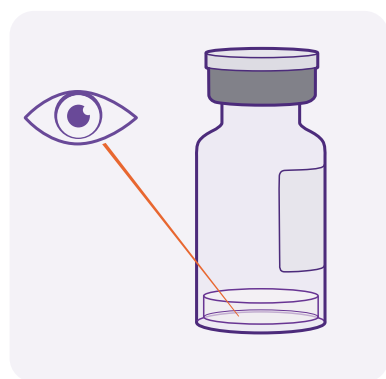
Please see additional Important Safety Information throughout and full [Prescribing Information](#) for more information.

STEP 1

Gather Materials

- a. IZERVAY vial
- b. Sterile 5-micron filter needle x 1½ inch
- c. Sterile 1 mL Luer lock syringe with a 0.1 mL dose mark
- d. Sterile injection needle 30-gauge x ½ inch
- e. Alcohol swab

NOTE: a 30-gauge injection needle is recommended to avoid increased injection forces that could be experienced with smaller diameter needles.



STEP 2

Inspect Vial

The liquid in the vial should be a clear to slightly opalescent, colorless to slightly yellow liquid solution

Do not use:

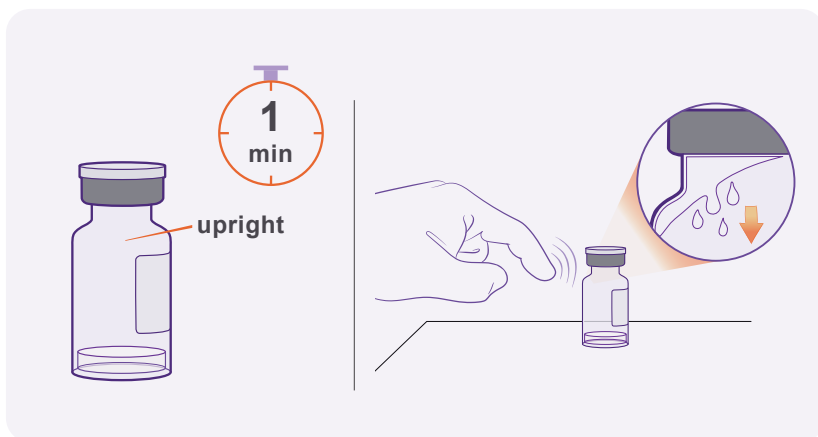
- if particulates, cloudiness, or discoloration are visible
- if packaging, vial, filter needle, injection needle, and/or empty syringe are expired, damaged, or have been tampered with

STEP 3

Orient Vial

Place the vial upright on a flat surface for about 1 minute to make sure all liquid settles at the bottom of the vial.

Gently tap the vial with your finger to remove any liquid that may stick to the top of the vial.



IMPORTANT SAFETY INFORMATION (CONT'D)

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.

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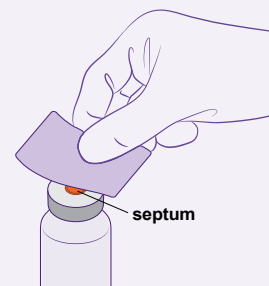
STEP 4

Clean Vial

Remove the flip-off cap from the vial.



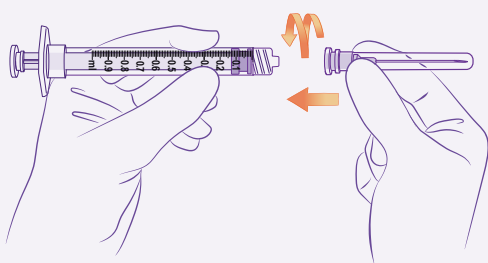
Gently wipe the vial septum with an alcohol swab.



STEP 5

Attach Filter Needle

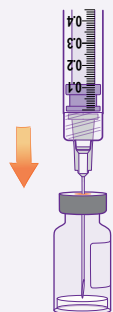
Firmly attach the filter needle onto the 1 mL Luer lock syringe and twist clockwise to secure, using aseptic technique.



STEP 6

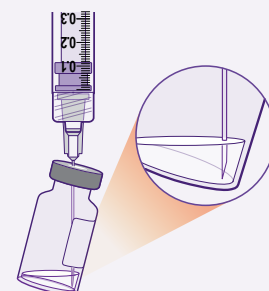
Insert Filter Needle into Vial

Push the filter needle all the way into the center of the vial septum, using aseptic technique.



Tilt the vial slightly so needle touches bottom edge of the vial.

Rotate the filter needle so that the bevel is submerged into the liquid to avoid introduction of air.



IMPORTANT SAFETY INFORMATION (CONT'D)

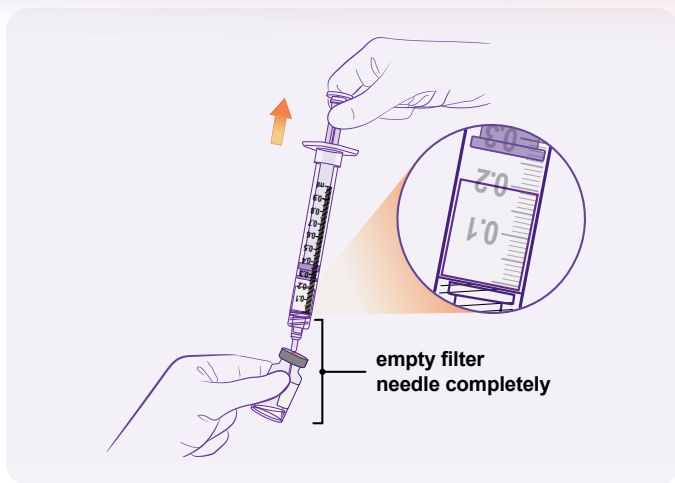
WARNINGS AND PRECAUTIONS (CONT'D)

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. Over 24 months, the rate of neovascular (wet) AMD or choroidal neovascularization in the GATHER2 trial was 12% in the IZERVAY group and 9% in the sham group. Patients receiving IZERVAY should be monitored for signs of neovascular AMD.

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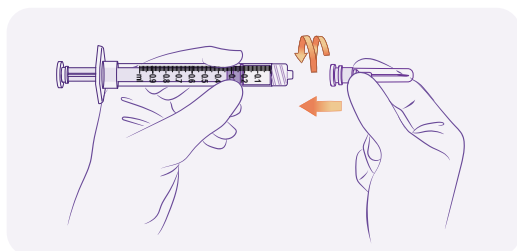
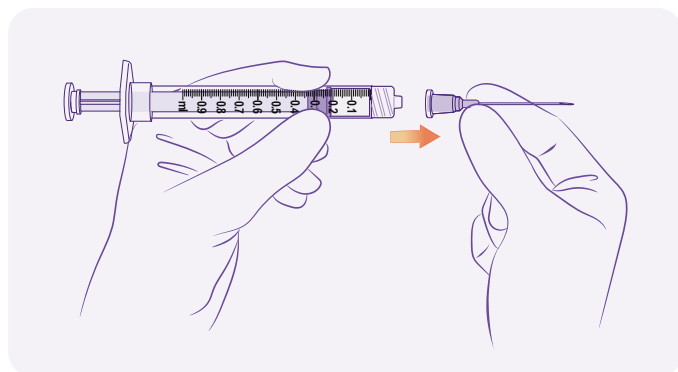
STEP 7 Withdraw Liquid

Withdraw all liquid from the vial slowly by drawing plunger rod back far enough to empty filter needle completely.

STEP 8 Disconnect Filter Needle

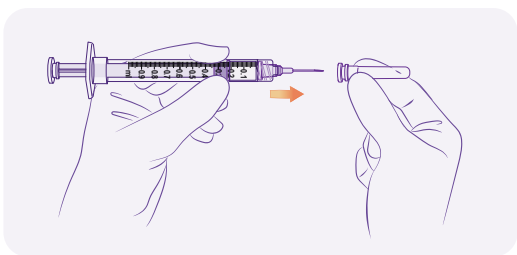
Disconnect the filter needle from the syringe and dispose of it in accordance with local regulations.

Do not use the filter needle for the intravitreal injection.



STEP 9 Attach Injection Needle

Firmly attach the 30-gauge x ½ inch injection needle onto the Luer lock syringe, using aseptic technique. Carefully remove the plastic needle shield from the needle by pulling it straight off.



IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

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.

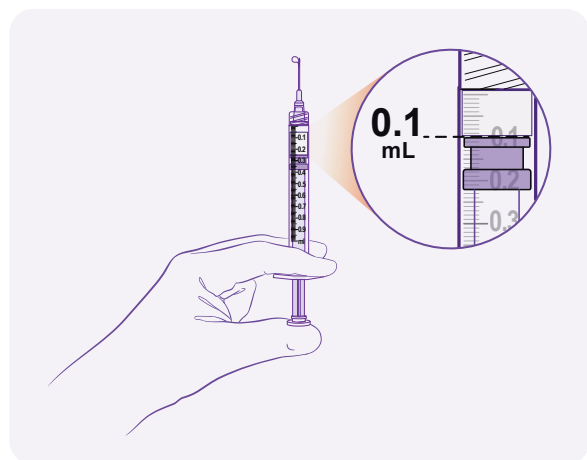
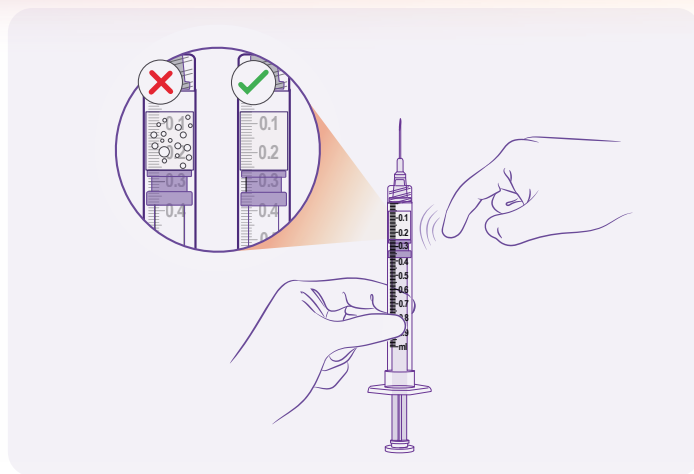
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STEP 10

Check Syringe

Check for air bubbles by holding the syringe with the needle pointing up. If there are any air bubbles, **gently tap the syringe with your finger** until the bubbles rise to the top.



STEP 11

Prepare Appropriate Dose

Slowly depress the plunger to:

- Expel the air from the syringe
- Align the rubber stopper tip to the **0.1 mL** dose mark

The syringe is now ready for the injection.

Make sure to give the injection immediately after preparing the dose.



Find more helpful access and support information for you and your office at [IZERVAYecp.com](https://www.IZERVAYecp.com)

IMPORTANT SAFETY INFORMATION (CONT'D)

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 additional Important Safety Information throughout and full Prescribing Information for more information.



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