



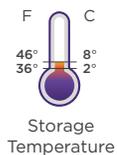
# PREPARATION FOR ADMINISTRATION

**izervay™**  
(avacincaptad pegol intravitreal solution) 2 mg

## Administering 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  $28 \pm 7$  days) for up to 12 months. IZERVAY should be administered by a qualified physician.

### Storage



#### Storage:

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

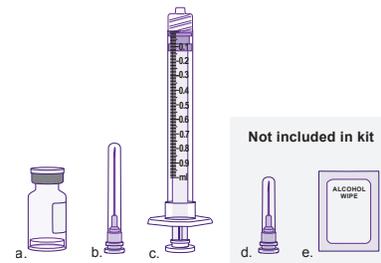


#### Prior to use:

- 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.

### Materials



a. IZERVAY vial | b. 5-Micron filter needle 19-gauge x  $1 \frac{1}{2}$  inch | c. 1 mL Luer lock syringe | d. Injection needle 30-gauge x  $\frac{1}{2}$  inch | e. Alcohol swab

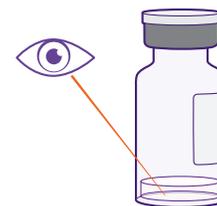
NOTE: a 30-gauge injection needle is recommended to avoid increased injection forces that could be experienced with smaller diameter needles.

## Inspect Vial

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

#### Do not use:

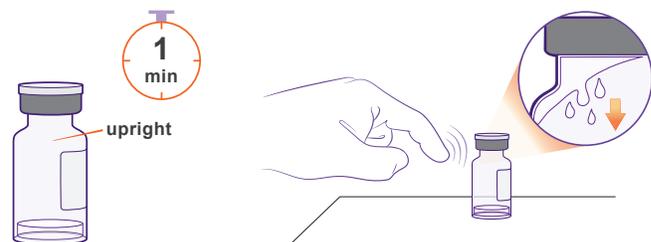
- if particulates, cloudiness, or discoloration are visible
- if packaging, vial, filter needle, injection needle, and/or empty syringe are expired, damaged, or have been tampered with



## 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.



## 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

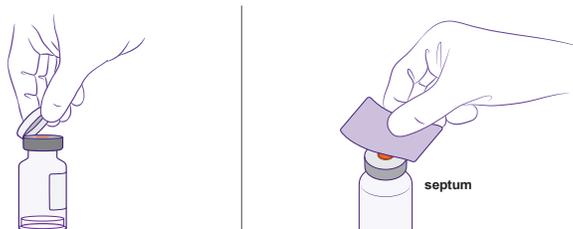
- IZERVAY is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation.

Please see additional Important Safety Information on the following page and [click here](#) for full Prescribing Information.

## Clean Vial

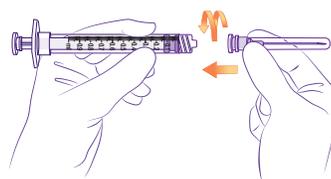
**Remove** flip-off cap from the vial.

**Wipe** the vial septum gently with an alcohol swab.



## Attach Filter Needle

Using aseptic technique, firmly attach the 19-gauge x 1½ inch filter needle onto the 1 mL Luer lock syringe and twist clockwise to secure.

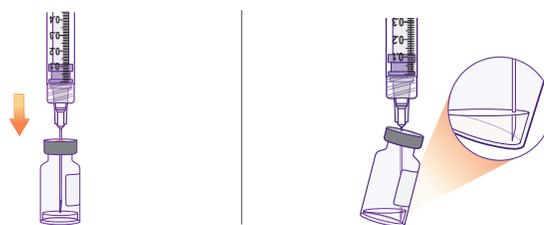


## Insert Filter Needle into Vial

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

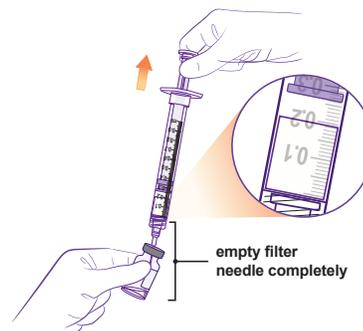
**Tilt** vial slightly so needle touches bottom edge of vial.

**Rotate** filter needle to submerge bevel into the liquid, avoiding introduction of air.



## Withdraw Liquid

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



## IMPORTANT SAFETY INFORMATION (CONT'D)

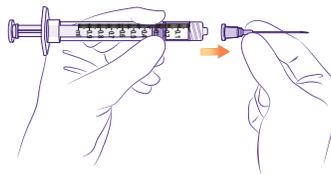
### WARNINGS AND PRECAUTIONS

- 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.
- 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. Patients receiving IZERVAY should be monitored for signs of neovascular AMD.

## Disconnect Filter Needle

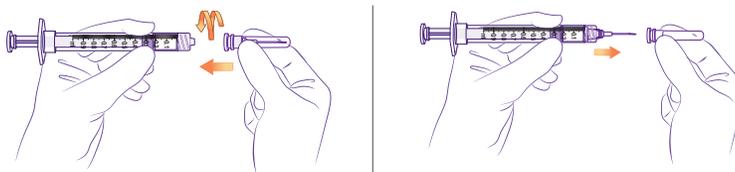
Disconnect the filter needle from the syringe and dispose of it in accordance with local regulations.

**Do not use the filter needle for the intravitreal injection.**



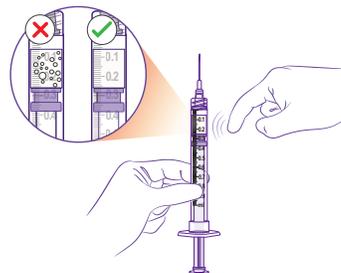
## Attach Injection Needle

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



## 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.



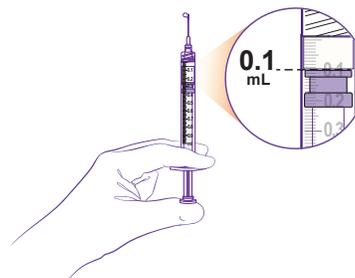
## Prepare Appropriate Dose

**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 administer the injection immediately after preparing the dose.



### 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.

#### 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.

[Click here for full Prescribing Information.](#)