

Kaiser Foundation Health Plan of Washington  
 Kaiser Foundation Health Plan of Washington Options, Inc.  
 Provider Communications, RCR-A3W-04  
 PO Box 34262, Seattle WA 98124-1262

March 31, 2025

**AVACINCAPTAD PEGOL INTRAVITREAL SOLUTION (IZERVAY) UPDATED PRIOR AUTHORIZATION CRITERIA**

Dear Provider,

Avacincaptad pegol intravitreal solution (Izervay) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective June 1, 2025**, the criteria for Izervay will be updated to include a quantity limit. **This letter is a notification of the change in prior authorization criteria required before administering this medication in a physician's office.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

**Prior Authorization Criteria for Izervay (changes are in bold):**

<b>DRUG NAME</b>	<b>COVERAGE CRITERIA</b>
Avacincaptad pegol intravitreal solution	Covered for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD) in patients who meet all of the following: <ul style="list-style-type: none"> <li>• No diagnosis of GA secondary to other disease (e.g., Stargardt disease, cone rod dystrophy, or toxic maculopathies)</li> <li>• Administered by a retina specialist</li> </ul> <p><b>Quantity Limit: 2 mg once monthly for 12 months</b></p>

**Additional Information**

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form (login required) located on the Kaiser Permanente provider website. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,



Ravi Ubriani, MD, Chair  
 Pharmacy & Therapeutics Committee