

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

PATIENT CASE STUDIES

VISUALIZING THE RISKS FOR GA PROGRESSION

Keep geographic atrophy (GA) on your radar.

Early detection and treatment intervention offers patients the best opportunity to get ahead of GA with IZERVAY.^{1,2}

Image courtesy of Heidelberg Engineering.

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

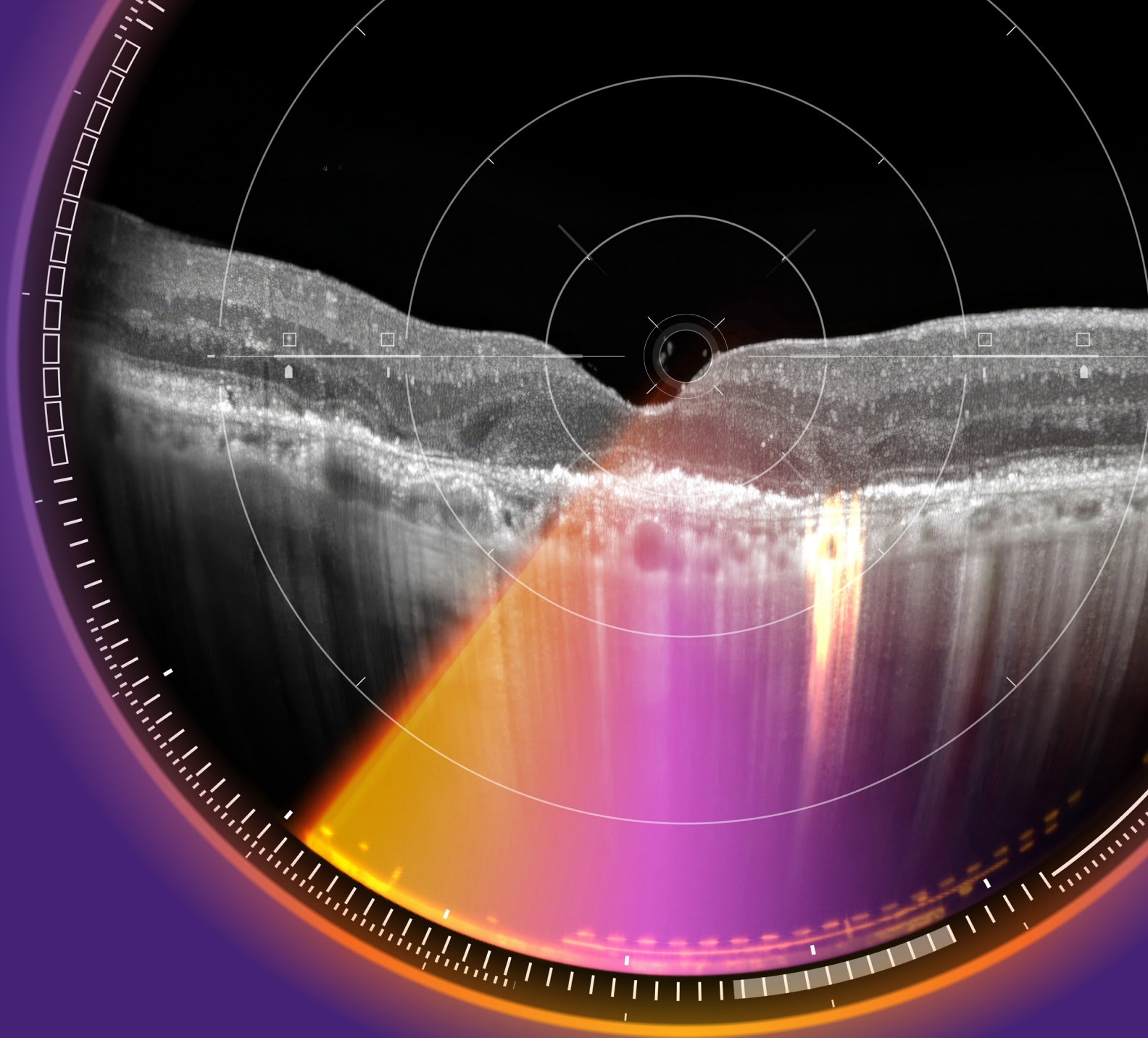
IZERVAY is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation.

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.

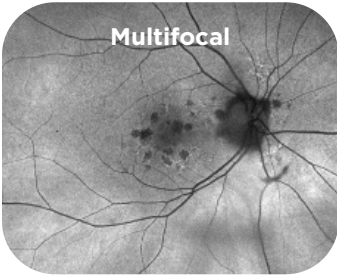
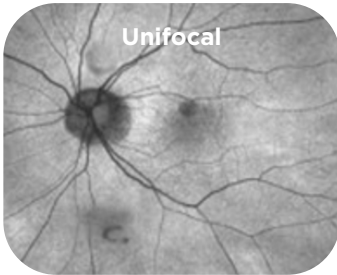
Please see Important Safety Information throughout and full [Prescribing Information](#).



Assess the risks to get ahead of GA progression

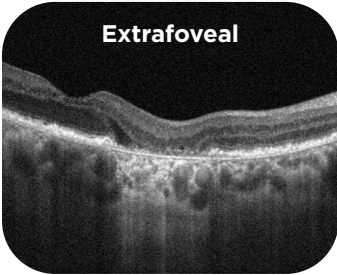
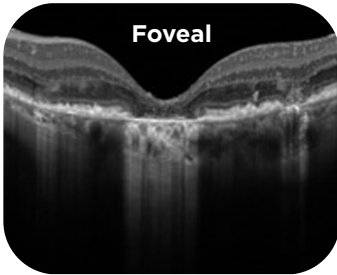
GA progression can be unpredictable and progress to the central fovea in just 2.5 years.* Early detection and treatment of GA can make a significant difference for your patients. It's important to be vigilant and understand clinical characteristics that elevate the urgency for treatment.¹⁻³

Lesion Characteristics of Rapid Progression



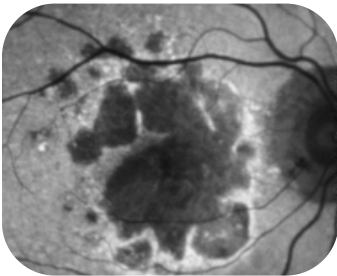
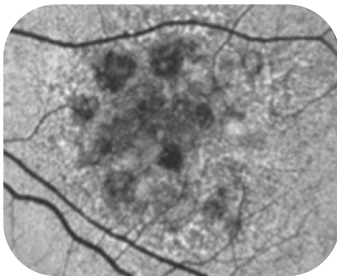
Focality

Multifocal lesions often grow faster than unifocal lesions.¹



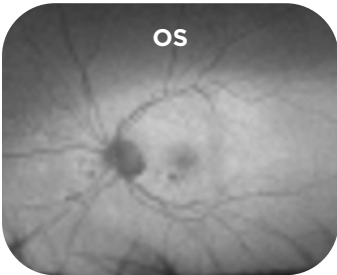
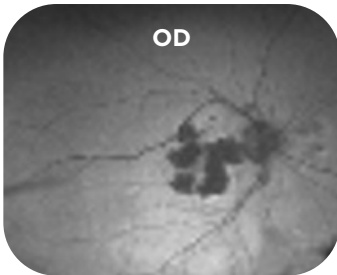
Location

Extrafoveal lesions often grow faster than foveal lesions.¹



Hyperfluorescence

Hyperfluorescence highlights areas at risk for progression as a result of lipofuscin accumulation.^{1,2}



Laterality

GA often develops bilaterally, at which point it may grow faster.¹



The following cases[†] show patients at risk of rapidly progressing GA.

AREDS=Age-Related Eye Disease Study.
*Progression from noncentral to central GA was estimated from 397 AREDS participants in which GA was initially diagnosed during follow-up with no history of neovascularization.⁴

[†]These case studies feature real scans, but some historical details have been modified for educational purposes.
Images courtesy of Dr. Julie Rodman ("Unifocal," "Extrafoveal," and "Laterality"), Dr. Mohammad Rafieetary ("Multifocal" and main image), Heidelberg Engineering ("Foveal"), and Dr. Mary Beth Yackey ("Hyperfluorescence").

This patient has good visual acuity, but multifocal GA threatens the fovea on multiple fronts

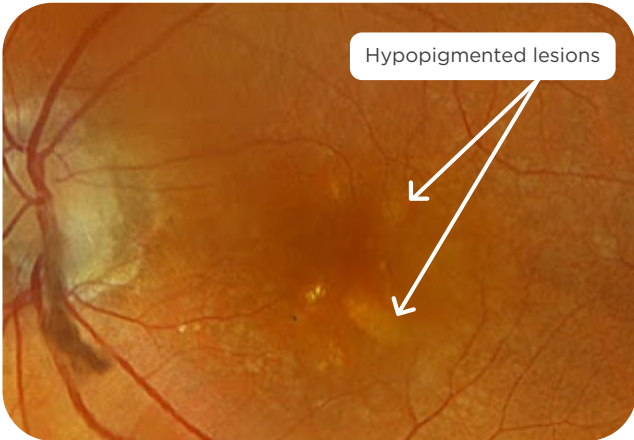
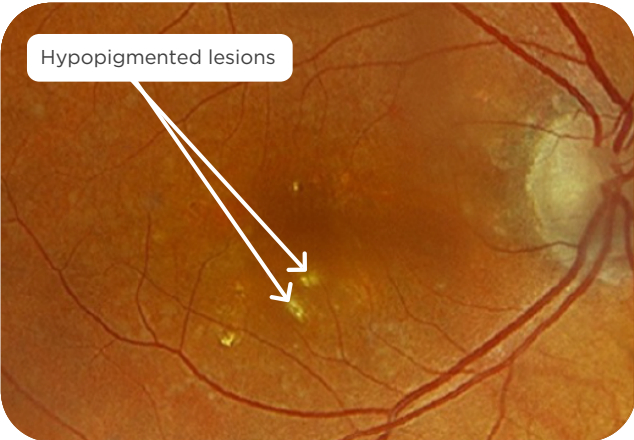
Clinical History

- 63-year-old White female
- BCVA OS declined from 20/25⁻² to 20/30
- Patient complains of difficulty reading at night

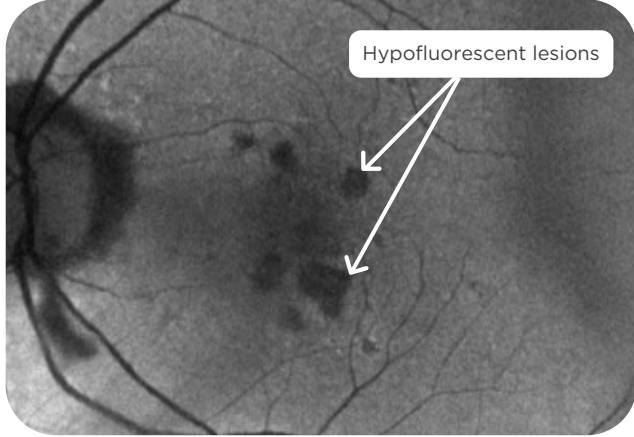
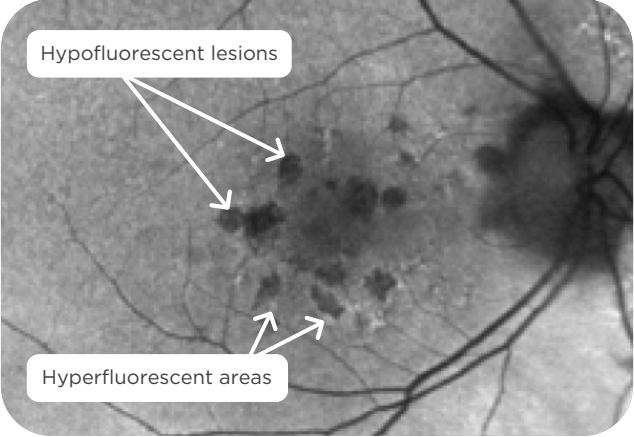
Additional Factors

- Mother had AMD

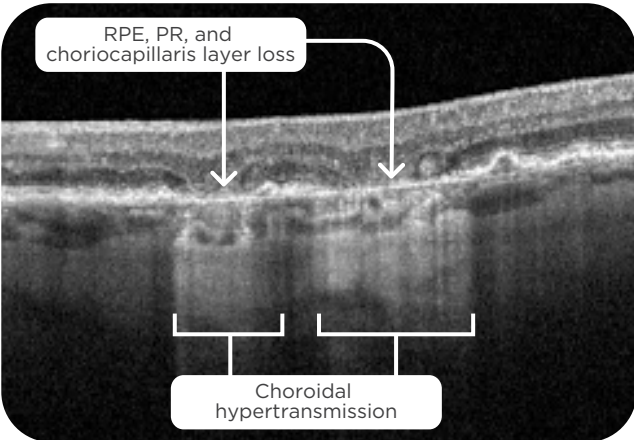
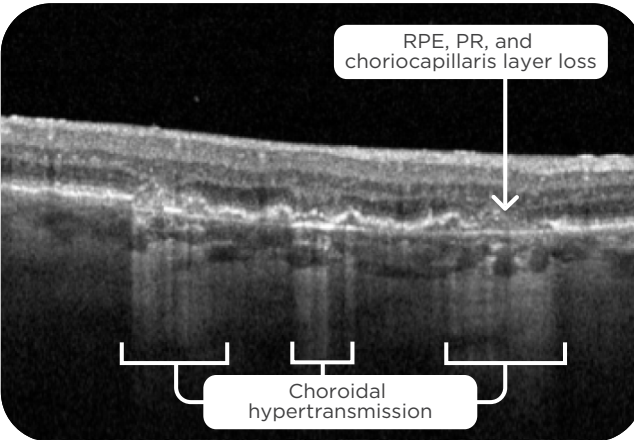
CFP



FAF



OCT



Risk Assessment Summary

Although this patient has relatively good visual acuity at this point, it's important to note that BCVA does not necessarily correlate with visual function.^{1,5}

- The multifocal, extrafoveal lesions are easily visualized on FAF and OCT
- On FAF (specifically OD), a diffuse hyperfluorescent pattern can be seen
- On OCT, multiple bands of choroidal hypertransmission and RPE and PR layer loss can also be seen

The presence of **bilateral, multifocal, extrafoveal lesions** and **hyperfluorescent areas** coupled with a family history of AMD increases this patient's risk of rapid progression.¹

An early referral for IZERVAY may help slow the impending irreversible effects of GA.^{1,2,6}

AMD=age-related macular degeneration; BCVA=best-corrected visual acuity; CFP=color fundus photography; FAF=fundus autofluorescence; OCT=optical coherence tomography; PR=photoreceptors; RPE=retinal pigment epithelium.
Images courtesy of Dr. Mohammad Rafieetary.

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.
- 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.

Please see Important Safety Information throughout and full [Prescribing Information](#).

This patient’s progressing GA puts their remaining visual function at risk

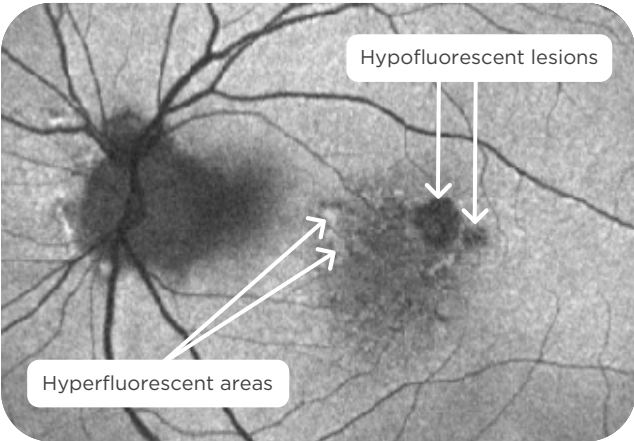
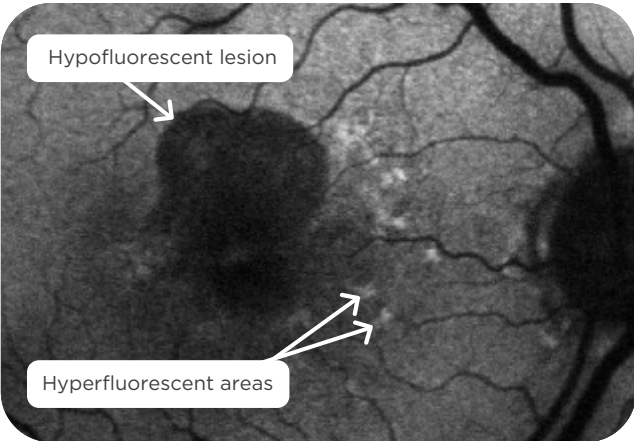
Clinical History

- 75-year-old Asian female
- Cataract surgery with PCIOL OS 20/40, OD 20/400
- Expresses concern about losing vision in left eye

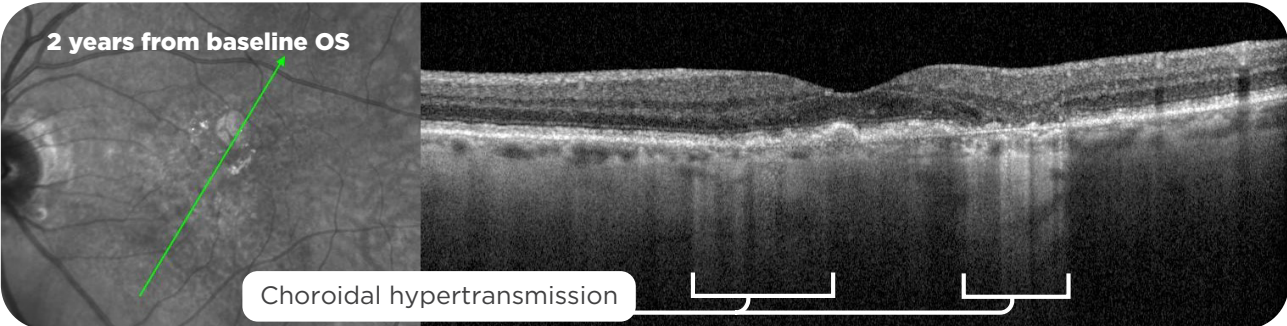
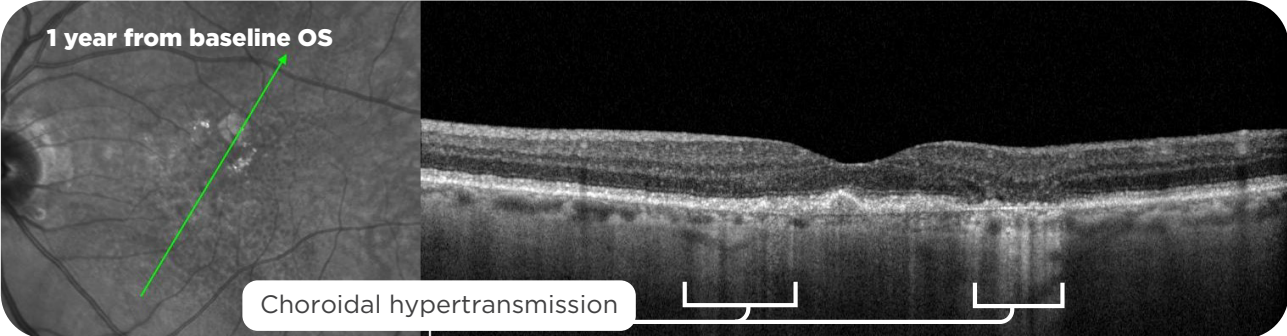
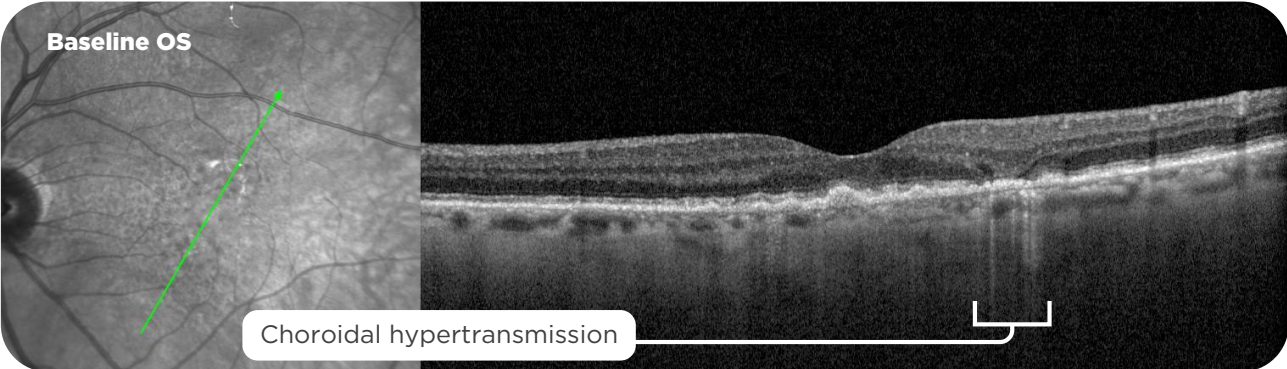
Additional Factors

- COPD

FAF



OCT



Risk Assessment Summary

Given that GA has already significantly affected visual acuity in the right eye, it is imperative to stay vigilant for risk factors in the fellow eye.¹

- This patient has multifocal lesions and hyperfluorescent areas exhibited on FAF bilaterally
- Additionally, OCT (OS) shows an increase in size of choroidal hypertransmission over a 3-year period

The presence of **multifocal lesions**, **hyperfluorescent areas**, and **previous rate of progression** elevates this patient’s risk of further progression in both eyes.¹

This patient is in urgent need of a referral to a retinal specialist who may recommend IZERVAY to help slow the GA progression.⁶

COPD=chronic obstructive pulmonary disease; PCIOL=posterior chamber intraocular lens.
Images courtesy of Dr. Mohammad Rafieetary.

IMPORTANT SAFETY INFORMATION (cont’d)

ADVERSE REACTIONS

Most common adverse reactions (incidence ≥5%) reported in patients receiving IZERVAY were conjunctival hemorrhage, increased IOP, blurred vision, and neovascular age-related macular degeneration..

Please see Important Safety Information throughout and full [Prescribing Information](#).

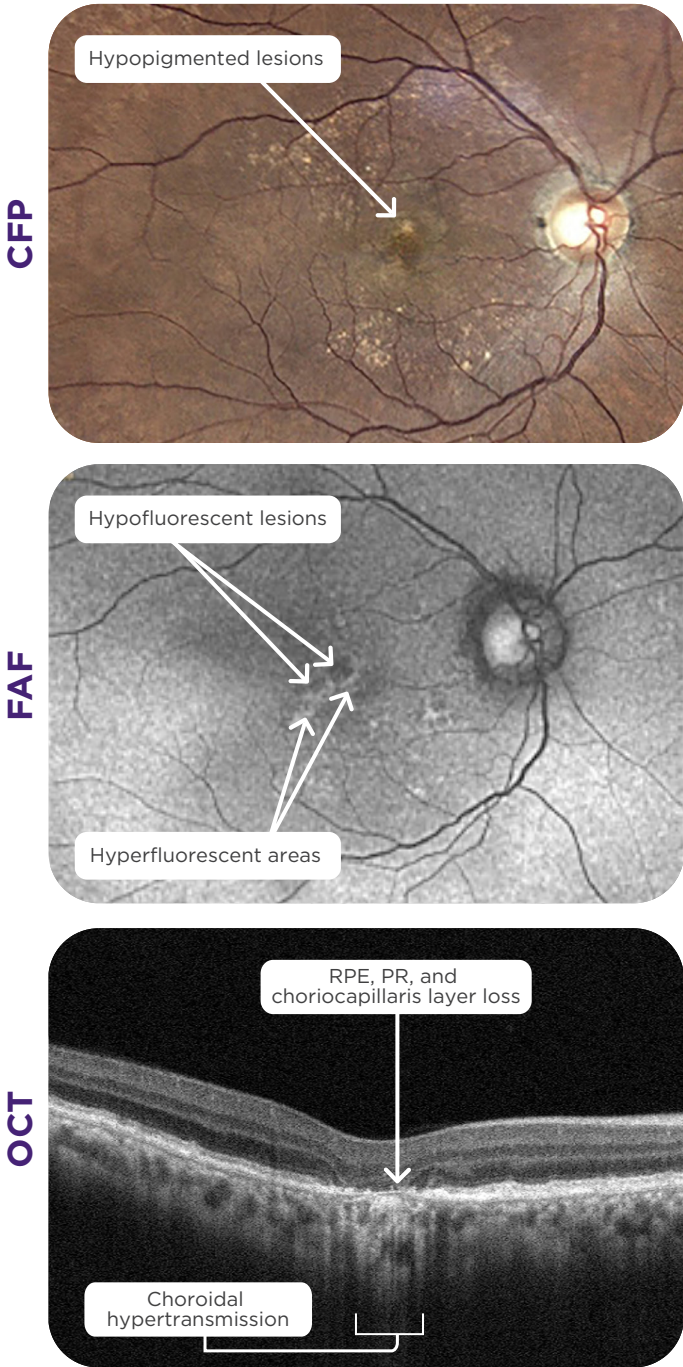
This patient’s lesions are critically close, with early GA already encroaching on the fovea

Clinical History

- 69-year-old Hispanic male
- Visual acuity 20/25 OD, 20/20 OS
- Complains of blurry vision and difficulty driving at night
- OS has intermediate AMD

Additional Factors

- Smoker for 25 years
- Hypertension



Risk Assessment Summary

The signs of this patient’s GA on CFP are subtle but they are more apparent on FAF and OCT.

- This patient’s FAF shows multifocal lesions surrounded by hyperfluorescent areas
- Additionally, choroidal hypertransmission on OCT shows GA encroaching on the fovea, with little latitude until central foveal involvement

Closer inspection of these images confirms risk factors linked to rapid GA progression, including **multifocality**, **hyperfluorescent areas**, and an **extrafoveal lesion**.¹

This patient’s timely diagnosis optimizes the opportunity to get ahead of GA progression.^{1,2,6}

Images courtesy of Dr. Julie Rodman.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

WARNINGS AND PRECAUTIONS

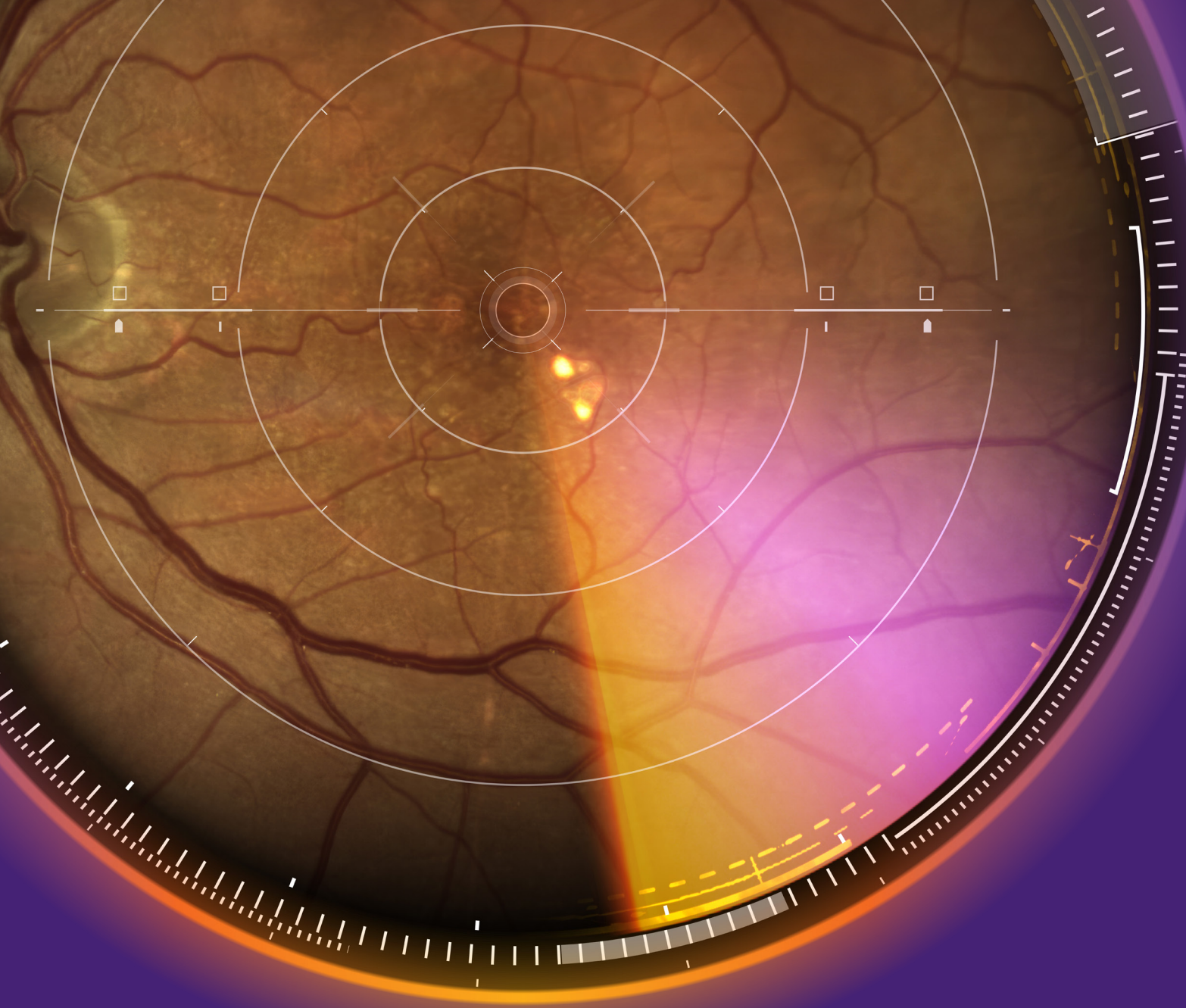
Endophthalmitis and Retinal Detachments

- 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.

Please see Important Safety Information throughout and full [Prescribing Information](#).



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



SEARCH THE SCANS ASSESS PROGRESSION ACT EARLY WITH IZERVAY

Learn more about detecting and mitigating GA at [FindGAFirst.com](https://www.findgafirst.com).

Image courtesy of Dr. Julie Rodman.

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 Important Safety Information throughout and full [Prescribing Information](#).

References: **1.** Fleckenstein M, Mitchell P, Freund KB, et al. The progression of geographic atrophy secondary to age-related macular degeneration. *Ophthalmology*. 2018;125(3):369-390. **2.** Flaxel CJ, Adelman RA, Bailey ST, et al. Age-related macular degeneration Preferred Practice Pattern[®]. *Ophthalmology*. 2020;127(1):P1-P65. **3.** Boyer DS, Schmidt-Erfurth U, van Lookeren Campagne M, Henry EC, Brittain C. The pathophysiology of geographic atrophy secondary to age-related macular degeneration and the complement pathway as a therapeutic target. *Retina*. 2017;37(5):819-835. **4.** Lindblad AS, Lloyd PC, Clemons TE, et al; Age-Related Eye Disease Study Research Group. Change in area of geographic atrophy in the Age-Related Eye Disease Study: AREDS report number 26. *Arch Ophthalmol*. 2009;127(9):1168-1174. **5.** Sunness JS, Rubin GS, Applegate CA, et al. Visual function abnormalities and prognosis in eyes with age-related geographic atrophy of the macula and good visual acuity. *Ophthalmology*. 1997;104(10):1677-1691. **6.** IZERVAY[™]. Package insert. Northbrook, IL: Astellas Pharma US, Inc.