

**Generic Name:** Avacopan

**Applicable Drugs:** Tavneos®

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 2/27/2023

**Date Last Reviewed / Revised:** 1/26/2024

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I are met)

- I. Documented new diagnosis or relapse of active severe anti-neutrophil cytoplasmic autoantibody (ANCA-) associated vasculitis (granulomatosis with polyangiitis [GPA] and microscopic polyangiitis [MPA] must meet criteria A through F:
  - A. Documented treatment failure or contraindication to the use of a glucocorticoid taper.
  - B. Use is in combination with at least one standard of care immunosuppressant (e.g cyclophosphamide or rituximab).
  - C. Patient has been screened for hepatitis B infection by measuring HBsAg and anti-HBc prior to treatment initiation.
  - D. Liver function test panel (serum alanine aminotransferase [ALT], aspartate aminotransferase [AST], alkaline phosphate, and total bilirubin) prior to treatment initiation.
  - E. Treatment must be prescribed by or in consultation with a rheumatologist.
  - F. Minimum age requirement: 18 years old.

## EXCLUSION CRITERIA

- N/A

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities of up to 180 capsules per 30 days.

## APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** 6 months. An updated letter of medical necessity or progress notes showing sustained clinical benefits from the drug treatment, including sustained disease remission.

## APPENDIX

N/A

## REFERENCES

1. Tavneos. Prescribing information. ChemoCentryx, 2023. Accessed January 26, 2024. [https://www.pi.amgen.com/-/media/Project/Amgen/Repository/pi-amgen-com/Tavneos/tavneos\\_fpi\\_english.pdf](https://www.pi.amgen.com/-/media/Project/Amgen/Repository/pi-amgen-com/Tavneos/tavneos_fpi_english.pdf)
2. Tavneos. AMCP Dossier. ChemoCentryx, 2022. Accessed October 21, 2022.
3. Yates M, Watts R. ANCA-Associated vasculitis. Clin Med (Lond). 2017;17(1):60-64. doi:10.7861/clinmedicine.17-1-60.
4. Chung SA, Langford CA Maz M, et al. 2021 ACR/Vasculitis Foundation guideline for the management of antineutrophil cytoplasmic antibody-associated vasculitis. Arthritis Care Res (Hoboken). 2021;0(0):1-18. doi:10.1002/acr.24634.
5. Yates M, Watts RA, Bajema IM, et al. EULAR/ERA-EDTA recommendations for the management of ANCA-associated vasculitis. Ann Rheum Dis. 2016;75(9):1583-1594. doi:10.1136/annrheumdis-2016-209133.
6. Jayne D, Merket P, Schall T et al. Avacopan for the treatment of ANCA-associated vasculitis. N Engl J Med 2021;384:599-609. doi:10.1056/NEJMoa2023386.
7. Furuta S, Nakagomi D, Yoshihisa K et al. Effect of reduced-dose vs high-dose glucocorticoid added to rituximab on remission induction in ANCA-associated vasculitis. JAMA. 2021;325(21):2178-2187. doi:10.1001/jama.2021.6615.

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.