

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 30, 2022

Tavneos™ (avacopan)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis.
- Prescriber attests to the following before initiating Tavneos (avacopan) therapy:
 - obtaining liver test panel **AND**
 - screening the member for hepatitis B infection by measuring HBsAg and anti-HBc
- Documentation that patient will continue standard therapy including glucocorticoids.

CONTINUATION OF THERAPY:

- Patient must continue to meet the above criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not have experienced any treatment-restricting adverse effects **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 10 mg capsules.