

**TAVNEOS  
(avacopan)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 18 years of age or older

**Diagnosis**

Patient must have the following:

Severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis

**AND ONE** of the following

1. Granulomatosis with polyangiitis (GPA)
2. Microscopic polyangiitis (MPA)

**AND ALL** of the following:

1. Used in combination with standard therapy, including glucocorticoids
2. Absence of active infections (including tuberculosis and hepatitis B virus [HBV])
3. Patients with evidence of current or prior HBV infection **only**: prescriber agrees to monitor for HBV reactivation during therapy and for 6 months following Tavneos therapy
4. Liver function tests (LFTs) must be obtained prior to starting therapy
5. Prescriber agrees to monitor LFTs throughout therapy

**Prior - Approval Limits**

**Quantity**

| Drug         | Quantity per 90 days |
|--------------|----------------------|
| Tavneos 10mg | 540 capsules         |

**Duration** 12 months

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**Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

**Diagnosis**



**BlueCross  
BlueShield**

Federal Employee Program.

## **TAVNEOS (avacopan)**

Patient must have the following:

Anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis

**AND ONE** of the following

3. Granulomatosis with polyangiitis (GPA)
4. Microscopic polyangiitis (MPA)

**AND ALL** of the following:

6. Used in combination with standard therapy including glucocorticoids
7. Absence of active infections (including tuberculosis and hepatitis B virus (HBV))
8. Patients with evidence of current or prior HBV infection **only**: prescriber agrees to monitor for HBV reactivation during therapy and for 6 months following Tavneos therapy
9. Prescriber agrees to monitor LFTs throughout therapy

## **Prior - Approval *Renewal* Limits**

Same as above