

**TAVNEOS
(avacopan)**

Pre - PA Allowance

None

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

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

**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