



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

AVACOPAN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
AVACOPAN	TAVNEOS	47626		GPI-10 (8580551000)	

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Does the patient have a diagnosis of severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] or microscopic polyangiitis [MPA]) and meet **ALL** of the following criteria?
  - The patient is 18 years of age or older
  - Therapy is prescribed by or in consultation with a rheumatologist or nephrologist
  - The patient is ANCA seropositive (anti-PR3 or anti-MPO)
  - Tavneos will be used as adjunctive therapy in combination with standard therapy including glucocorticoids (e.g., methylprednisolone, prednisone)

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #6 per day.**

If no, do not approve.

**INITIAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **AVACOPAN (Tavneos)** requires the following rule(s) be met for approval:

- A. You have severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (inflammation of blood vessels) (granulomatosis with polyangiitis [GPA: condition that affects the blood vessels] or microscopic polyangiitis [MPA: condition that affects the blood vessels])
- B. You are 18 years of age or older
- C. Therapy is prescribed by or in consultation with a rheumatologist (a type of immune system doctor) or nephrologist (a type of kidney doctor)
- D. You are ANCA seropositive for anti-PR3 or anti-MPO (a type of lab test)
- E. Tavneos will be used as adjunctive (add-on) therapy in combination with standard therapy including glucocorticoids (such as methylprednisolone, prednisone)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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AVACOPAN

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] or microscopic polyangiitis [MPA]) AND meet the following criterion?
  - The patient continues to benefit from therapy (e.g., improvement of clinical manifestations, if renal vasculitis - improvement in eGFR and proteinuria values, reduction of corticosteroid dose without disease flares)

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #6 per day.**

If no, do not approve.

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **AVACOPAN (Tavneos)** requires the following rule(s) be met for renewal:

- A. You have severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (inflammation of blood vessels) (granulomatosis with polyangiitis [GPA: condition that affects the blood vessels] or microscopic polyangiitis [MPA: condition that affects the blood vessels])
- B. You continue to benefit from the medication

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Tavneos.

**REFERENCES**

- Tavneos [Prescribing Information]. Cincinnati, OH: ChemoCentryx Inc.; October 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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