

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

avacopan (Tavneos)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ^ Review by Interregional Consultative Physician Panel required (to be initiated by ordering Rheumatologist)

Non-Formulary **avacopan (Tavneos)** requires a clinical review. Appropriateness of therapy will be determined based on the following criteria:

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **avacopan (Tavneos)** will be approved for when the following criteria are met:

- Prescriber is a rheumatologist and patient has a diagnosis of anti-neutrophil cytoplasmic autoantibody (ANCA)-positive vasculitis, ANCA-associated vasculitis (granulomatosis with polyangiitis [GPA] and microscopic polyangiitis [MPA])
- Positive test for anti-PR3 or anti-MPO (proteinase 3 or myeloperoxidase antibodies) or positive tissue biopsy
- History of significant intolerance to steroid or relative contraindication to steroids OR requires decrease in cumulative steroid dose due to steroid-induced complications
- ^ Kaiser Permanente Interregional Consultative Physician Panel has reviewed and approved usage of avacopan (Tavneos)

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