



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  $\geq 18$  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.