

**Tavneos (avacopan)**  
**Effective 07/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Tavneos (avacopan) is a complement 5a receptor antagonist indicated as an adjunctive treatment of adult patients with severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] and microscopic polyangiitis [MPA]) in combination with standard therapy including glucocorticoids.

**Coverage Guidelines**

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment and is stable with Tavneos, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

**OR**

Authorization may be granted when ALL of the following criteria is met:

1. The member is at least 18 years of age
2. Member has ONE of the following diagnoses
  - a. Granulomatosis with polyangiitis (GPA)
  - b. Microscopic polyangiitis (MPA)
3. Prescriber specialty is rheumatology, nephrology, or pulmonology
4. Documentation that treatment with standard of care agents (e.g., cyclophosphamide, glucocorticoids) are ineffective

**Continuation of Therapy**

Reauthorization may be granted for all members who have a positive response to therapy as evidence by low disease activity or improvement in signs and symptoms of the condition such as sustained renal function or decrease in dose of glucocorticoids.

**Limitations**

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:

Tavneos capsule	180 capsules per 30 days
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**References**

1. Tavneos (avacopan) [prescribing information]. Cincinnati, OH: Thermo Fisher Scientific; October 2021.

**Review History**

05/18/2022 – Created and reviewed for May P&T. Effective 07/01/2022.

