

Tavneos (avacopan)
Effective 07/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	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 the plan 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.

11/15/2023 – Reviewed for Nov P&T; no clinical changes.

