Tavneos (avacopan) Prior Authorization with Quantity Limit Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
9/1/2023	4/1/2022

FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Tavneos® (avacopan) Capsule	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. Tavneos does not eliminate glucocorticoid use.		1

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

ANCA-Associated Vasculitides	Vasculitis is inflammation of blood vessel walls and can be broken down into multiple categories (i.e., large vessel, medium vessel, small vessel, variable vessel, single organ, associated with systemic disease, associated with probably etiology). Anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis falls into the small vessel vasculitis category consisting of granulomatosis with polyangiitis (also known as Wegener's [GPA]), microscopic polyangiitis (MPA), and eosinophilic granulomatosis with polyangiitis (also known as Churg-Strauss [EGPA]).(2)
	
	There are no universally accepted diagnostic criteria for GPA or MPA and the diagnosis is based on a combination of clinical findings, laboratory tests, and imaging studies. A positive ANCA test strongly supports the diagnosis but does not confirm the diagnosis.(4)
	
	The American College of Rheumatology (ACR) guidelines recommend the following for initial induction therapy and maintenance of remission for GPA/MPA(3):
	
	• Induction:
	  ○ Non-severe disease:
	  ▪ Conditional recommendation of initiating treatment with methotrexate with or without glucocorticoids over cyclophosphamide or rituximab
	  ▪ Conditional recommendation of initiating treatment with methotrexate with corticosteroids over corticosteroids alone and azathioprine or mycophenolate in combination with corticosteroids
	  ○ Severe disease:

	▪ Conditional recommendation of initiating treatment with rituximab over cyclophosphamide ▪ Either IV pulse corticosteroids or oral high-dose corticosteroids may be prescribed as part of initial therapy • Maintenance: o Recommend treatment with methotrexate or azathioprine for maintenance of remission o Patients with severe disease that entered remission on cyclophosphamide or rituximab, rituximab is conditionally recommended over treatment with methotrexate or azathioprine for maintenance of remission o Patients with severe disease that entered remission on cyclophosphamide or rituximab, methotrexate or azathioprine are conditionally recommended over treatment with mycophenolate or leflunomide for maintenance of remission The ACR guidelines recommend the following treatment options for patients with relapsed disease or refractory disease(3): • Relapsed: o Patients not on rituximab for maintenance therapy, conditional recommendation to initiate rituximab over cyclophosphamide for re-induction therapy o Patients currently treated with rituximab for maintenance therapy, conditionally recommend switching to cyclophosphamide over receiving additional rituximab for re-induction therapy • Refractory disease: o Patients with severe disease that is refractory to cyclophosphamide or rituximab, conditional recommendation to switch to the other agent over combining the two therapies o Patients with refractory to induction therapy, conditional recommendation to add IVIG to current therapy
Efficacy(1)	The efficacy and safety of Tavneos was evaluated in a double-blind, active-controlled, phase 3 clinical trial (NCT02994927) in 330 patients with newly diagnosed or relapsed ANCA-associated vasculitis who were randomized 1:1 to one of the following treatment groups: 1. Tavneos group (N of 166): Patients received 30 mg avacopan twice daily for 52 weeks plus prednisone-matching placebo for 20 weeks 2. Prednisone group (N of 164): Patients received avacopan-matched placebo twice daily for 52 weeks plus prednisone (tapered from 60 mg/day to 0 over 20 weeks) All patients in both groups received one of the following standard immunosuppressive regimens: • IV cyclophosphamide 15 mg/kg IV up to 1.2 g maximum every 2 to 3 weeks for 13 weeks followed by oral azathioprine 1 mg/kg/day with titration up to 2 mg/kg/day (or mycophenolate mofetil at a target dose of 2 g/day if azathioprine was contraindicated) from Week 15 onwards • Oral cyclophosphamide 2 mg/kg/day (maximum 200 mg/day) for 14 weeks followed by azathioprine 1 mg/kg/day with titration up to 2 mg/kg/day (or mycophenolate mofetil at a target dose of 2 g/day if azathioprine was contraindicated) from Week 15 onwards

	• IV rituximab 375 mg/m^2 once weekly for 4 weeks without azathioprine or mycophenolate mofetil Glucocorticoids were allowed as pre-medication for rituximab to reduce hypersensitivity reactions, taper after glucocorticoids given during the screening period, treatment of persistent vasculitis, worsening of vasculitis, or relapses, as well as for non-vasculitis reasons such as adrenal insufficiency. Randomization was stratified based on 3 factors: newly diagnosed or relapsing ANCA-associated vasculitis, proteinase 3 positive or myeloperoxidase positive ANCA-associated vasculitis, and standard immunosuppressive regimen. The primary endpoints of the study were disease remission at Week 26 and sustained disease remission at Week 52. Disease remission was defined as achieving a Birmingham Vasculitis Activity Score (BVAS) of 0 and no use of glucocorticoids for treatment of ANCA-associated vasculitis from Week 22 to Week 26. Sustained remission was defined as remission at Week 26 and remission at Week 52, without relapse between Week 26 and Week 52. Remission at Week 52 was defined as BVAS of 0 and no use of glucocorticoids for treatment of ANCA-associated vasculitis from Week 48 to Week 52. Relapse was defined as occurrence of one major item, at least 3 non-major items, or 1 or 2 non-major items for at least 2 consecutive visits on the BVAS after remission (BVAS of 0) had been achieved. Patients had either GPA (54.8%) or MPA (45.2%) and had presence of anti-PR3 (43.0%) or anti-MPO (57.0%) antibodies. Approximately 65% of patients received rituximab, 31% received IV cyclophosphamide, and 4% received oral cyclophosphamide. Remission was achieved by 72.3% of patients in the Tavneos group and 70.1% of patients in the prednisone group at Week 26 (treatment difference: 3.4%, 95% CI [-6.0%, 12.8%]). At Week 52, a significantly higher percentage of patients had sustained remission in Tavneos group (65.7%) compared to the prednisone group (54.9%).
Safety(1)	Tavneos is contraindicated in patients with serious hypersensitivity reaction to avacopan or to any of the excipients. Before initiating Tavneos, consider performing the following evaluations: • Liver function tests: obtain liver test panel (serum alanine aminotransferase [ALT], aspartate aminotransferase [AST], alkaline phosphatase, and total bilirubin) before initiating Tavneos. Tavneos is not recommended for use in patients with cirrhosis, especially those with severe hepatic impairment (Child-Pugh C). • Hepatitis B (HBV) Serology: Screen patients for HBV infection by measuring HBsAg and anti-HBc. For patients with evidence of prior or current HBV infection, consult with a physician with expertise in managing hepatitis B regarding monitoring and consideration for HBV antiviral therapy before or during treatment with Tavneos.

REFERENCES

Number	Reference
1	Tavneos prescribing information. ChemoCentryx, Inc. October 2021.
2	Jennette JC, Falk RJ, Bacon PA, et al. 2012 revised International Chapel Hill Consensus Conference Nomenclature of Vasculitides. Arthritis Rheum 2013; 65:1.
3	Chung, S. A., Langford, C. A., Maz, M., Abril, A., Gorelik, M., Guyatt, G., Archer, A. M., Conn, D. L., Full, K. A., Grayson, P. C., Ibarra, M. F., Imundo, L. F., Kim, S., Merkel, P. A., Rhee, R. L., Seo, P., Stone, J. H., Sule, S., Sundel, R. P., … Mustafa, R. A. (2021). 2021 American College of Rheumatology/vasculitis FOUNDATION guideline for the management of Antineutrophil CYTOPLASMIC ANTIBODY–ASSOCIATED VASCULITIS. *Arthritis & Rheumatology*. https://doi.org/10.1002/art.41773.
4	Bossuyt X, Cohen Tervaert JW, Arimura Y, et al. Position paper: Revised 2017 international consensus on testing of ANCAs in granulomatosis with polyangiitis and microscopic polyangiitis. Nat Rev Rheumatol 2017; 13:683.

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Tavneos	avacopan cap	10 MG	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Tavneos	Avacopan Cap	10 MG	180	Capsules	30	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Tavneos	avacopan cap	10 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Tavneos	Avacopan Cap	10 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Initial Evaluation **Target Agent(s)** will be approved when ALL of the following are met: 1. ONE of the following: A. Information has been provided that indicates the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days **OR** B. The prescriber states the patient has been treated with the requested agent within the past 90 days (starting on samples is not approvable) AND is at risk if therapy is changed **OR** C. ALL of the following: 1. The patient has a diagnosis of severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] and/or microscopic polyangiitis [MPA]) **AND** 2. The patient has a positive ANCA-test **AND**

Module	Clinical Criteria for Approval
	3. The patient has been screened for prior or current hepatitis B infection AND if positive a prescriber specializing in hepatitis B treatment has been consulted **OR** D. BOTH of the following: 1. The patient has another FDA approved indication for the requested agent **AND** 2. The patient has been screened for prior or current hepatitis B infection AND if positive a prescriber specializing in hepatitis B treatment has been consulted **AND** 2. If the patient has an FDA approved indication, then ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent **OR** B. The prescriber has provided information in support of using the requested agent for the patient's age for the requested indication **AND** 3. The patient does NOT have severe hepatic impairment (Child-Pugh C) **AND** 4. If the patient has a diagnosis of ANCA-associated vasculitis, then BOTH of the following: A. The patient is currently treated with standard therapy (e.g., cyclophosphamide, rituximab, azathioprine, mycophenolate mofetil) for the requested indication **AND** B. The patient will continue standard therapy (e.g., cyclophosphamide, rituximab, azathioprine, mycophenolate mofetil) in combination with the requested agent for the requested indication **AND** 5. The prescriber is a specialist in the area of the patient's diagnosis (e.g., rheumatologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 6. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approva**l: 6 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria. **Renewal Evaluation** **Target Agent(s)** will be approved when ALL of the following are met: 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process **AND** 2. The patient has had clinical benefit with the requested agent **AND** 3. The patient does NOT have severe hepatic impairment (Child-Pugh C) **AND** 4. ONE of the following: A. The patient has a diagnosis of ANCA associated vasculitis AND **BOTH** of the following: 1. The patient is currently treated with standard therapy (e.g., azathioprine, mycophenolate mofetil) for the requested indication **AND** 2. The patient will continue standard therapy (e.g., azathioprine, mycophenolate mofetil) in combination with the requested agent for the requested indication **OR** B. The patient has another FDA approved indication for the requested agent **AND** 5. The prescriber is a specialist in the area of the patient's diagnosis (e.g., rheumatologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 6. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. ALL of the following: A. The requested quantity (dose) is greater than the program quantity limit **AND** B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit **OR** 3. ALL of the following: A. The requested quantity (dose) is greater than the program quantity limit **AND** B. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication **AND** C. The prescriber has provided information in support of therapy with a higher dose for the requested indication **Length of approval**: Initial approval - 6 months; Renewal approval - 12 months