

POLICY NAME	Tavneos (avacopan)	POLICY #	3256P
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Criteria

Coverage Criteria

- ☐ Diagnosis of one of the following types of severe active Anti-Neutrophil Cytoplasmic Autoantibody (ANCA)-associated vasculitis:
 - Granulomatosis with polyangiitis (Wegener's granulomatosis)
 - Microscopic polyangiitis
- ☐ Diagnosis confirmed by one of the following:
 - ANCA test positive for proteinase 3 (PR3) antigen
 - ANCA test positive for myeloperoxidase (MPO) antigen
 - Tissue biopsy
- ☐ Documentation to support Birmingham Vasculitis Activity Score (BVAS) containing at least 1 major item, 3 non-major items, or 2 renal items of proteinuria and hematuria
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor), nephrologist (kidney doctor), or immunologist (immune system doctor)
- ☐ Patient is currently receiving standard therapy with cyclophosphamide or rituximab
- ☐ Patient is currently on glucocorticoids or has a contraindication or intolerance

Exclusion Criteria – Any of the following prevents coverage

- ☐ Currently on dialysis or previous kidney transplant
- ☐ Diagnosis of Eosinophilic Granulomatosis with Polyangiitis (EGPA)