**09-J4000-15**

**Original Effective Date: 04/01/22**

**Reviewed: 01/10/24**

**Revised: 02/15/24**

# Subject: Avacopan (Tavneos)

**THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.**



## DESCRIPTION:

Avacopan (Tavneos), a complement 5a receptor (C5aR) antagonist, was approved by the U.S. Food and Drug Administration (FDA) in October 2021 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.

The safety and efficacy of avacopan were evaluated in a randomized, double-blind, phase III clinical trial (NCT02994927) of patients (N=330) with newly diagnosed or relapsing vasculitis for which treatment with cyclophosphamide or rituximab was indicated. Patients were randomized to receive avacopan plus prednisone or placebo plus prednisone for 52 weeks. All patients 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/m2 once weekly for 4 weeks without azathioprine or mycophenolate mofetil

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 avacopan 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 avacopan group (65.7%) compared to the prednisone group (54.9%).

## POSITION STATEMENT:

**Comparative Effectiveness**

The Food and Drug Administration has deemed the drug(s) or biological product(s) in this coverage policy to be appropriate for self-administration or administration by a caregiver (i.e., not a healthcare professional). Therefore, coverage (i.e., administration) in a provider-administered setting such as an outpatient hospital, ambulatory surgical suite, or emergency facility is not considered medically necessary.

Initiation of avacopan (Tavneos) **meets the definition of medical necessity** for members meeting the following criteria:

1. Member is diagnosed with severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] and/or microscopic polyangiitis [MPA]) – documentation from the medical record must be provided
2. Member has a positive test for PR3 antibodies (anti-PR3) or MPO antibodies (anti-MPO) – laboratory documentation must be provided
3. Member's baseline Birmingham Vasculitis Activity Score (BVAS) shows evidence of at least one major item, three non-major items, or both proteinuria and hematuria – documentation from the medical record must be submitted
4. ONE of the following:
    a. Avacopan will be used in combination with a standard immunosuppressive regimen, such as cyclophosphamide, azathioprine, mycophenolate, or rituximab
    b. Member has an intolerance, hypersensitivity, or FDA labeled contraindication to an immunosuppressive regimen - the specific intolerance, hypersensitivity, or FDA labeled contraindication must be provided
5. Member's eGFR must be equal to or greater than 15 mL/min per 1.73 $m^2$ using Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) formula

    CKD-EPI calculator is available here: https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/kidney-disease/laboratory-evaluation/glomerular-filtration-rate-calculators/ckd-epi-adults-conventional-units
6. Avacopan is prescribed by a rheumatologist or a provider specializing in vasculitis
7. Dose does not exceed 30 mg twice daily

**Approval duration**: 12 months

Continuation of avacopan (Tavneos) **meets the definition of medical necessity** for members meeting the following criteria:

1. Authorization/reauthorization has been previously approved by Florida Blue in the past two years for severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] and/or microscopic polyangiitis [MPA]) OR the member has previously met all indication-specific initiation criteria
2. Member achieves (or maintains) disease remission as assessed by recent (within 90 days) BVAS – documentation from the medical record must be provided
3. Avacopan is prescribed by a rheumatologist or a provider specializing in vasculitis
4. Dose does not exceed 30 mg twice daily

**Approval duration**: 12 months

## DOSAGE/ADMINISTRATION:

**THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.**

### FDA-approved

- 30 mg (three 10 mg capsules) twice daily with food

### Dose Adjustments

- None

### Drug Availability

- Capsules: 10 mg

## PRECAUTIONS:

### Boxed Warning

- None

### Contraindications

- Known hypersensitivity avacopan

### Precautions/Warnings

- Hepatotoxicity
- Serious hypersensitivity reactions
- Hepatitis B virus
- Serious infection

## BILLING/CODING INFORMATION:

### HCPCS Coding

| | |
|---|---|
| J8499 | Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified |

### ICD-10 Diagnosis Codes That Support Medical Necessity

| | |
|---|---|
| M31.30 | Wegener's granulomatosis without renal involvement |
| M31.31 | Wegener's granulomatosis with renal involvement |
| M31.7 | Microscopic polyangiitis |

## REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

## PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Part D:** Florida Blue has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

**Medicare Advantage:** No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

## DEFINITIONS:

None

## RELATED GUIDELINES:

None

## OTHER:

None

## REFERENCES:


1. ChemoCentryx, Inc. Tavneos (avacopan) capsule. 2022 [cited 2/2/22]. In: DailyMed [Internet]. Bethesda (MD): National Library of Medicine. Available from: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c93cbc0b-29a3-46a5-9c85-41815ea5cf4a.
2. Clinical Pharmacology [Internet]. Tampa (FL): Gold Standard, Inc.; 2024 [cited 1/1/24]. Available from: http://www.clinicalpharmacology.com/.
3. ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine; 2000 Feb 29 - [cited 1/1/24]. Available from: http://clinicaltrials.gov/.

4. DRUGDEX® System [Internet]. Greenwood Village (CO): Thomson Micromedex; Updated periodically [cited 1/1/24]. Available online.
5. Jayne DRW, et al. ADVOCATE study group. Avacopan for the treatment of ANCA associated vasculitis. N Engl J Med. 2021;384(7):599-609.
6. Orphan Drug Designations and Approval [Internet]. Silver Spring (MD): US Food and Drug Administration; 2024 [cited 1/1/24]. Available from: http://www.accessdata.fda.gov/scripts/opdlisting/oopd/index.cfm/.

## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 01/10/24.

## GUIDELINE UPDATE INFORMATION:

| | |
|---|---|
| 04/01/22 | New Medical Coverage Guideline. |
| 12/15/22 | Revised position statement. |
| 02/15/24 | Review and revision to guideline consisting of updating references. |