Preemptive policy: This is a P&T approved policy and can be used after the drug is FDA approved until it is superseded by an updated policy

CENTENE® Corporation

Clinical Policy: Avacopan (CCX168)

Reference Number: CP.PHAR.515
Effective Date: FDA Approval Date
Last Review Date: 02.21
Line of Business: Commercial, HIM, Medicaid

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

INTERIM POLICY AND INFORMATION IS SUBJECT TO CHANGE

Description

Avacopan (CCX168®/™) is an oral selective C5a receptor inhibitor.

FDA Approved Indication(s) [Pending]

CCX168 is being studied for the treatment of anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (AAV).

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that CCX168 is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria*

**Criteria will mirror the clinical information from the prescribing information once FDA-approved*

A. ANCA-Associated Vasculitis (must meet all)**:**

1. Diagnosis of granulomatosis with polyangiitis (Wegener's), microscopic polyangiitis, or renal limited vasculitis;*
2. Prescribed by or in consultation with a rheumatologist;
3. Age ≥ 18 years;*
4. Must meet one of the following (a, b, or c):*
   a. Positive indirect immunofluorescence test for P-ANCA or C-ANCA;
   b. Positive ELISA test for anti-proteinase-3;
   c. Positive ELISA test for anti-myeloperoxidase;
5. Documentation of baseline Birmingham vasculitis activity score (BVAS, *see Appendix D)*, with at least one of the following (a, b, or c):*
   a. At least 1 major item;
   b. At least 3 non-major items;
   c. At least the 2 renal items of proteinuria and hematuria;
6. Recent (within the last 30 days) failure of ≥ 3 month trial of glucocorticoid therapy at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;*
7. CCX168 is prescribed in combination with cyclophosphamide or rituximab, unless clinically significant adverse effects are experienced or both are contraindicated;^*

   ^Prior authorization may be required

8. Dose does not exceed 60 mg (2 tablets) per day.*

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

II. Continued Therapy*

**Criteria will mirror the clinical information from the prescribing information once FDA-approved*

A. ANCA-Associated Vasculitis (must meet all)**:**

1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. Member is responding positively to therapy as evidenced by at least a 50% reduction in BVAS from baseline or remission (BVAS of zero);*
3. If request is for a dose increase, new dose does not exceed 60 mg (2 tablets) per day.*

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ANCA: antineutrophil cytoplasmic antibody
BVAS: Birmingham vasculitis activity score
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Glucocorticoids (e.g. prednisone)	Varies	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

INTERIM POLICY AND INFORMATION IS SUBJECT TO CHANGE

Appendix C: Contraindications/Boxed Warnings [Pending]

- Contraindication(s): pending
- Boxed warning(s): pending

Appendix D: Birmingham Vasculitis Activity Score (BVAS)

- BVAS is a composite score made up of 59 items organized into 9 different groups, expressing possible organ involvement: general, cutaneous, mucous/membranes/eyes, ear/nose/throat, chest, cardiovascular, abdominal, renal, nervous system, and other
- The maximum scores vary for each section, and differ based on whether the symptoms are classified as new/worse or persistent. The higher the global score achieved, the more severe the disease; the maximum attainable scores are 33 and 63 for BVAS persistent and BVAS new/worse respectively.
- Major items include the following:
  - Cutaneous: gangrene
  - Mucous/membrane/eyes: scleritis, retinal exudates/hemorrhage
  - Ear/nose/throat: sensorineural deafness
  - Abdominal: mesenteric ischemia
  - Pulmonary: alveolar hemorrhage, respiratory failure
  - Renal: RBC casts, rise in creatinine > 30% or fall in creatinine > 25%
  - Nervous system: meningitis, cord lesion, stroke, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

V. Dosage and Administration [Pending]

Indication	Dosing Regimen	Maximum Dose
ANCA-associated vasculitis*	30 mg PO BID*	60 mg/day*

VI. Product Availability [Pending]

Pending

VII. References

1. Jayne D, Bruchfeld A, Harper L, et al. Randomized trial of C5a receptor inhibitor avacopan in ANCA-asscoiated vasculitis. *J Am Soc Nephrol*. 2017; 28: 2756-2767. doi: 10.1681/ASN.2016111179.
2. Merkel PA, Jayne DR, Wang C, Hillson J, and Bekker P. Evaluation of the safety and efficacy of avacopan, a C5a receptor inhibitor, in patients with antineutrophil cytoplasmic antibody-associated vasculitis treated concomitantly with rituximab or cyclophosphamide/azathioprine: protocol for a randomized, double-blind, active-controlled, phase 3 trial. *JMIR Res Protoc.* 2020; 9(4):e16664 doi: 10.2196/16664:10.2196/16664.
3. Walsh M, Merkel PA, Mahr A, and Jayne D. The effects of duration of glucocorticoid therapy on relapse rate in anti-neutrophil cytoplasm antibody associated vasculitis: a meta-analysis. *Arthritis Care Res.* 2010; 62(8): 1166-1173. doi: 10.1002/acr.20176.

INTERIM POLICY AND INFORMATION IS SUBJECT TO CHANGE

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created pre-emptively; references to HIM.PHAR.21 revised to HIM.PA.154.	12.01.20	02.21

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

INTERIM POLICY AND INFORMATION IS SUBJECT TO CHANGE

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2021 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.

INTERIM POLICY AND INFORMATION IS SUBJECT TO CHANGE