TAVNEOS®
(avacopan)

Could your patients with severe active ANCA-associated vasculitis (GPA or MPA) benefit from additional therapy?

TAVNEOS®: The first and only oral targeted therapy designed for patients with severe active GPA and MPA[1-4]

Achieve and sustain remission with TAVNEOS®—an adjunctive therapy that can be used in patients experiencing new, relapsing or persistent disease activity[1,5,6]

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

INDICATION

TAVNEOS® (avacopan) is 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. TAVNEOS does not eliminate glucocorticoid use.

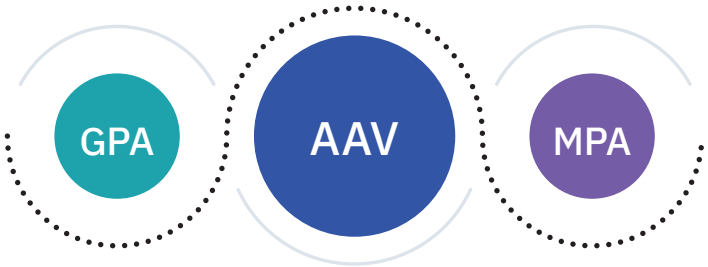
IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

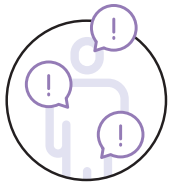
Serious hypersensitivity to avacopan or to any of the excipients.

For patients living with severe active GPA and MPA, disease burden remains high

Despite advancements in therapy, patients grappling with these chronic, progressive conditions still suffer from a long journey to diagnosis, a high risk of relapse, treatment-related toxicities, and a diminished quality of life[7-11]

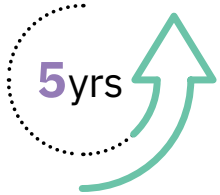


→ **GPA and MPA are part of a rare group of vasculitides called ANCA-associated vasculitis, or AAV**[1,12-15]
- An AAV diagnosis can be made through a clinical assessment of inflammation of one or multiple organs, which can lead to impaired organ function



→ **Severe vasculitis is defined by the American College of Rheumatology (ACR) guidelines as having life-threatening or organ-threatening manifestations, inclusive of multi-organ and localized symptoms**[6]
- Approximately **80%-90%** of patients with AAV present with renal or other organ-threatening disease activity[16]

→ **Current treatment regimens can elevate the risk of toxicity**[7,17-20]
- Commonly used treatment options such as glucocorticoids can still pose serious risks, even at reduced doses



→ **The attainment of sustained remission remains an elusive goal for many patients**[9]
- In fact, **30%-50%** of patients still relapse within 5 years on standard therapy

→ **ACR guidelines define "active"** as new, persistent, or worsening signs and/or symptoms attributed to GPA or MPA, and not related to prior damage[6]

Patients with severe active GPA and MPA have experienced substantial impact to their quality of life[21]

A gap exists between the clinical standards for disease control and what patients expect remission to feel like[8,21,22]

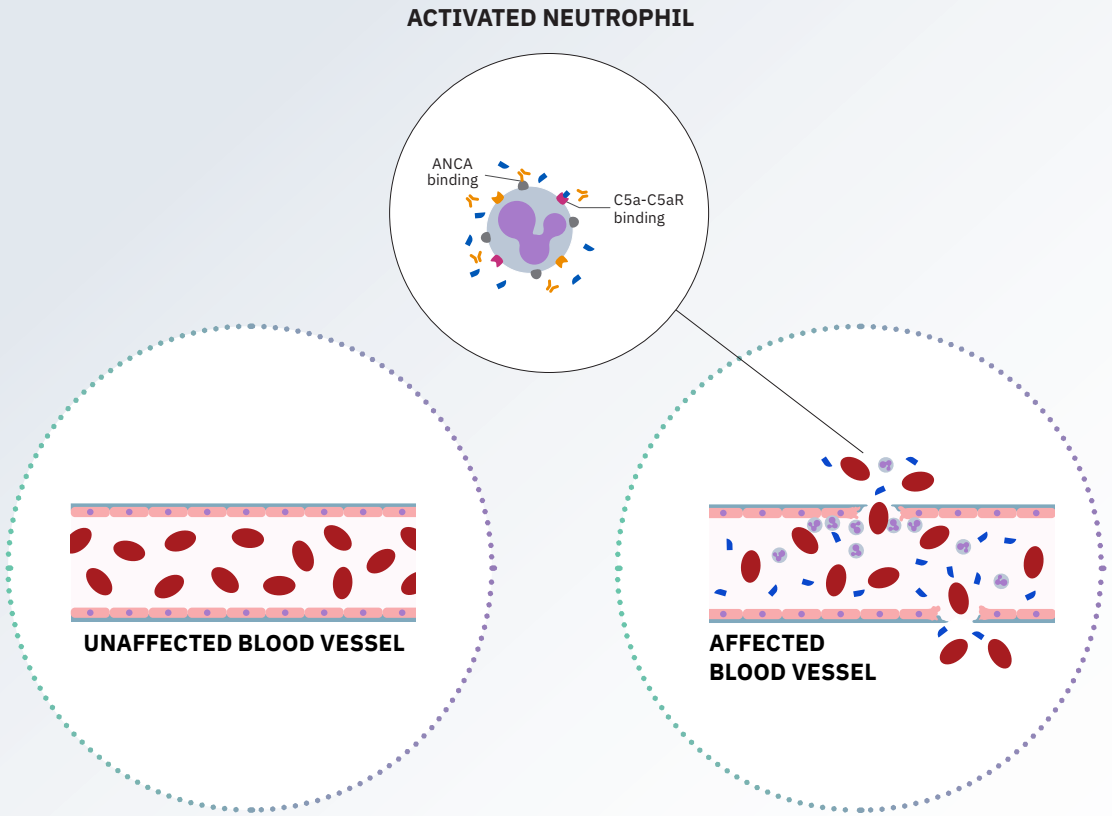
Patients with AAV may have persistent GPA and MPA symptoms, which can negatively impact their quality of life.[5,22]

ONLY ~1/4 of patients are satisfied with their medication's ability to control symptoms while maintaining a good quality of life[21]*

FOR ~1/2 of patients, even in remission, vasculitis symptoms are debilitating[21]*

*According to an online, self-administered survey of 100 patients with GPA or MPA from July 21-August 25, 2022.

Severe active GPA and MPA are characterized by neutrophil-induced inflammation and scarring of small- to medium-vessel endothelia[15]



- ANCA
- C5a
- C5aR
- Cytokine receptor
- MPO/PR3 antigen

→ The initial injury to vessel walls may result in:[15]
- hemorrhage and
- release of plasma proteins (including coagulation factors) into the vessel walls and adjacent extravascular tissue

→ Activated coagulation factors produce fibrin that forms at sites of injury which, in time, leads to necrosis[15]

→ Severe injury to a vessel could manifest in one or more organ systems[6]

Progressive inflammation and vascular injury by neutrophils is perpetuated through a vicious feedback loop that is fueled in part by a complement-mediated pathway[23]

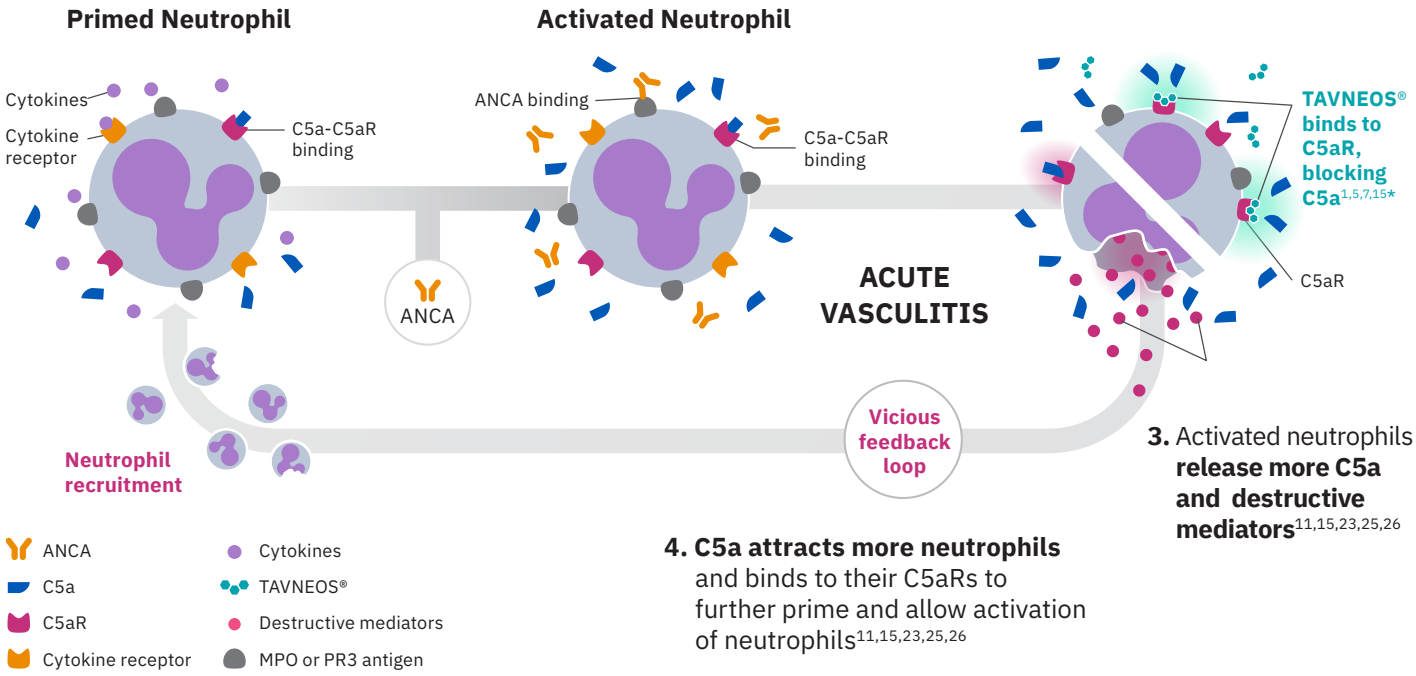
C5aR, C5a receptor; MPO, myeloperoxidase; PR3, proteinase 3.

Only TAVNEOS® targets C5aR and is designed to block the complement-mediated cycle of chronic inflammation in GPA and MPA[1,2,4,7,23,24]

1. Neutrophils are primed by proinflammatory cytokines and C5a. MPO and PR3 antigens become exposed on the neutrophil surface[11,15,23,25,26]

2. Tethered to the vessel wall, **neutrophils are activated** by ANCA[11,15,23,25,26]

C5a-C5aR interaction enhances the complement amplification loop. With TAVNEOS®, C5a is blocked from binding C5aR.[1,5,7,15]



3. Activated neutrophils **release more C5a and destructive mediators**[11,15,23,25,26]

4. C5a attracts more neutrophils and binds to their C5aRs to further prime and allow activation of neutrophils[11,15,23,25,26]

*The precise mechanism by which TAVNEOS® exerts a therapeutic effect in patients with severe active GPA and MPA has not been definitively established.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Hepatotoxicity: Serious cases of hepatic injury have been observed in patients taking TAVNEOS, including life-threatening events. Obtain liver test panel before initiating TAVNEOS, every 4 weeks after start of therapy for 6 months and as clinically indicated thereafter. Monitor patients closely for hepatic adverse reactions, and consider pausing or discontinuing treatment as clinically indicated (refer to section 5.1 of the Prescribing Information).

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

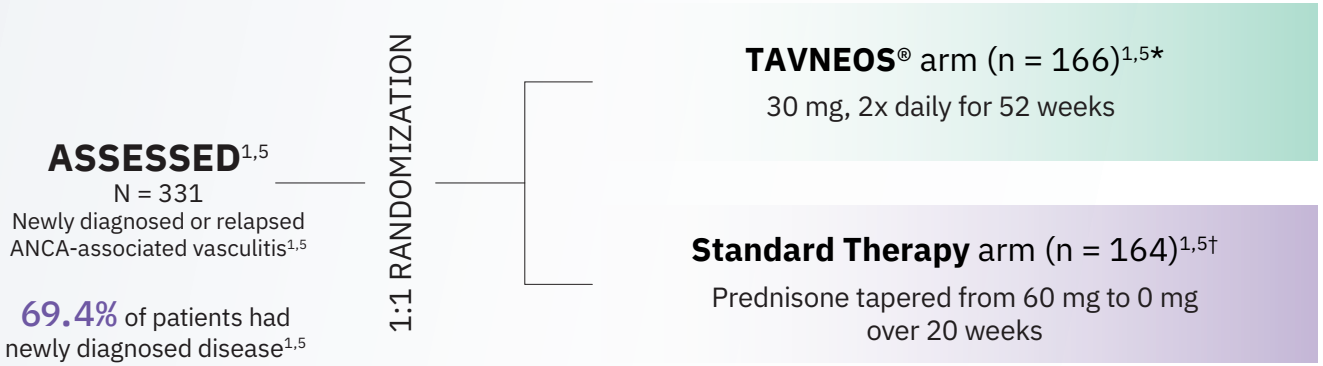
TAVNEOS® (avacopan)

ADVOCATE: A large phase 3 global multicenter trial evaluating TAVNEOS® in patients across a range of severe active GPA and MPA manifestations[1,5,7]

The phase 3 ADVOCATE trial studied a TAVNEOS® regimen (TAVNEOS® + rituximab, or cyclophosphamide followed by azathioprine) **vs Standard Therapy** (prednisone taper + rituximab, or cyclophosphamide followed by azathioprine) **in 330 newly diagnosed or relapsing patients with GPA or MPA over 52 weeks in a randomized, double-blind, double-dummy, active-controlled fashion**[1,5,7]

→ The aim of the ADVOCATE study was to evaluate whether TAVNEOS® could replace a prednisone-taper[5,7]

→ The primary endpoints of the trial assessed achievement of remission at Week 26 and sustained remission at Week 52[5,7]



Differences in glucocorticoid exposure were evaluated throughout the duration of the ADVOCATE trial[27]

*Also received prednisone-matching placebo for 20 weeks.[1]

†Also received TAVNEOS®-matched placebo twice daily for 52 weeks.[1]

Glucocorticoids (GCs) were allowed in both treatment arms as pre-medication for rituximab to reduce hypersensitivity reactions, taper after GCs 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.[1]

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Hepatotoxicity (CON'T)**:** TAVNEOS is not recommended for patients with active, untreated, and/or uncontrolled chronic liver disease (e.g., chronic active hepatitis B, untreated hepatitis C, uncontrolled autoimmune hepatitis) and cirrhosis. Consider the risks and benefits before administering this drug to a patient with liver disease.

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

TAVNEOS® (avacopan)

Patients in ADVOCATE presented with a wide spectrum of clinical manifestations[1,5]

The treatment groups were well balanced regarding baseline demographics and disease characteristics of patients:[1,5]

Patients had active disease: At least one major item (62.4%), or at least three minor items (87.3%), or at least two renal items of proteinuria and hematuria (35.5%) in the BVAS[5,7]*

Baseline characteristics[7] N = 330	Newly diagnosed	Relapsed	GPA	MPA	Renal involvement
n (%)	229 (69.4%)	101 (30.6%)	181 (54.8%)	149 (45.2%)	268 (81.2%)
	General organ involvement	Ear/nose/ throat involvement	Chest involvement	Rituximab Standard Therapy base	IV/oral cyclophosphamide Standard Therapy base
n (%)	225 (68.2%)	144 (43.6%)	142 (43%)	214 (64.8%)	116 (35.2%)

→ The baseline mean eGFR for kidney function (mL/min/1.73 m^2) was 45.6 in the Standard Therapy group and 44.6 in the TAVNEOS® group[7]

→ Patients' mean duration of GPA and MPA was 21.54 months[7]

***Birmingham Vasculitis Activity Score (BVAS)** provides a standardized measure of current disease activity. There are 56 clinical features, grouped into 9 organ systems plus an "Other" category, each of which is given a numerical value according to its perceived clinical relevance as decided by expert consensus.[7,28,29]

eGFR, estimated glomerular filtration rate; IV, intravenous.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

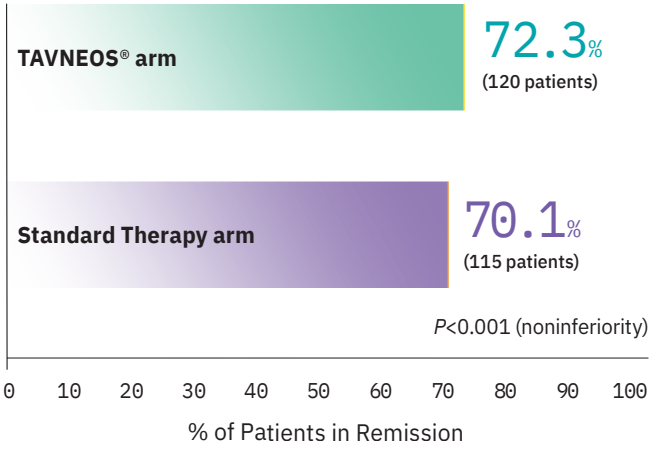
Serious Hypersensitivity Reactions: Cases of angioedema occurred in a clinical trial, including 1 serious event requiring hospitalization. Discontinue immediately if angioedema occurs and manage accordingly. TAVNEOS must not be readministered unless another cause has been established.

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

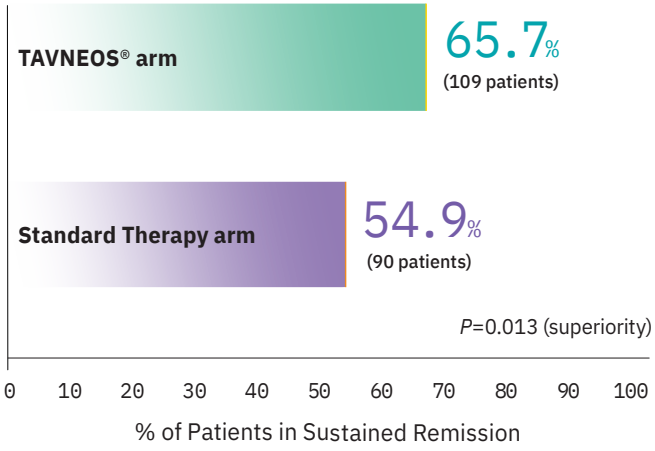
TAVNEOS® (avacopan)

The TAVNEOS® regimen was superior compared to Standard Therapy in sustaining remission* at 1 year[1,5]

At Week 26, the TAVNEOS® arm was non-inferior to Standard Therapy in achieving remission[5]



At Week 52, the TAVNEOS® arm was superior to Standard Therapy in sustaining remission[5†]



TAVNEOS® arm (n = 166)

Standard Therapy arm (n = 164)

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Hepatitis B Virus (HBV) Reactivation: Hepatitis B reactivation, including life-threatening hepatitis B, was observed in the clinical program. Screen patients for HBV.

For patients with evidence of prior infection, consult with physicians with expertise in HBV and monitor during TAVNEOS therapy and for 6 months following.

91% of patients who were in remission at Week 26 remained in remission at Week 52 versus 78% of patients using Standard Therapy[5]

*Remission was defined as achieving a Birmingham Vasculitis Activity Score (BVAS) of 0 and not taking glucocorticoids for treatment of GPA or MPA within 4 weeks prior to Week 26.[5]

†Sustained remission was defined as remission at Week 26 and at Week 52 and no use of GCs for 4 weeks before Week 52, without relapse between Week 26 and Week 52.[1,7]

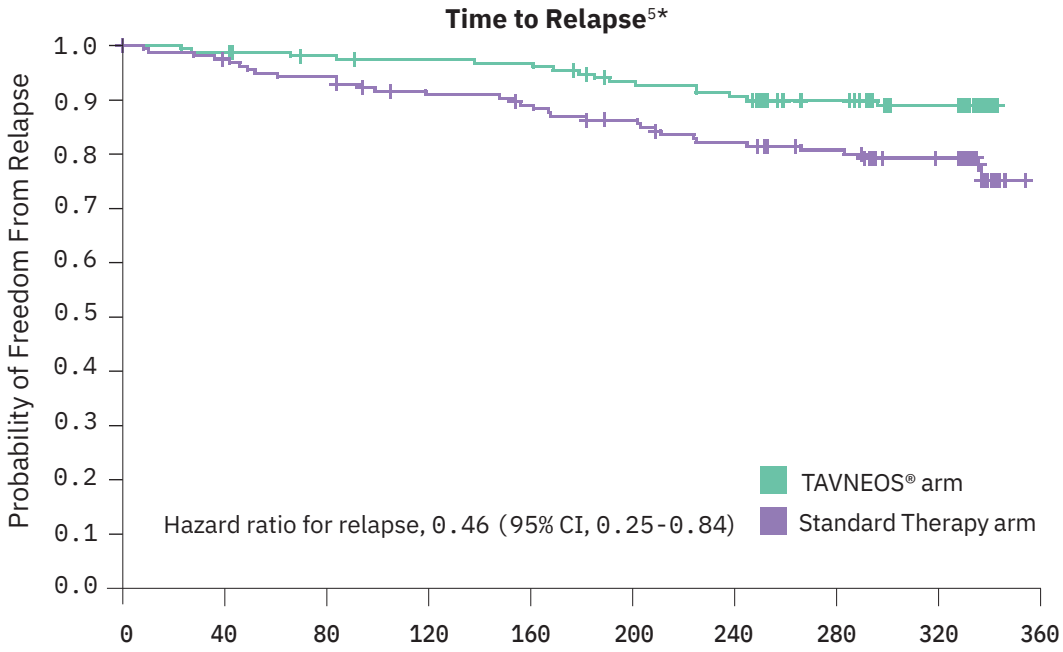
Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

TAVNEOS® (avacopan)

The TAVNEOS® regimen reduced the risk of relapse by half compared to Standard Therapy[5]

TAVNEOS® demonstrated a 54% estimated reduction in risk of relapse vs patients treated with Standard Therapy[5]

→ 10.1% of patients using the TAVNEOS® regimen experienced relapse, compared with 21% of patients treated with standard therapy[5]



No. at Risk										
TAVNEOS® arm	158	153	149	146	145	133	129	115	92	0
ST arm	157	151	146	137	133	126	119	111	90	0

Prespecified secondary endpoint not adjusted for multiplicity and subject to post-randomization variable dependence. Results should be interpreted with caution.[5]

Relapse is defined as the occurrence of one of the following after remission (BVAS of 0) had been achieved:[1,5]

- **≥1 major item in the BVAS, or**
- **≥3 minor items in the BVAS, or**
- **1-2 minor items in the BVAS recorded at ≥2 consecutive visits**

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Hepatitis B Virus (HBV) Reactivation (CONT'D)**:** If patients develop HBV reactivation, immediately discontinue TAVNEOS and concomitant therapies associated with HBV reactivation, and consult with experts before resuming.

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

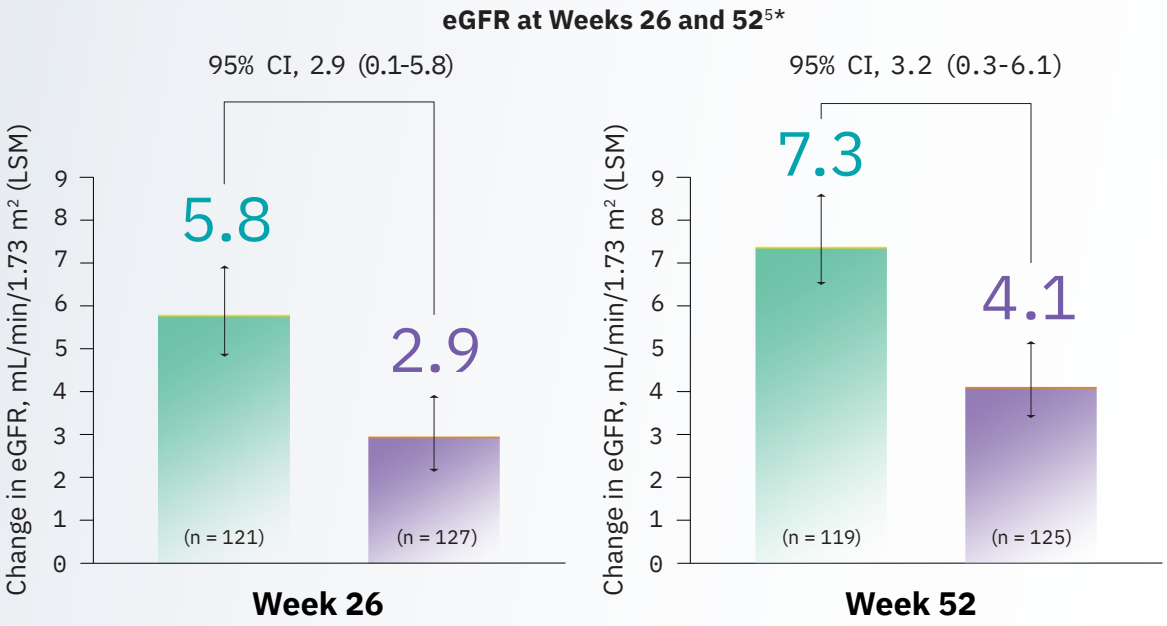
*Adapted from Jayne DRW, et al. *N Engl J Med*. 2021;384:599-609.

CI, confidence interval.

TAVNEOS® (avacopan)

The TAVNEOS® regimen improved renal function from baseline, as measured by eGFR, at 26 weeks compared to Standard Therapy[5]

Patients treated with TAVNEOS® also saw sustained improvement in kidney function, measured by eGFR, at Week 52[5]



Prespecified secondary endpoint not adjusted for multiplicity and should be considered exploratory. Results should be interpreted with caution.[5]

*Change from baseline to Week 52 in eGFR in patients with renal disease at baseline based on the BVAS. Data are presented as least squares means (LSM).[5]

In a subgroup analysis, patients with baseline eGFR <30 mL/min/1.73 m² experienced eGFR improvement:[5,29†]

65% improvement from baseline in the TAVNEOS® arm vs 38% in the Standard Therapy arm

†Results of prespecified subgroup analysis in the 100 patients with eGFR <30 mL/min/1.73 m² and ≥15 mL/min/1.73 m² at baseline. Results from this exploratory subgroup analysis should be interpreted with caution.[5,7,30]

- → 81.2% of patients in the trial had renal involvement based on BVAS prior to treatment[5]
- → Discontinuation of treatment with TAVNEOS® at Week 52 resulted in the reduction of treatment-induced difference in eGFR[7]

IMPORTANT SAFETY INFORMATION (CONT'D)
WARNINGS AND PRECAUTIONS (CONT'D)
Serious Infections: Serious infections, including fatal infections, have been reported in patients receiving TAVNEOS. The most common serious infections reported in the TAVNEOS group were pneumonia and urinary tract infections.

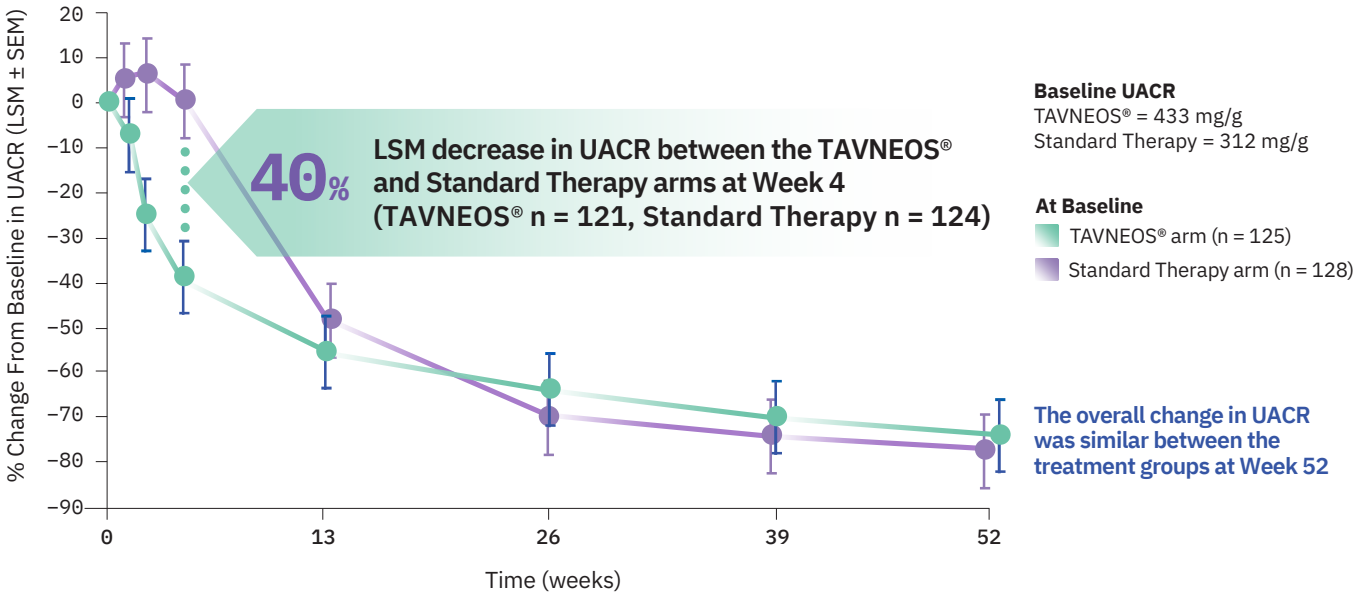
Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

TAVNEOS® (avacopan)

Patients taking TAVNEOS® saw a decrease in UACR by Week 4[5,7]

Urinary Albumin-Creatinine Ratio (UACR) improvement occurred by Week 4 in patients with TAVNEOS® compared to Standard Therapy arm[5,7]*

Change in Urinary Albumin-Creatinine Ratio Over 52 Weeks (ITT Population)[5,7]



Prespecified secondary endpoint of patients with renal disease and albuminuria at baseline; analysis not adjusted for multiplicity and should be considered exploratory. Results should be interpreted with caution.[5]

- → Elevated proteinuria may reflect underlying impairment of kidney function[31,32]
- → Percent changes from baseline are based on ratios of geometric means of visit over baseline[5]
- → The UACR analysis was only performed in patients who met BVAS criteria for renal disease at baseline and who also had a UACR ≥10 mg albumin/g creatinine[5]

*Based on percent change from baseline in UACR in patients with baseline renal disease and baseline UACR >10 mg/g (52-week study period).[5,7]

ITT, intent to treat; LSM, least squares mean; SEM, standard error of the mean.

Improvement with TAVNEOS® was observed at Week 4, with a 40% decrease in UACR at Week 4 (vs no change with the Standard Therapy arm)[5,7]

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Serious Infections (CON'T)**:** Avoid use of TAVNEOS in patients with active, serious infection, including localized infections. Consider the risks and benefits before initiating TAVNEOS in patients with chronic infection, at increased risk of infection, or who have been to places where certain infections are common.

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

TAVNEOS® (avacopan)

Patients on TAVNEOS® experienced improved quality of life and reduction in glucocorticoid exposure[7]

Patients reported greater improvements across physical and mental health-related quality-of-life metrics at Weeks 26 and 52 in the TAVNEOS® arm vs Standard Therapy[33]*

PHYSICAL MEASURES[33†]

Category	Week 26	Week 52
Physical Component Score	TAV = 4.45 ST = 1.34	TAV = 4.98 ST = 2.63
Physical Function	TAV = 7.31 ST = 1.88	TAV = 9.55 ST = 4.82
Body Pain	TAV = 14.75 ST = 9.82	TAV = 16.12 ST = 11.87
Role-Physical‡	TAV = 16.78 ST = 7.52	TAV = 17.12 ST = 12.27
General Health Perception	TAV = 3.12 ST = -2.89	TAV = 5.84 ST = -0.17

MENTAL MEASURES[33†]

Category	Week 26	Week 52
Mental Component Score	TAV = 4.85 ST = 3.27	TAV = 6.39 ST = 4.69
Vitality	TAV = 12.03 ST = 6.42	TAV = 14.36 ST = 10.48
Mental Health	TAV = 8.29 ST = 6.84	TAV = 10.89 ST = 9.66
Role-Emotional§	TAV = 7.32 ST = 1.40	TAV = 9.38 ST = 4.14
Social Functioning	TAV = 14.50 ST = 11.09	TAV = 18.06 ST = 13.56

Prespecified secondary endpoint not adjusted for multiplicity and should be considered exploratory. Results should be interpreted with caution. The SF-36 was not specifically validated for GPA and MPA.[5]

*As assessed by the 36-Item Short Form Health Survey (SF-36), version 2. SF-36 scores range from 0 (worst) to 100 (best).[5]

†Scores reflect change from baseline (least squares mean ± standard error of the mean).[7]

‡Role-Physical is one of the eight SF-36 domains. It assesses the limitations in routine activities because of physical capabilities.[34]

§Role-Emotional is one of the eight SF-36 domains. It assesses the limitations on routine activities because of emotional factors.[34]

**Prednisone equivalent dose per patient

TAV, TAVNEOS®; ST, Standard Therapy.

→ **The TAVNEOS® regimen showed a lowered median total dose of steroids by 81% (TAVNEOS® = 600 mg; Standard Therapy=3097.5 mg) and the mean total dose of glucocorticoids by 56% (TAVNEOS® = 1675.5 mg; Standard Therapy= 3846.9 mg)[27]**

- Overall, the mean cumulative total study supplied and non-study-supplied glucocorticoid dose during the 52-week treatment period was approximately 2.3-fold higher in the Standard Therapy arm[27]

→ **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[1]**

- The incidence of this additional glucocorticoid exposure was balanced between both groups[29]

IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS

The most common adverse reactions (≥5% of patients and higher in the TAVNEOS group vs. prednisone group) were nausea, headache, hypertension, diarrhea, vomiting, rash, fatigue, upper abdominal pain, dizziness, blood creatinine increased, and paresthesia.

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

TAVNEOS® (avacopan)

The safety of TAVNEOS® was studied in one of the largest clinical trials for adults with GPA and MPA[35]

An established safety profile from a targeted therapy through 52 weeks[1,5]

Most common adverse reactions reported in ≥5% of patients and higher in TAVNEOS® arm vs Standard Therapy group in phase 3 trial[1]

Adverse reaction	TAVNEOS® (N = 166), n (%)	Standard Therapy (N = 164), n (%)
Nausea	39 (23.5)	34 (20.7)
Headache	34 (20.5)	23 (14.0)
Hypertension	30 (18.1)	29 (17.7)
Diarrhea	25 (15.1)	24 (14.6)
Vomiting	25 (15.1)	21 (12.8)
Rash	19 (11.4)	13 (7.9)
Fatigue	17 (10.2)	15 (9.1)
Upper abdominal pain	11 (6.6)	10 (6.1)
Dizziness	11 (6.6)	10 (6.1)
Blood creatinine increased	10 (6.0)	8 (4.9)
Paresthesia	9 (5.4)	7 (4.3)

Incidence of infection, including serious infections, in TAVNEOS® group vs Standard Therapy group[5]

Safety results	TAVNEOS® (N = 166)	Standard Therapy (N = 164)
Any infection		
No. of patients (%)	113 (68.1)	124 (75.6)
No. of events	233	291
Any serious infection		
No. of patients (%)	22 (13.3)	25 (15.2)
No. of events	25	31
Any serious opportunistic infection—no. (%)	6 (3.6)	11 (6.7)
Death due to infection—no. (%)	1 (0.6)	2 (1.2)
Life-threatening infection—no. (%)	1 (0.6)	2 (1.2)

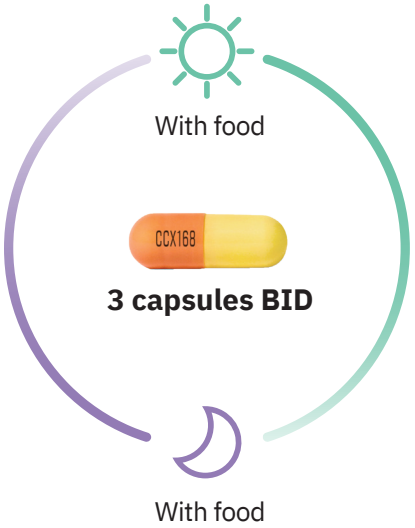
N=number of patients randomized to treatment group in the Safety Population; n=number of patients in specified category.

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

TAVNEOS® (avacopan)

TAVNEOS® is an oral adjunctive treatment for adults with severe active GPA and MPA[1]

As an adjunctive therapy, TAVNEOS® can be initiated at induction or added to any existing regimen for patients experiencing persistent disease activity[1,6]



Example regimen shown above
BID = twice daily.

Take 3 capsules (10 mg each) of TAVNEOS® twice a day with food[1]

Capsules shown are not actual size.
Actual size of capsule is 22 mm x 8 mm.

2x — The recommended dose of TAVNEOS® is **30 mg** (three 10 mg capsules) **twice daily, with food**[1]

Advise patients that TAVNEOS® capsules should not be crushed, chewed, or opened[1]

If a dose is missed, instruct the patient to wait until the usual scheduled time to take the next regular dose. Instruct the patient not to double the next dose[1]

1x — Reduce the dosage of TAVNEOS® to 30 mg **once daily** when used concomitantly with strong CYP3A4 inhibitors[1]

IMPORTANT SAFETY INFORMATION (CONT'D)

DRUG INTERACTIONS

Avoid coadministration of TAVNEOS with strong and moderate CYP3A4 enzyme inducers. Reduce TAVNEOS dose when coadministered with strong CYP3A4 enzyme inhibitors to 30 mg once daily. Monitor for adverse reactions and consider dose reduction of certain sensitive CYP3A4 substrates.

TAVNEOS is available as a 10 mg capsule. To report a suspected adverse event, call 1-833-828-6367. You may report to the FDA directly by visiting www.fda.gov/medwatch or calling 1-800-332-1088.

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

TAVNEOS® (avacopan)

Now, TAVNEOS® patients have the comprehensive support of Amgen behind them

TAVNEOS® Connect is the dedicated resource designed to support eligible patients throughout their TAVNEOS® journey

TAVNEOS™ connect

Quick Start Program

→ The TAVNEOS® Quick Start program initially provides up to a 30-day supply of TAVNEOS® to eligible patients whose insurance plan requires an authorization and whose HCP believes a delay in therapy could lead to negative clinical outcomes.†

- The program can also provide up to a 30-day initial supply of TAVNEOS® to eligible patients being discharged from an inpatient setting to support continuity of care.*

Copay Program

→ Helps reduce out-of-pocket costs for eligible commercially-insured patients, who may pay as little as $10 for a 30-day supply of TAVNEOS®†

Patient Assistance Program

→ For eligible new and existing patients who are uninsured or unable to afford TAVNEOS®*

→ **If requesting Quick Start,** fax completed Start Form, including prescription, to the TAVNEOS® Connect Hub, 1-833-200-7366

- Pay close attention to highlighted areas to ensure complete referral submission

→ **If patient does not require initial program support,** prescribe directly to a network Specialty Pharmacy

→ **Once complete referral is received,** hub or specialty pharmacy team will complete a benefits investigation

→ **Pharmacy can provide information to office** on prior authorization and appeals process

→ **If you have any questions** throughout the process please contact the TAVNEOS® Connect team at 1-833-TAVNEOS (833-828-6367) Option 2, M-F, 8 AM-8 PM ET

*Terms and conditions apply.

†Terms, conditions and program maximums apply. Other restrictions may apply. This program is not open to patients receiving prescription reimbursement under any federal, state or government funded healthcare program, or for cash patients. This is not insurance or a guarantee of payment. No cash value. Void where prohibited by law.

For additional information, visit https://tavneos.com/hcp/tavneos-connect

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

TAVNEOS® (avacopan)

Start today to achieve and sustain remission with TAVNEOS®[5]

For severe active GPA and MPA, TAVNEOS® is an oral adjunctive therapy that can be used at induction or for persistent disease activity[1,6]

In a clinical trial vs Standard Therapy, there was an established 52-week safety profile and patients on a TAVNEOS® regimen experienced:

Remission and superior sustained remission

At Week 26, 72.3% of patients in the TAVNEOS® arm achieved remission vs 70.1% on Standard Therapy; while at Week 52, 65.7% of patients in the TAVNEOS® arm sustained remission vs 54.9% in the Standard Therapy arm.[5]

Decreased glucocorticoid load*

81% median and 56% mean decrease in glucocorticoid load for patients in TAVNEOS® arm at Week 52 as compared to patients with Standard Therapy.[5,27]

Renal improvement as measured by eGFR*

TAVNEOS® patients saw an eGFR improvement of 7.3 vs. 4.1 mL/min/1.73m^2 in the Standard Therapy arm at Week 52 (LSM)[5]

Fewer relapses*

TAVNEOS® demonstrated a 54% estimated reduction in risk of relapse vs patients treated with Standard Therapy

- 10.1% of patients using the TAVNEOS® regimen experienced relapse, compared with 21% of patients treated with standard therapy.[5]

Visit TAVNEOS® Connect and download the start form

TAVNEOS connect

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Serious hypersensitivity to avacopan or to any of the excipients.

***Prespecified secondary endpoint not adjusted for multiplicity and should be considered exploratory. Results should be interpreted with caution.**[5]

To learn more about TAVNEOS® visit TAVNEOSPRO.com

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05/23 USA-569-80122

Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

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