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.

Please see additional Important Safety Information on the next page.

ADVOCATE Data for Patients With Severe Active ANCA-Associated Vasculitis (GPA or MPA) and Renal Involvement at Baseline

Have you considered prescribing TAVNEOS® for your adult patients with severe active GPA or MPA and renal involvement at baseline? Explore relevant data below.

Overall Study Results:

- The phase 3 ADVOCATE trial studied a TAVNEOS® regimen (TAVNEOS® + rituximab, or cyclophosphamide followed by azathioprine or mycophenolate mofetil*) vs Standard Therapy (prednisone taper† + rituximab, or cyclophosphamide followed by azathioprine or mycophenolate mofetil*).[1]
  - 330 newly diagnosed or relapsed‡ patients with GPA or MPA over 52 weeks in a randomized, double-blind, double-dummy, active-controlled fashion.[1-3]
  - 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.[2]
- At Week 26, the TAVNEOS® arm was **non-inferior** to the Standard Therapy arm in achieving remission.[1,§]
  - 72.3% (120/166) of patients in the TAVNEOS® arm achieved remission vs 70.1% (115/164) in the Standard Therapy arm.
- At Week 52, the TAVNEOS® arm was **superior** to Standard Therapy in sustaining remission.[1,**]
  - 65.7% (109/166) of patients in the TAVNEOS® arm sustained remission vs 54.9% (90/164) in the Standard Therapy arm.

*If azathioprine not tolerated.
†Prednisone tapered from 60 mg to 0 mg over 20 weeks.
‡Relapse was defined as occurrence of at least 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 a BVAS of 0 had been achieved.[1]
§Remission was defined as achieving a Birmingham Vasculitis Activity Score (BVAS) of 0 and not taking glucocorticoids for the treatment of GPA or MPA within 4 weeks prior to Week 26.
**Sustained remission was defined as remission at Weeks 26 and 52 without relapsing between Weeks 26 and 52. Remission at Week 52 was described as BVAS of 0 and not taking glucocorticoids for the treatment of GPA or MPA within 4 weeks prior to Week 52.

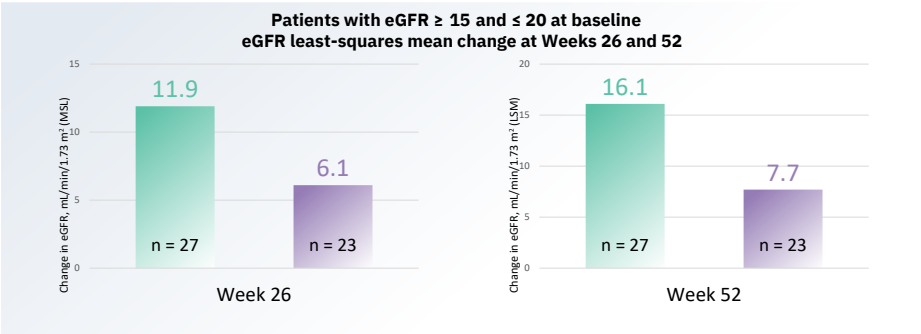
Renal Data

The TAVNEOS® regimen improved renal function from baseline at 26 and 52 weeks, as measured by estimated glomerular filtration rate (eGFR), compared to Standard Therapy. Patients in the TAVNEOS® arm experienced a LSM change from baseline in eGFR improvement of 5.8 vs 2.9 mL/min/1.73 m^2 in the Standard Therapy arm at Week 26. Additionally, patients in the TAVNEOS® arm experienced an LSM change from baseline in eGFR improvement of 7.3 vs 4.1 mL/min/1.73 m^2 in the Standard Therapy arm at Week 52. **Prespecified secondary endpoint not adjusted for multiplicity and should be considered exploratory. Results should be interpreted with caution.[1]**

- 81.2% of patients in the trial had renal involvement based on BVAS prior to treatment.
- Discontinuation of treatment with TAVNEOS® at Week 52 resulted in the reduction of treatment-induced difference in eGFR.[3]

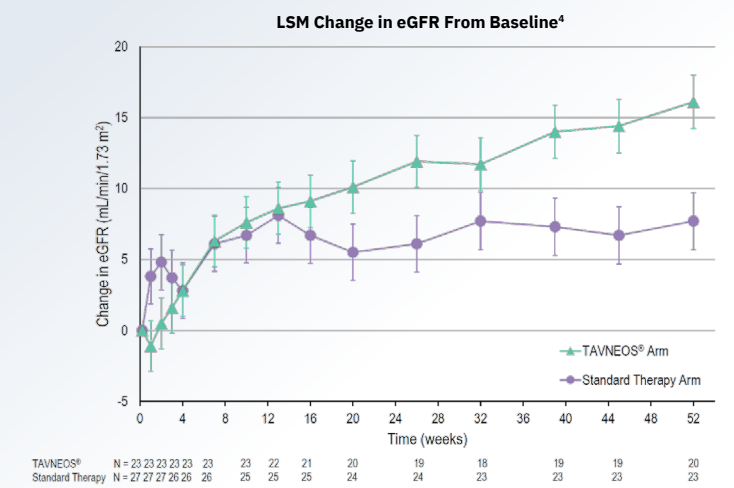
In a post hoc, exploratory sub-group analysis of the 50 patients with a baseline eGFR ≥ 15 and ≤ 20 mL/min/1.73 m^2 who were enrolled in the ADVOCATE study:[4]

- The TAVNEOS® arm experienced a least-squares mean change from baseline in eGFR of 11.9 vs. 6.1 mL/min/1.73 m^2 in the Standard Therapy arm at Week 26.[4]
- The TAVNEOS® arm experienced a least-squares mean change from baseline in eGFR of 16.1 vs. 7.7 mL/min/1.73 m^2 in the Standard Therapy arm at Week 52.[4]



Analysis is exploratory and has not been adjusted for multiple comparisons. No conclusions of statistical or clinical significance can be drawn.[1,4]
Least-squares mean change from baseline in the eGFR to Weeks 26 and 52 in patients with renal disease at baseline based on the BVAS.
Week 26: Difference 5.8 mL/min/1.73 m^2; 95% CI 0.4, 11.2. Week 52: Difference 8.4 mL/min/1.73 m^2; 95% CI 2.9, 13.8.

LSM Change in eGFR for the TAVNEOS® Arm and Standard Therapy Arm



Analysis is exploratory and has not been adjusted for multiple comparisons. No conclusions of statistical or clinical significance can be drawn.[1,4] Least-squares mean change from baseline in the eGFR to Weeks 26 and 52 patients in the ADVOCATE trial with eGFR ≤ 20 mL/min/1.73 m^2 and eGFR ≥ 15 mL/min/1.73 m^2 at baseline. Least squares mean (± standard error of the mean [SEM]) change from baseline in eGFR by treatment group over the 52-week treatment period.

If you have an adult patient with severe active GPA or MPA experiencing new, relapsing, or persistent disease activity, you can prescribe TAVNEOS® using the TAVNEOS® Start Form here.

Start your adult patients with severe active GPA or MPA on TAVNEOS® today to achieve and sustain remission.

ANCA, anti-neutrophil cytoplasm antibodies; CI, confidence interval; eGFR, estimated glomerular filtration rate; GPA, granulomatosis polyangiitis; MPA, microscopic polyangiitis.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Serious hypersensitivity to avacopan or to any of the excipients.

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). 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.

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.

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. If patients develop HBV reactivation, immediately discontinue TAVNEOS and concomitant therapies associated with HBV reactivation, and consult with experts before resuming.

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. 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.

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.

DRUG INTERACTIONS

Avoid coadministration of TAVNEOS with strong and moderate CYP3A4 enzyme inducers. Reduce TAVNEOS dose when co-administered 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.

Please see Full Prescribing Information and Medication Guide for TAVNEOS.

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.

References:

1. Jayne DRW, Merkel PA, Schall TJ, Bekker P; Avacopan for the Treatment of ANCA-Associated Vasculitis. *N Engl J Med.* 2021;384(7):599-609.
2. TAVNEOS® [package insert]. Cincinnati, OH: Amgen Inc.
3. Data on file, Amgen;[2];2020.
4. Cortazar F, Niles J, Jayne D et al. Renal Recovery for Patients with ANCA-Associated Vasculitis and Low eGFR in the ADVOCATE Trial of Avacopan. *Kidney Int.* 2023;8(4):860-870.