STANDARD THERAPY + TAVNEOS®

IN SEVERE ACTIVE ANCA-ASSOCIATED VASCULITIS, THE FIGHT AGAINST GPA & MPA NEEDS A TWO ON ONE APPROACH[1]

# Combine TAVNEOS® with standard therapy to achieve and sustain remission in patients with severe active GPA or MPA[1,2]

## TAVNEOS® is the only FDA-approved adjunctive treatment for severe active GPA and MPA that targets a complement-mediated response.[1,3,4]

The precise mechanism by which TAVNEOS® exerts a therapeutic effect in patients with severe active GPA or MPA has not been definitively established.[1]

**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** throughout and click here for the Full Prescribing Information and Medication Guide for TAVNEOS.

# GPA and MPA are chronic, relapsing autoimmune diseases that can impact organ function[2–4]

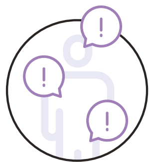
## Patients living with these chronic conditions can face a long journey to diagnosis, a high risk of relapse, treatment-related toxicities, and a diminished quality of life[3,5-8]

**The American College of Rheumatology/Vasculitis Foundation guidelines define:**[2]

**Severe vasculitis** as having life- or organ-threatening manifestations

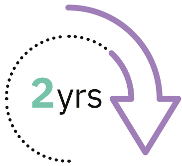
**Active vasculitis** as having new, persistent, or worsening signs and/or symptoms attributed to the disease and not related to prior damage

**Most patients (80%-90%) present with renal or other organ-threatening manifestations**[4]



## Even after diagnosis, patients experience new, severe manifestations[9]

In a longitudinal study by the Vasculitis Clinical Research Consortium, **26%** of patients with established GPA and **19%** of patients with established MPA developed new organ- or life-threatening manifestations after diagnosis[9]




## Reaching remission and reducing risk of relapse are critical measures to optimizing outcomes for patients with GPA and MPA[10]

In a retrospective cohort study of 101 patients with newly diagnosed or relapsing GPA or MPA who were in remission and receiving rituximab (RTX) maintenance, **~1 in 4 patients (24%) experienced a relapse** (30 relapses occurred in 24 patients) during the follow-up period (median 1.4 years)[11]

→ Of the 30 relapses, **73%** occurred within the first 2 years[11]
- **57%** were major relapses*
- **43%** were minor relapses†

**In patients with GPA or MPA, risk factors for relapse include but are not limited to:**[12,13]

- PR3 ANCA positivity
- History of relapses
- Respiratory tract involvement
- Discontinuation of therapy

## Even at reduced doses, glucocorticoids, often used in standard therapy for GPA and MPA, may pose risks that are exacerbated with long-term use[3,12,14,15]

→ Some of the toxicities associated with glucocorticoid use are:[16,17]
- increased risk of infection
- cardiometabolic disease
- mood disturbance
- new-onset diabetes
- bone disease

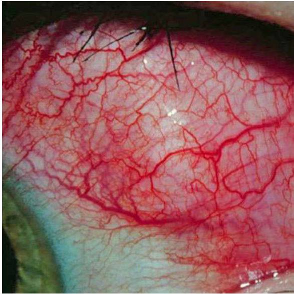
*Major relapses: involving ≥1 vital organ and/or a life-threatening manifestation, necessitating new induction therapy.

†Minor relapses: not corresponding to major, but requiring mild treatment intensification, addition of a second agent, or continuation of RTX maintenance therapy as was scheduled without additional interventions.

AAV = ANCA-associated vasculitis; PR3 = proteinase 3.

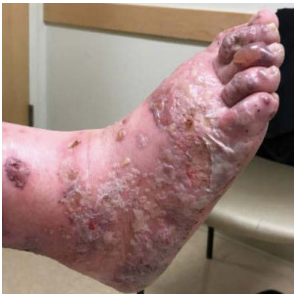
# The heterogeneous presentation of severe active GPA and MPA can complicate diagnosis[3]

## Examples of signs and symptoms of GPA and MPA may include, but are not limited to:[3]

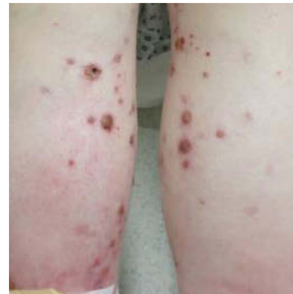


**Eyes:** Scleritis

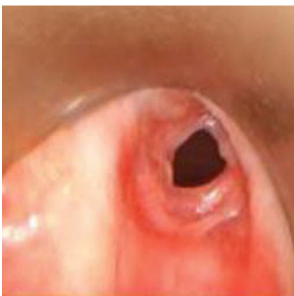
**Mucous Membrane:** Tongue ulcer



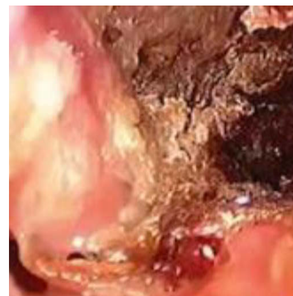
**Skin:** Severe skin disease with deep ulceration or coalescing purpura



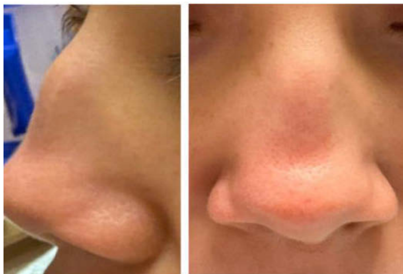
**Skin:** Severe skin purpura



**ENT:** Subglottic stenosis leading to airway obstruction



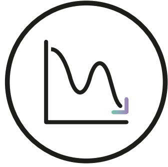
**ENT:** Crusted nasal ulcers with prior septal perforation



**ENT:** Nasal/paranasal manifestations with bone and cartilage involvement

ENT = ear, nose, throat.

# Careful monitoring may help detect signs that your patients are experiencing severe active disease[3,12,18,19]

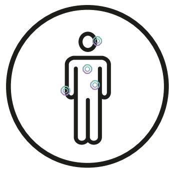


### DISEASE WORSENING

New or re-emerging manifestations as well as deteriorating lab values (even elevations in creatinine or emergence of microscopic hematuria) may signal the need for clinical attention[3,18,20]

### IMMUNOSUPPRESSANT USE

Strong or prolonged immunosuppression treatment could require close monitoring of disease activity[21]



### LOCALIZED SYMPTOMS

Localized symptoms do not necessarily preclude the possibility of organ-threatening disease and may require a comprehensive evaluation[3,18,19]

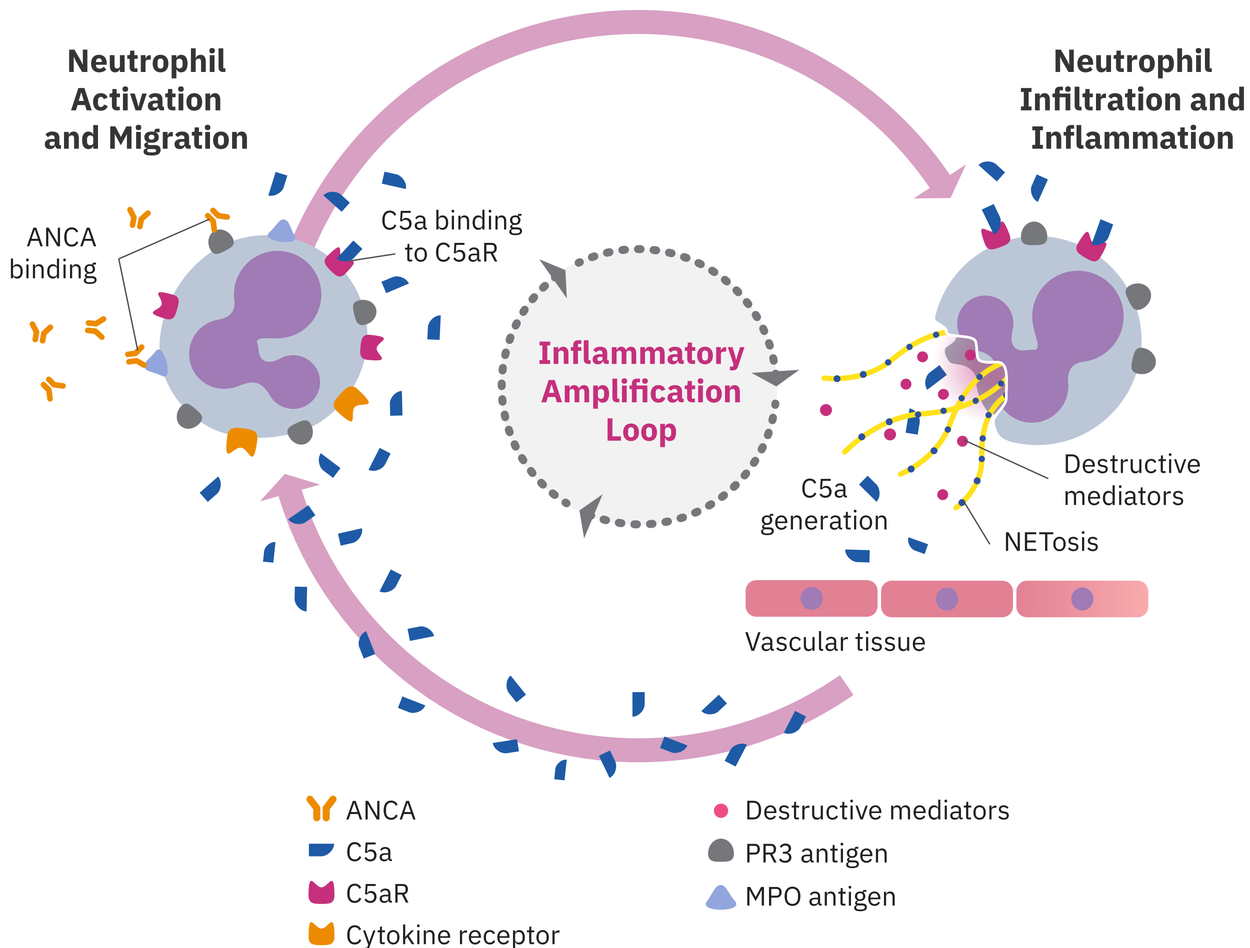
### DISEASE ACTIVITY DURING THE "MAINTENANCE" PERIOD

Trends such as persistent hematuria, elevations in creatinine, or ENT symptoms may require a closer look in order to determine disease activity[3,18]

# Multiple pathways drive vascular inflammation in GPA and MPA[3,22]

## Progressive inflammation and vascular injury by neutrophils are perpetuated through a vicious feedback loop, fueled in part by complement[22,23]

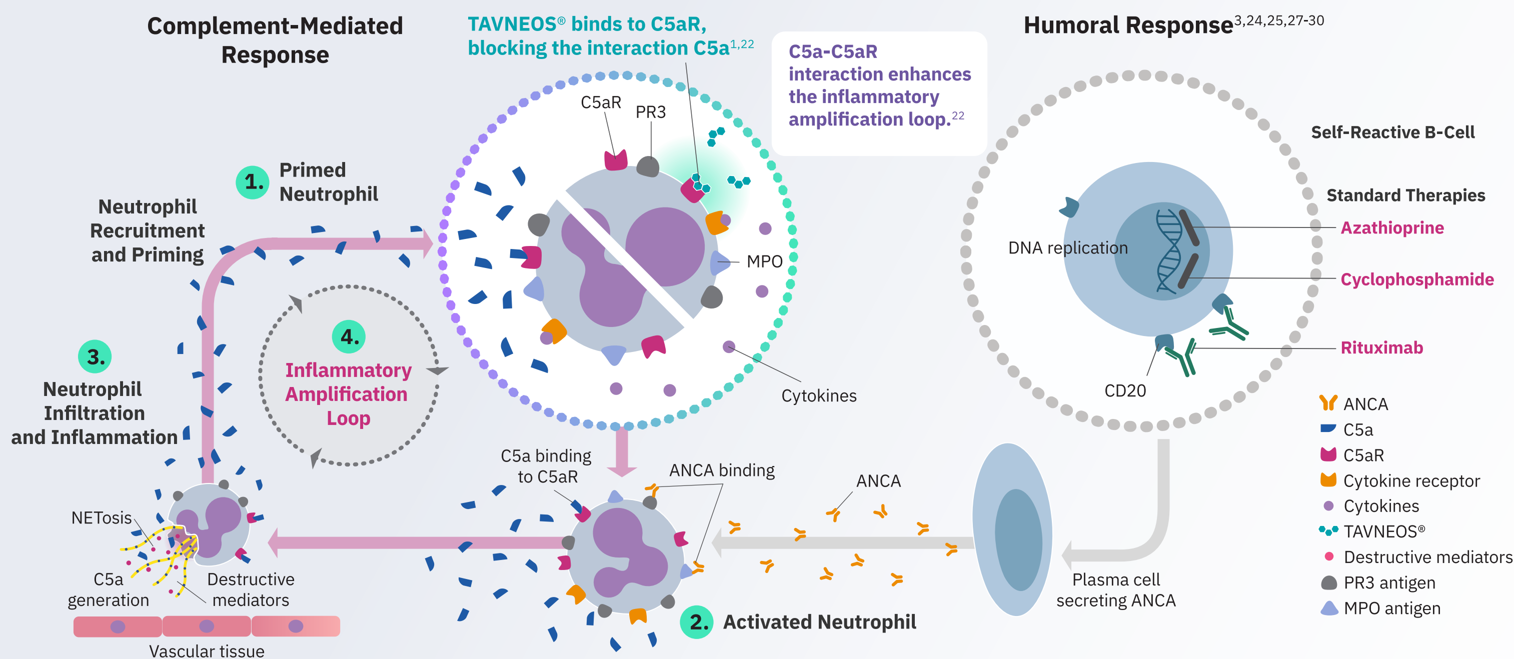
**C5a has been implicated as a pathogenic mediator of ANCA-associated vasculitis because of its ability to prime and activate neutrophils through the C5aR interaction, resulting in an inflammatory amplification loop where more C5a is generated.**[22]




C5a = complement fragment 5a; C5aR = C5a receptor; MPO = myeloperoxidase; NET = neutrophil extracellular traps.

# Only TAVNEOS® targets C5aR and blocks the complement-mediated cycle of chronic inflammation

## Treat vascular inflammation and injury with a more targeted approach that directly addresses both the humoral and complement-mediated responses[1,3,22,24-26]




**The precise mechanism by which TAVNEOS® exerts a therapeutic effect in patients with severe active GPA or MPA has not been definitively established.**[1]

1. Neutrophils are primed by proinflammatory cytokines and C5a. MPO or PR3 antigens become exposed on the neutrophil surface[3,22,26]
2. Neutrophils are activated by ANCAs[22,27,31]
3. Activated neutrophils release destructive mediators, activate complement, and undergo NETosis generating more C5a[3,22,27]
4. C5a attracts more neutrophils to the site of inflammation by binding to their C5aRs, leading to further priming and activation of neutrophils[3,22,26]

## Conventional standard therapies address some pathways involved in vascular inflammation of GPA and MPA, but do not directly address complement.[24,25]

**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). 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.

# ADVOCATE was a global, multicenter clinical trial evaluating TAVNEOS® in patients with a range of GPA and MPA manifestations[1,32]

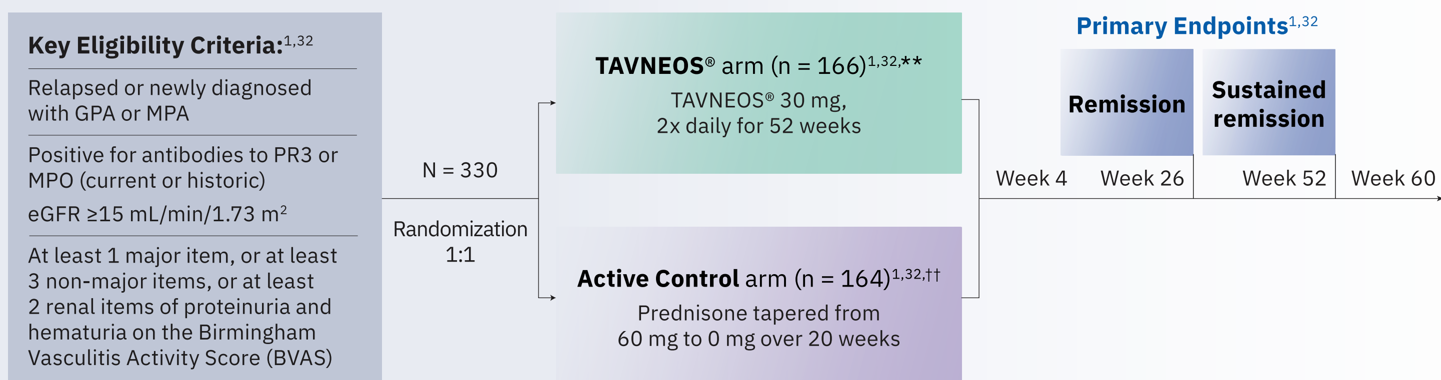
## ADVOCATE Trial Design:

The phase 3 ADVOCATE trial compared a **TAVNEOS® arm** to an **Active Control arm** in 330 patients with newly diagnosed or relapsing GPA or MPA over 52 weeks in a randomized, double-blind, double-dummy, active-controlled fashion[1,32]

- → **TAVNEOS® arm** = TAVNEOS® + rituximab, or cyclophosphamide (followed by azathioprine or mycophenolate mofetil*)[1]
- → **Active Control arm** = Prednisone taper + rituximab, or cyclophosphamide (followed by azathioprine or mycophenolate mofetil*)[1]

*If azathioprine not tolerated.
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 trial sought to evaluate whether patients could achieve remission† at Week 26 and sustained remission‡ at Week 52.[1]**




## Differences in glucocorticoid exposure were evaluated throughout the duration of the ADVOCATE trial[33]

- → The incidence of non-study supplied glucocorticoid exposure was balanced between both arms[34]

†Remission was defined as achieving a BVAS of 0 and not taking glucocorticoids for treatment of GPA or MPA within 4 weeks prior to Week 26.[32]
‡Sustained remission was defined as remission at Week 26 and at Week 52 (defined as achieving a BVAS of 0 and no use of glucocorticoids for treatment of GPA and MPA for 4 weeks before Week 52), and without relapse§ between Week 26 and Week 52.[32]
§Relapse was defined as the occurrence of 1 or 2 non-major items for at least 2 consecutive visits, at least 1 major item, or at least 3 non-major items based on the BVAS after a BVAS of 0 had been achieved.[1]
**Also received prednisone-matched placebo for 20 weeks.
††Also received TAVNEOS®-matched placebo twice daily for 52 weeks.
eGFR = estimated glomerular filtration rate.

**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.

# In ADVOCATE, the baseline patient characteristics in both treatment arms were well-balanced[1,32]

**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%) on the BVAS[5,32,*]**

| **Baseline Characteristics**[5] (N = 330) | **n (%)** |
|---|---|
| Newly diagnosed | 229 (69.4%) |
| Relapsed | 101 (30.6%) |
| GPA | 181 (54.8%) |
| MPA | 149 (45.2%) |
| Anti-PR3 | 142 (43.0%) |
| Anti-MPO | 188 (57.0%) |
| Renal involvement | 268 (81.2%) |
| General organ involvement | 225 (68.2%) |
| Ear/nose/throat involvement | 114 (43.6%) |
| Chest involvement | 142 (43%) |
| Rituximab background therapy | 214 (64.8%) |
| IV/oral cyclophosphamide background therapy | 116 (35.2%) |

- **For patients with baseline renal involvement, the baseline mean eGFR (mL/min/1.73 $m^2$) was 45.6 in the Active Control arm and 44.6 in the TAVNEOS® arm[5]**
- **Patients' mean duration of GPA and MPA was 21.54 months[5]**

*The BVAS provides a standardized measure of current and recent systemic vasculitis 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.[5,35]

IV = intravenous.

**Scan or click to download data on patients with ear, nose, and throat (ENT) or respiratory manifestations at baseline**

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

# Patients in ADVOCATE presented with a wide spectrum of clinical manifestations[5,32]

## Patients presented with disease activity in one or more organs[2,4,37,38]

### Eyes/Mucous Membranes

Blurred/loss of vision, uveitis, proptosis, mouth/genital ulcers, adnexal inflammation, scleritis, conjunctivitis, retinal changes[34,35]

**ADVOCATE: 20%** eye/mucous membrane involvement[5]

### Ears

Conductive hearing loss, sensorineural hearing loss[34,35]

### Nose/Throat

Bloody nasal discharge/crusting/ulcer/granulomata, subglottic stenosis, paranasal sinus involvement[34,35]

**ADVOCATE: 43.6%** ear/nose/throat involvement[5]

### Lungs

Wheezing, lung nodules or cavities, pleurisy, endobronchial involvement, infiltrates, massive hemoptysis, alveolar hemorrhage, respiratory failure[34,35]

**ADVOCATE: 43%** chest involvement[5]

### Digestive System

Peritonitis, bloody diarrhea, ischemic abdominal pain[34,35]

**ADVOCATE: 1.5%** abdominal involvement[5]

### Heart

Loss of pulses, valvular heart disease, pericarditis, ischemic cardiac pain, cardiomyopathy, congestive cardiac failure[34,35]

**ADVOCATE: 2.7%** cardiovascular involvement[5]

### Kidneys

Hematuria, red cell casts, proteinuria, elevation or rise in serum creatinine, or fall in creatinine clearance[34,35]

**ADVOCATE: 81.2%** renal involvement[5]

### Skin

Infarct, purpura, ulcer, gangrene, other skin vasculitis[34,35]

**ADVOCATE: 14.2%** cutaneous involvement[5]

### Nervous System

Headache, meningitis, seizures, organic confusion, spinal-cord lesion, cranial nerve palsy, sensory peripheral neuropathy, mononeuritis multiplex[34,35]

**ADVOCATE: 20.9%** nervous system involvement[5]

### General

Myalgia, arthralgia, fever, weight loss[34,35]

**ADVOCATE: 68.2%** general involvement[5]

**IMPORTANT SAFETY INFORMATION** (CONT'D)

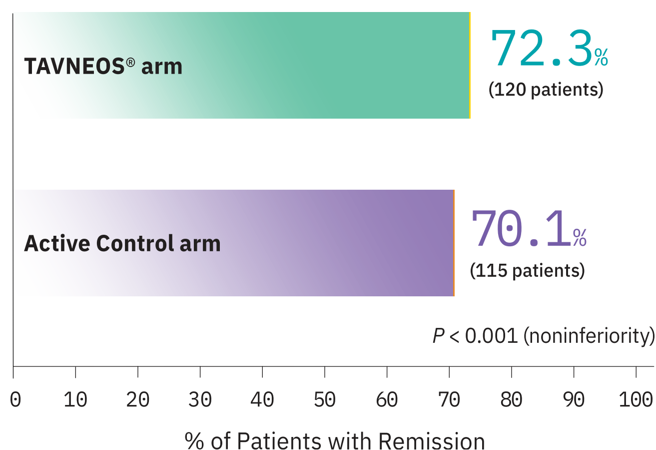
**WARNINGS AND PRECAUTIONS** (CONT'D)

**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. 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.

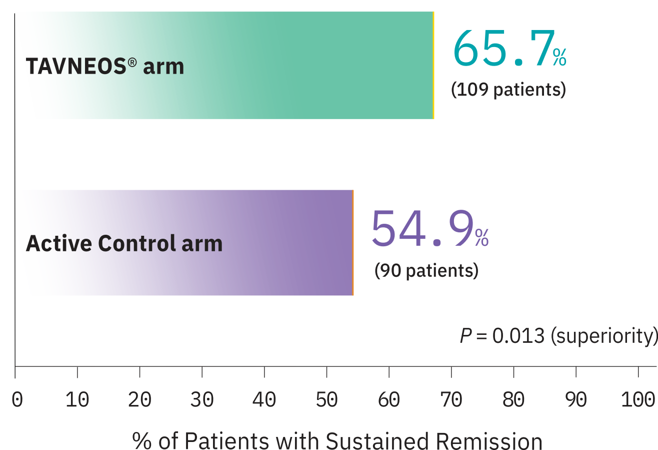
Please see additional **Important Safety Information** throughout and click here for the **Full Prescribing Information** and **Medication Guide** for TAVNEOS.

# The TAVNEOS® arm was superior compared to the Active Control arm in sustaining remission at 1 year[1,32]

## At Week 26, the TAVNEOS® arm was noninferior to the Active Control arm in achieving remission[1,32,*]




## At Week 52, the TAVNEOS® arm was superior to the Active Control arm in sustaining remission[1,32,†]




TAVNEOS® arm (n = 166)[1,32] Active Control arm (n = 164)[1,32]

**91%** of patients in the TAVNEOS® arm who achieved remission at Week 26 sustained remission at Week 52 vs **78% of patients in the Active Control arm**[32]

*Remission was defined as achieving a BVAS of 0 and not taking glucocorticoids for treatment of GPA or MPA within 4 weeks prior to Week 26.[32]

†Sustained remission was defined as remission at Week 26 and at Week 52 (defined as achieving a BVAS of 0 and no use of glucocorticoids for treatment of GPA and MPA for 4 weeks before Week 52), and without relapse‡ between Week 26 and Week 52.[1,5]

‡Relapse was defined as the occurrence of 1 or 2 non-major items for at least 2 consecutive visits, at least 1 major item, or at least 3 non-major items based on the BVAS after a BVAS of 0 had been achieved.[1]

**IMPORTANT SAFETY INFORMATION** (CONT'D)

**ADVERSE REACTIONS**

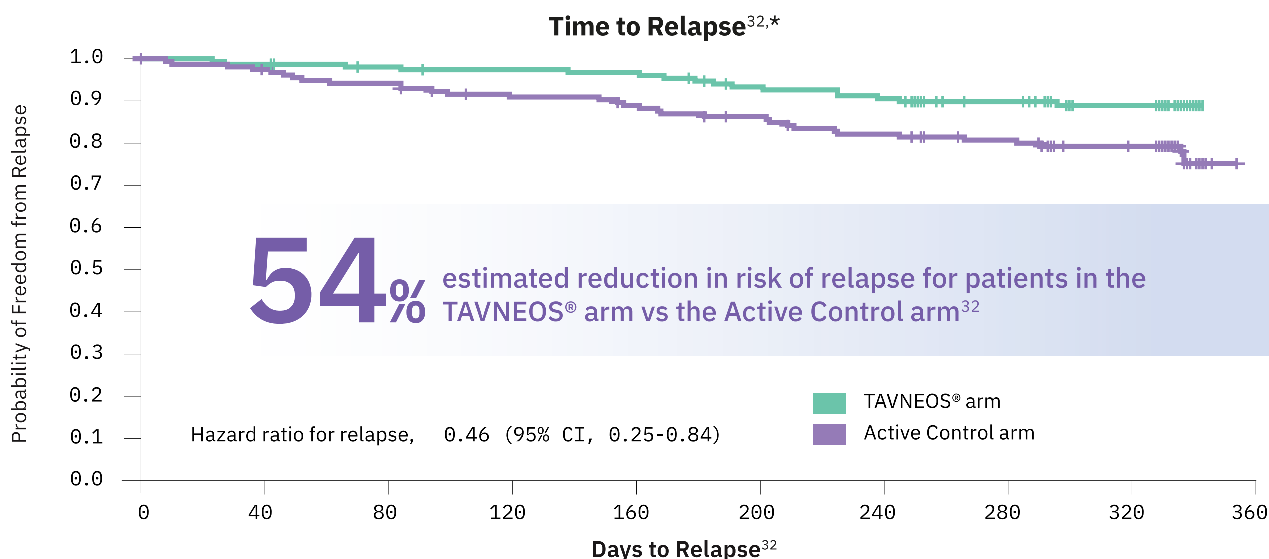
The most common adverse reactions (≥5% of patients and higher in the TAVNEOS group vs. prednisone group) were nausea, headache, hypertension, diarrhea, vomiting, rash, fatigue, upper abdominal pain, dizziness, blood creatinine increased, and paresthesia.

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

TAVNEOS® (avacopan)

# The TAVNEOS® arm saw a reduced risk of relapse by half compared to the Active Control arm[32]

## 10.1% of patients in the TAVNEOS® arm experienced a relapse, compared with 21% of patients in the Active Control arm[32]




No. at Risk[32]

| | 0 | 40 | 80 | 120 | 160 | 200 | 240 | 280 | 320 | 360 |
|---|---|---|---|---|---|---|---|---|---|---|
| **TAVNEOS® arm** | 158 | 153 | 149 | 146 | 145 | 133 | 129 | 115 | 92 | 0 |
| **Active Control 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.[32]**

**Relapse is defined as the occurrence of one of the following after remission (BVAS of 0) had been achieved:[1,32]**

- **≥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**

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

## IMPORTANT SAFETY INFORMATION (CONT'D)

**DRUG INTERACTIONS**

Avoid co-administration 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. Consider dose reduction of CYP3A4 substrates when co-administering TAVNEOS. Co-administration of avacopan and 40 mg simvastatin increases the systemic exposure of simvastatin. While taking TAVNEOS, limit simvastatin dosage to 10 mg daily (or 20 mg daily for patients who have previously tolerated simvastatin 80 mg daily for at least one year without evidence of muscle toxicity). Consult the concomitant CYP3A4 substrate product information when considering administration of such products together with TAVNEOS.

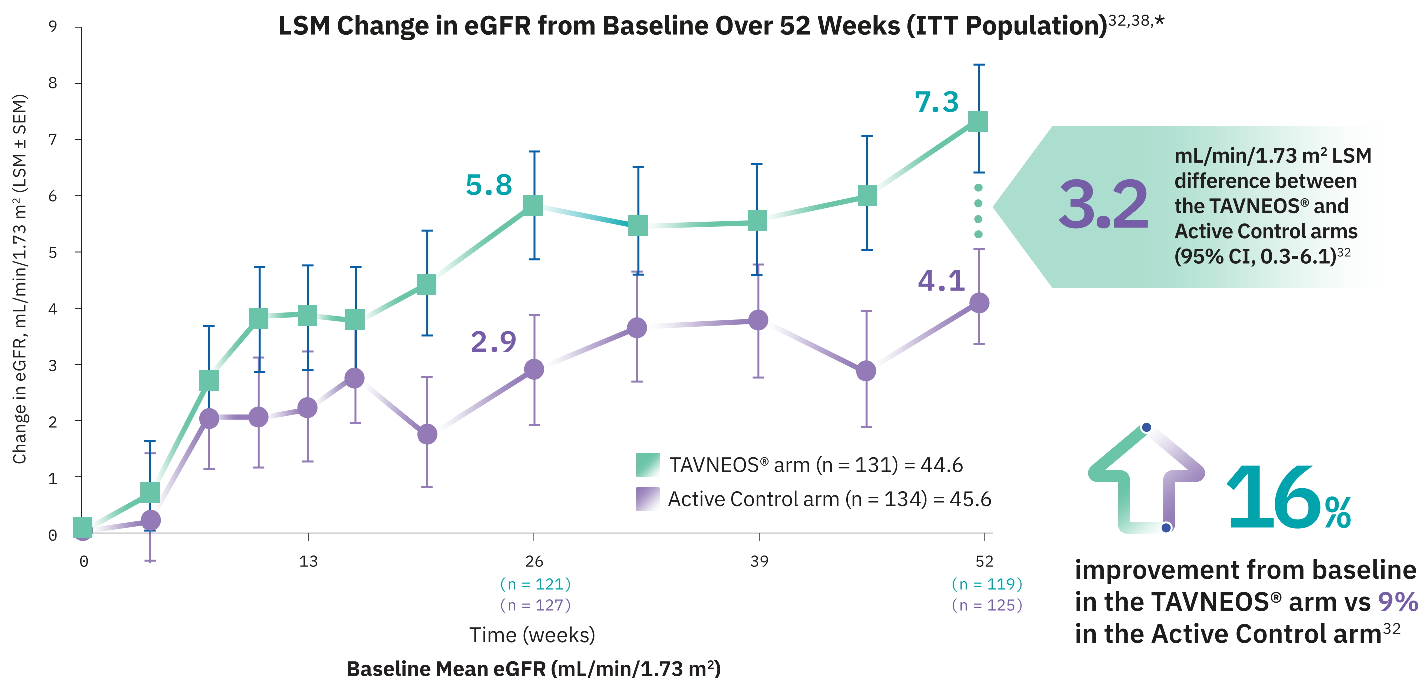
TAVNEOS is available as a 10 mg capsule.

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)

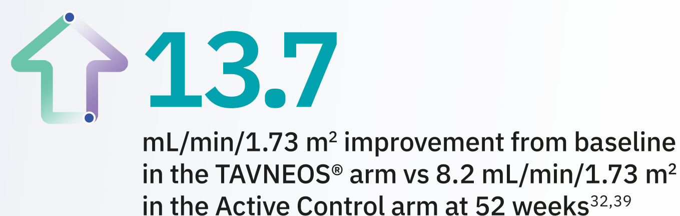
# In patients with renal involvement at baseline, the TAVNEOS® arm saw an improvement in eGFR over 52 weeks[32]




- 81.2% of patients in the trial had renal involvement based on the BVAS prior to treatment[32]
- Discontinuation of treatment with TAVNEOS® at Week 52 resulted in the reduction of treatment-induced difference in eGFR[5]

**Prespecified secondary endpoint not adjusted for multiplicity and should be considered exploratory. Results should be interpreted with caution.[32]**

**In a subgroup analysis of 100 patients with a baseline eGFR <30 and ≥15 mL/min/1.73 m²:[32,39]**




mL/min/1.73 m² improvement from baseline in the TAVNEOS® arm vs 8.2 mL/min/1.73 m² in the Active Control arm at 52 weeks[32,39]

**Visit TAVNEOSPRO.com to access additional subset data for patients with:**

- eGFR <30 and ≥15 mL/min/1.73 m²
- eGFR ≤20 and ≥15 mL/min/1.73 m²

**Results from this exploratory subgroup analysis should be interpreted with caution.[31]**

*Change from baseline to Week 52 in eGFR in patients with renal involvement at baseline based on the BVAS.
ITT = intent to treat; LSM = least-squares mean; SEM = standard error of the mean.

## IMPORTANT SAFETY INFORMATION

### 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.

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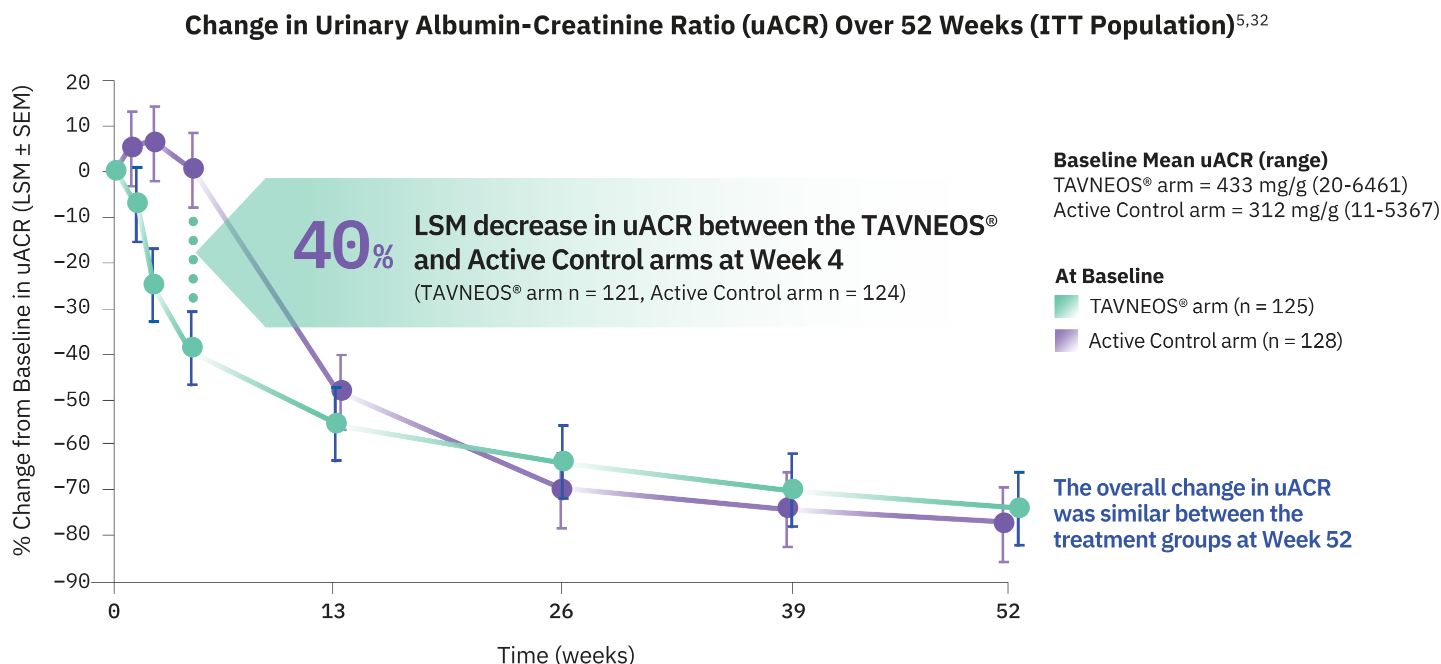
# Patients in the TAVNEOS® arm saw a decrease in albuminuria by Week 4[5,32,*]




**Prespecified secondary endpoint of patients with renal involvement and albuminuria at baseline; analysis not adjusted for multiplicity and should be considered exploratory. Results should be interpreted with caution.[32]**

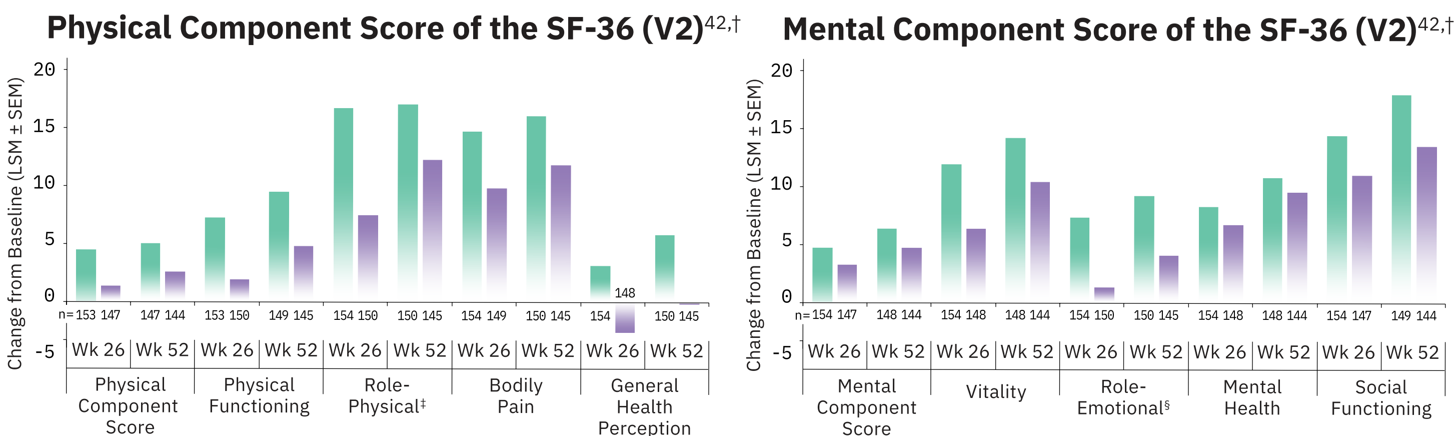
- Elevated albuminuria may reflect underlying impairment of kidney function[40,41]
- Percent changes from baseline are based on ratios of geometric means of visit over baseline[32]
- The uACR analysis was only performed in patients who met the BVAS criteria for renal involvement at baseline and who also had a uACR ≥10 mg albumin/g creatinine[32]

*Based on percent change from baseline in uACR in patients with baseline renal involvement and baseline uACR ≥10 mg/g (52-week study period).[5,32]

**IMPORTANT SAFETY INFORMATION** (CONT'D)
**WARNINGS AND PRECAUTIONS** (CONT'D)
**Hepatotoxicity** (CONT'D)**:** 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.

# Patients in the TAVNEOS® arm experienced improved quality of life and reduction in glucocorticoid exposure[5]

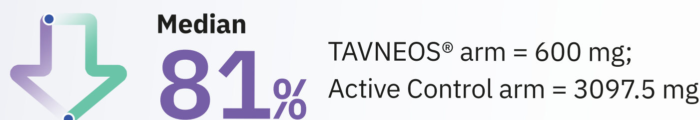
## Patients in the TAVNEOS® arm reported greater improvements across physical and mental health–related quality-of-life metrics at Weeks 26 and 52 compared to patients in the Active Control arm[5,*]



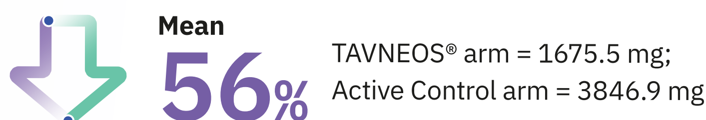

*As assessed by the 36-Item Short Form Health Survey (SF-36), version 2. SF-36 scores range from 0 (worst) to 100 (best).[32]
†Scores reflect change from baseline (least squares mean ± standard error of the mean).[5]
‡Role-Physical is one of the eight SF-36 domains. It assesses the limitations in routine activities because of physical health capabilities.[43]
§Role-Emotional is one of the eight SF-36 domains. It assesses the limitations on routine activities because of emotional factors.[43]

**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.**[32]

**Total glucocorticoid dose decreased for patients in the TAVNEOS® arm by:**[33,**]



**Median**
**81%**
TAVNEOS® arm = 600 mg;
Active Control arm = 3097.5 mg



**Mean**
**56%**
TAVNEOS® arm = 1675.5 mg;
Active Control arm = 3846.9 mg

- 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 non-study-supplied glucocorticoid exposure was balanced between both arms[34]
- Results are descriptive

EULAR guidelines recommend initiating RTX or CYC in combination with glucocorticoids or avacopan for the induction of remission in patients with active GPA or MPA with organ- or life-threatening manifestations. Avacopan may be considered as part of a strategy to reduce exposure to glucocorticoids substantially[19]

**Prednisone-equivalent dose per patient.
CYC = cyclophosphamide; EULAR = European Alliance of Associations for Rheumatology; RTX = rituximab.

**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.

# The safety of TAVNEOS® was studied in one of the largest clinical trials for GPA and MPA[1,32]

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

**Most Common Adverse Reactions Reported in ≥5% of Patients and Higher in the TAVNEOS® Arm vs the Active Control Arm in a Phase 3 Trial[1]**

| Adverse reaction | **TAVNEOS® arm** (N = 166), n (%) | **Active Control arm** (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) |

The incidence of infection was 68.1% (n = 113) of patients in the TAVNEOS® arm vs 75.6% (n = 124) of patients in the Active Control arm[32]

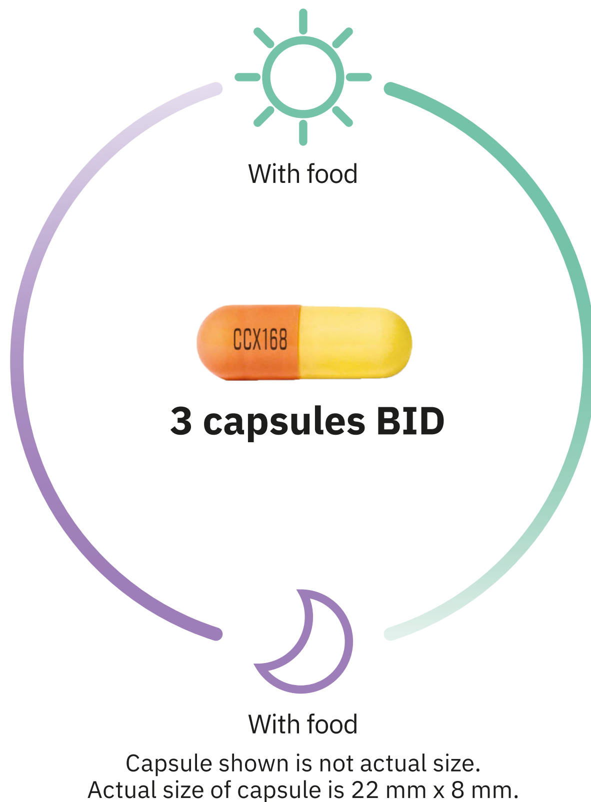
- **TAVNEOS® arm:** 233 total events; serious infections occurred in 13.3% (n = 22) of patients, with 25 total events
- **Active Control arm:** 291 total events; serious infections occurred in 15.2% (n = 25) of patients, with 31 total events

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

# TAVNEOS® can be initiated alongside or added to standard therapy for adults with severe active GPA or MPA[1,2,10]



Capsule shown is 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]

BID = twice daily; CYP3A4 = cytochrome P450 3A4.

**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. 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)

# Amgen offers dedicated resources designed to support eligible patients throughout their TAVNEOS® journey

Scan or click to visit
TAVNEOSPRO.com
and download the
Patient Enrollment Form

Eligible commercially insured patients may pay as little as **$0*** for a month supply of TAVNEOS® with the TAVNEOS® Copay Program

## TAVNEOS® offers a wide range of support for enrolled patients

- → Help patients understand their insurance benefits
- → Assist eligible commercially insured patients with enrolling in the TAVNEOS® Copay Program, which can lower monthly out-of-pocket costs to as little as $0* for a month's supply of TAVNEOS®
- → Assist with screening to provide medication to eligible patients who do not have insurance and who meet other program criteria

### The TAVNEOS® Quick Start Program initially provides up to a 30-day supply of TAVNEOS®†

- → For eligible patients whose insurance plan requires a prior authorization and you believe a delay in therapy could lead to negative clinical outcomes
- → For eligible patients being discharged from an inpatient setting to support continuity of care

### TAVNEOS® Patient Assistance Program

For eligible patients who are uninsured or are unable to afford their medication, the Patient Assistance Program may help provide access to TAVNEOS®.

## Choose ONE submission option to get your patient started on TAVNEOS®

**Submit Patient Enrollment Form via fax**

(with the prescription section completed or eRx)

or

**ePrescribe to a**

Network Specialty Pharmacy

*Eligibility criteria and program maximums apply. See www.TAVNEOSPRO.com/copay for full Terms and Conditions.

†The TAVNEOS® Quick Start Program is available to adult patients whose diagnosis is aligned to the FDA-approved indication for TAVNEOS®. Additional eligibility criteria applies.



TAVNEOS® (avacopan)

# Combine TAVNEOS® with standard therapy to achieve and sustain remission[1,32]

## TAVNEOS® can be initiated alongside or added to standard therapy to manage severe active GPA or MPA[1,2,10]

**In the phase 3 ADVOCATE trial, patients in the TAVNEOS® arm experienced:**

### Remission and superior sustained remission[1,32]

- **Remission at Week 26: 72.3%** in the TAVNEOS® arm vs 70.1% in the Active Control arm (noninferiority, $P < 0.001$)
- **Sustained remission at Week 52: 65.7%** in the TAVNEOS® arm vs 54.9% in the Active Control arm (superiority, $P = 0.013$)

### Renal improvement as measured by eGFR[32,*]

In patients with renal involvement, the TAVNEOS® arm saw an eGFR improvement of **7.3** vs 4.1 mL/min/1.73 $m^2$ in the Active Control arm at Week 52 (LSM)

### Decreased glucocorticoid load[1,33]

**81%** median and **56%** mean decrease in glucocorticoid exposure for patients in the TAVNEOS® arm vs the Active Control arm at Week 52. Results are descriptive

### Fewer relapses[32,*]

The TAVNEOS® arm saw a **54%** estimated reduction in risk of relapse

- **10.1%** of patients in the TAVNEOS® arm experienced a relapse compared to 21% of patients in the Active Control arm

### Improved quality of life[42,*]

Patients in the TAVNEOS® arm reported greater improvements in both Physical Component Score and Mental Component Score of the SF-36 at Weeks 26 and 52 vs the Active Control arm

To learn more about TAVNEOS® visit TAVNEOSPRO.com

*Prespecified secondary endpoint not adjusted for multiplicity and should be considered exploratory. Results should be interpreted with caution.[32]

**IMPORTANT SAFETY INFORMATION**
**CONTRAINDICATIONS**
Serious hypersensitivity to avacopan or to any of the excipients.


**References: 1.** TAVNEOS [package insert]. Cincinnati, OH: Amgen Inc. **2.** Chung SA, Langford CA, Maz M, et al. *Arthritis Rheumatol*. 2021;73(8):1366-1383. **3.** Kitching AR, Anders H-J, Basu N, et al. *Nat Rev Dis Primers*. 2020;6(1):71. **4.** Lamprecht P, Kerstein A, Klapa S, et al. *Front Immunol*. 2018;9:680. **5.** Data on file, Amgen. Clinical Study Report [92070]; 2020. **6.** Jain K, Jawa P, Derebail VK, et al. *Kidney360*. 2021;2(4):763-770. **7.** King C, Druce KL, Nightingale P, et al. *Rheumatol Adv Pract*. 2021;5(3):rkab018. **8.** Yates M, Watts R. *Clin Med (Lond)*. 2017;17(1):60-64. **9.** Grayson PC, Cuthbertson D, Carette S, et al. *J Rheumatol*. 2013;40(11):1905-1912. **10.** Neumann I. *Rheumatology (Oxford)*. 2020;59(suppl 3):iii60-iii67. **11.** Gialouri CG, Chalkia A, Koutsianas C, et al. *Rheumatology*. 2025;64(4):1989-1998. **12.** Geetha D, Jefferson JA. *Am J Kidney Dis*. 2020;75(1):124-137. **13.** Puéchal X, Iudici M, Calich AL, et al. *Rheumatology (Oxford)*. 2019:58(3):401-409. **14.** Robson J, Doll H, Suppiah R, et al. *Rheumatology (Oxford)*. 2015;54(3):471-481. **15.** Supplement to: Walsh M, Merkel PA, Peh C-A, et al; PEXIVAS Investigators. *N Engl J Med*. 2020;382(7):622-631. **16.** McAdoo SP, Pepper RJ, Prendecki M, et al. *Kidney Int Rep*. 2025;10(6):1874-1885. **17.** Rout P, Garlapati P, Qurie A. In: StatPearls [Internet]. StatPearls Publishing; 2025. https://www.ncbi.nlm.nih.gov/books/NBK557827/. Accessed September 8, 2025. **18.** Salama AD. *Kidney Int Rep*. 2020;5(1):7-12. **19.** Hellmich B, Sanchez-Alamo B, Schirmer JH, et al. *Ann Rheum Dis*. 2024;83(1):30-47. **20.** Jariwala MP, Laxer RM. *Front Pediatr*. 2018;6:226. **21.** RITUXAN [package insert]. South San Francisco, CA: Biogen and Genentech. **22.** Chen M, Jayne DRW, Zhao M-H. *Nat Rev Nephrol*. 2017;13(6):359-367. **23.** Kimoto Y, Horiuchi T. *Front Immunol*. 2022;13:926044. **24.** Jones RB, Ferraro AJ, Chaudhry AN, et al. *Arthritis Rheum*. 2009;60(7):2156-2168. **25.** Winkelstein A. *Blood*. 1973;41(2):273-284. **26.** Al-Hussain T, Hussein MH, Conca W, Al Mana H, Akhtar M. *Adv Anat Pathol*. 2017;24(4):226-234. **27.** Shochet L, Holdsworth S, Kitching AR. *Front Immunol*. 2020;11:525. **28.** Eickenberg S, Mickholz E, Jung E, Nofer JR, Pavenstädt H, Jacobi AM. *Arthritis Res Ther*. 2012;14(3):R110. **29.** Ogino MH, Prasanna T. In: StatPearls [Internet]. StatPearls Publishing; 2023. https://www.ncbi.nlm.nih.gov/books/NBK553087/. Accessed August 15, 2025. **30.** Mohammadi O, Kassim TA. In: StatPearls [Internet]. StatPearls Publishing; 2023. **31.** Jennette JC, Nachman PH. *Clin J Am Soc Nephrol*. 2017;12(10):1680-1691. **32.** Jayne DRW, Merkel PA, Schall TJ, Bekker P; ADVOCATE Study Group. *N Engl J Med*. 2021;384(7):599-609. **33.** Data on file, Amgen; Study Supplied [91955]; 2023. **34.** Supplement to: Jayne DRW, Merkel PA, Schall TJ, Bekker P; ADVOCATE Study Group. *N Engl J Med*. 2021;384(7):599-609. **35.** Mukhtyar C, Lee R, Brown D, et al. *Ann Rheum Dis*. 2009;68(12):1827-1832. **36.** Hunter RW, Welsh N, Farrah TE, et al. *BMJ*. 2020;369:m1070. **37.** Qasim A, Patel JB. In: StatPearls [Internet]. StatPearls Publishing; 2023. https://www.ncbi.nlm.nih.gov/books/NBK554372/ Accessed August 15, 2025. **38.** Data on file, Amgen. Table 14.2.7.1.1 [100027]; 2024. **39.** Data on file, Amgen. Table 14.2.7.1.2 [92252]; 2023. **40.** Kaplan-Pavlovčič S, Cerk K, Kveder R, Lindic J, Vizjak A. *Nephrol Dial Transplant*. 2003;18(suppl 5):v5-v7. **41.** Harvard Health Publishing. Harvard Medical School. Medical Dictionary of Health Terms: A-C. [albumin, albuminuria.] https://www.health.harvard.edu/a-through-c. Accessed August 15, 2025. **42.** Data on file, Amgen. Table 14.2.5 [92757]; 2020. **43.** Preedy VR, Watson RR, eds. *Handbook of Disease Burdens and Quality of Life Measures*. Springer Science+Business Media; 2010.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