

Avacopan

Adjudication Guideline

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Pharmaceutical

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1. Abstract

1.1 For Members

Avacopan is a medication used for the treatment of granulomatosis with polyangiitis (Wegener's Granulomatosis) and microscopic polyangiitis, conditions which body attacks its own veins and other blood vessels that can cause damage to organs.

1.2 For Medical Professionals

Avacopan is in a class of medications called complement inhibitors.

Treatment with Avacopan is given in combination with a rituximab or cyclophosphamide regimen, is indicated for the treatment of adult patients with severe, active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) in combination with standard therapy including glucocorticoids.

2. Scope

Scope of this adjudication rule is to highlight the medical indications, and coverage details of Avacopan as per policy terms and conditions of each health insurance plan administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Avacopan is a medication used to treat granulomatosis with polyangiitis and microscopic polyangiitis.

3.2 Requirements for Coverage

- Eligible clinician specialties.
- ICD must be coded to the highest level of specificity.
- The safety and efficacy of avacopan in children below 17 years of age have not yet been established. No data are available.
- History of Medication use must be documented.
- Lab tests should be provided in medical report documentation and should be within recommended limits.

Eligible clinician speciality
Internal Medicine
Endocrinology/Metabolic Medicine
Nephrology
Immunology
Rheumatology
Pulmonology
Hematology/Oncology

Screening and lab tests required:

Test
Hepatitis B virus test Antigen
Total bilirubin
ALT
AST
WBC
Neutrophils
Lymphocytes

3.3 Non-Coverage

Visitor plan

3.4 Payment and Coding Rules

Kindly apply regulator payment rules and regulations and relevant coding manuals for ICD, Drugs.

4. Denial Codes

Code	Code Description
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender
MNEC-005	Service/supply may be appropriate, but too frequent
CODE-010	Activity/diagnosis inconsistent with clinician specialty
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
AUTH-001	Prior approval is required and was not obtained

5. Appendices

5.1 References

[Overview | Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis | Guidance | NICE](#)
[Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis \(nice.org.uk\)](#)
[Granulomatosis with polyangiitis - Treatment algorithm | BMJ Best Practice label \(fda.gov\)](#)
<https://www.medicines.org.uk/emc/product/13744/smpc#gref>
[MabThera 100 mg Concentrate for Solution for Infusion - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#)
[label \(fda.gov\)](#)

5.2 Revision History

Date	Version No.	Change(s)
01.04.2024	V1.0	New Version
8.11.2024	V2.0	Guideline review-No changes
30.07.2025	V3.0	Guideline review-No changes

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