Avacopan Vifor ▼

The 2025 update to the BSR management recommendations for ANCA-associated vasculitis (AAV)[1]

Biddle K, et al. *Rheumatology* 2025;64(8):4470–94.

This summary has been created by CSL Vifor and is for UK healthcare professionals only.

Avacopan Vifor▼, in combination with a rituximab (RTX) or cyclophosphamide (CYC) regimen, is indicated for the treatment of adult patients with severe, active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA)[2]

Adverse events should be reported. Reporting forms and information for the United Kingdom can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Vifor Fresenius Medical Care Renal Pharma, care of Vifor Pharma Ltd. Tel: +44 1276 853633. E-mail: MedicalInfo_UK@viforpharma.com

Prescribing Information

Scan the QR code or click here

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CSL Vifor

2025 British Society for Rheumatology (BSR) recommendations for management of GPA and MPA[1]

Following recent developments in the understanding and treatment of AAV, BSR have updated their management recommendations[1]

BSR 2025 RECOMMENDATION 1:

All people with lived experience of active (newly-diagnosed or relapsed) AAV should be considered as having potentially life or organ-threatening disease[1]

BSR also advocate the 2022 EULAR guidelines terminology and distinction of AAV with organ/life-threatening disease[1]

Examples of disease manifestations in patients with AAV:[3]

Examples of potentially organ/life-threatening manifestations*	Examples of manifestations that are not ultimately organ/life-threatening*
Glomerulonephritis	Nasal and paranasal disease without bony involvement (erosion) or cartilage collapse or olfactory dysfunction or deafness
Pulmonary haemorrhage	Skin involvement without ulceration
Meningeal involvement	Myositis (skeletal muscle only)
Central nervous system involvement	Non-cavitating pulmonary nodules
Retro-orbital disease	Episcleritis
Cardiac involvement	
Mesenteric involvement	
Mononeuritis multiplex	

Patients who appear to have less severe disease may receive less intense treatment yet are at risk of developing organ-threatening or life-threatening manifestations[3]

Assessment of disease severity in the individual patient may differ, and the treatment choice is ultimately a clinical judgment[1]

*These are just examples of typical disease manifestations and many other manifestations of AAV exist. Assessment of severity in the individual patient may differ (e.g. scleritis can become organ threatening under certain circumstances)[3]

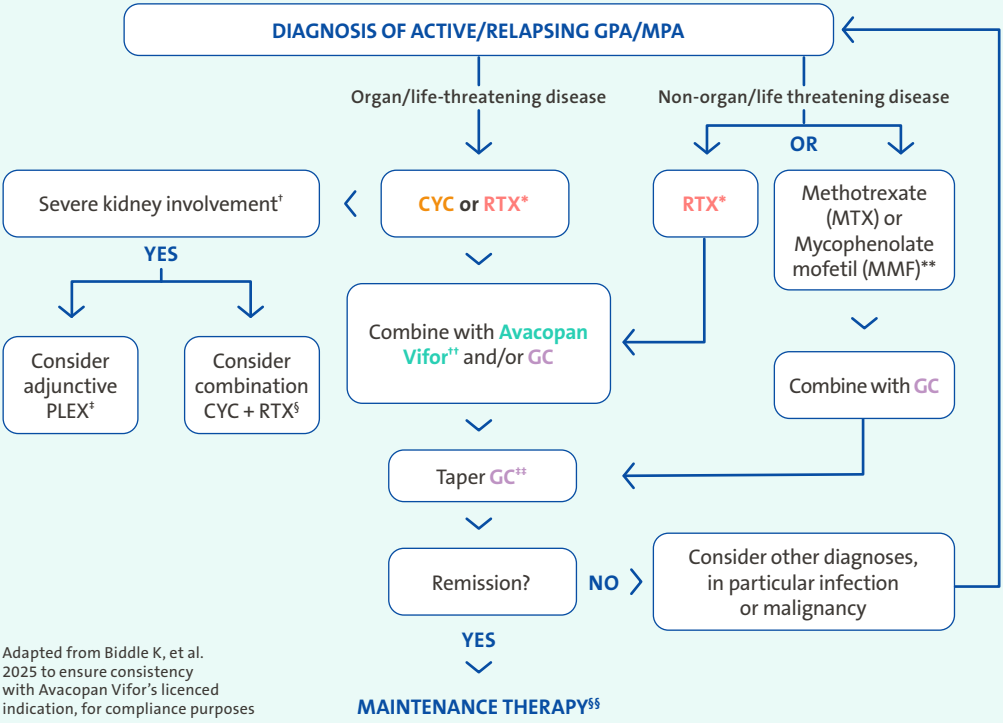
The 2025 BSR management recommendations recognise Avacopan Vifor as a potential steroid-sparing agent for GPA/MPA[1]

BSR 2025 RECOMMENDATION 5:

Patients with active GPA or MPA should be considered for Avacopan Vifor, with or without a short course of glucocorticoids (GC) (tapering over 4 weeks)[1]

Avacopan Vifor is also included in the BSR 2025 treatment algorithm as an option for GPA/MPA[1]

Induction of Remission



Adapted from Biddle K, et al. 2025 to ensure consistency with Avacopan Vifor's licenced indication, for compliance purposes

*Recommendation 2c: for patients with active relapsing disease, treatment with RTX is preferred.[1] †Creatinine >300 µmol/l.[1] ‡PLEX can be considered provided that the risk of adverse events has been weighed against the benefits.[1] §A combination of CYC and RTX can be considered in life-threatening or organ-threatening disease.[1] **MTX and MMF are not approved in the UK for the treatment of AAV (GPA/MPA). ††Recommendation 6: the recommended duration of Avacopan Vifor use is 12 months as there is no data on its use beyond this.[1] ‡‡Recommendation 10: the optimum duration of GC tapering is uncertain. A suggested tapering regime is outlined in table 3 in the BSR 2025 guidelines.[1] §§For the recommendations on maintenance therapy, please refer to the full BSR 2025 guidelines

Avacopan Vifor is also recognised by EULAR and KDIGO for the treatment of GPA/MPA[3,4]

EULAR 2022 recommendation level of evidence 1b:

Avacopan Vifor in combination with RTX or CYC may be considered for induction of remission in GPA or MPA[3]

KDIGO 2024:

Avacopan Vifor may be used as an alternative to GCs for induction of remission in combination with RTX or CYC[4]*

*Recommendation 9.3.1.1: We recommend that GCs in combination with RTX or CYC be used as initial treatment of new-onset AAV (1B). Practice Point 9.3.1.7: Avacopan may be used as an alternative to GCs. Patients with an increased risk of GC toxicity are likely to receive the most benefit from avacopan. Patients with lower GFR may benefit from greater GFR recovery[4]

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for more information on Avacopan Vifor

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References and Abbreviations

AAV, ANCA-associated vasculitis; **ANCA,** anti-neutrophil cytoplasmic antibody; **BSR,** British Society for Rheumatology; **CYC,** cyclophosphamide; **EULAR,** European Alliance of Associations for Rheumatology; **GC,** glucocorticoids; **GFR,** glomerular filtration rate; **GPA,** granulomatosis with polyangiitis; **HCP,** healthcare professional; **KDIGO;** Kidney Disease: Improving Global Outcomes; **MMF,** mycophenolate mofetil; **MPA,** microscopic polyangiitis; **MTX,** methotrexate; **PLEX,** Plasma Exchange; **RTX,** rituximab.

1. Biddle K, et al. *Rheumatology* 2025;64(8):4470–94.
2. Avacopan Vifor SmPC.
3. Hellmich B, et al. *Ann Rheum Dis* 2022;0:1–18.
4. Kidney Disease: Improving Global Outcomes (KDIGO) ANCA Vasculitis Work Group. *Kidney Int* 2024;105(3S):S71–S116.