Supplementary Table S1. Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist.

Section	Item No	Recommendation	Location where item is reported
Title and Abstract			
Title	1	Identify the study as an economic evaluation or use more specific terms such as "cost-effectiveness analysis", and describe the interventions compared.	Title
Abstract	2	Provide a structured summary of objectives, perspective, setting, methods (including study design and inputs), results (including base c ase and uncertainty analyses), and conclusions.	Abstract
Introduction			
Background and objectives	3	Provide an explicit statement of the broader context for the study. Present the study question and its relevance for health policy or practice decisions.	Introduction
Methods			
Target population and subgroups	4	Describe characteristics of the base case population and subgroups analysed, including why they were chosen.	Methods-Patient population paragraph 1
Setting and location	5	State relevant aspects of the system(s) in which the decision(s) need(s) to be made.	Methods-Costs paragraph 1
Study perspective	6	Describe the perspective of the study and relate this to the costs being evaluated.	Methods-Model structure paragraph 2
Comparators	7	Describe the interventions or strategies being compared and state why they were chosen.	Methods-Treatment Strategies paragraph 1-6
Time horizon	8	State the time horizon(s) over which costs and consequences are being evaluated and say why appropriate.	Methods-Model structure paragraph 3
Discount rate	9	Report the choice of discount rate(s) used for costs and outcomes and say why appropriate.	Methods-Model structure paragraph 3
Choice of health outcomes	10	Describe what outcomes were used as the measure(s) of benefit in the evaluation and their relevance for the type of analysis performed.	Methods-Model structure paragraph 4
Measurement of effectiveness	11a	*Single study-based estimates*: Describe fully the design features of the single effectiveness study and why the single study was a sufficient source of clinical effectiveness data.	Methods-Clinical efficacy paragraph 1-6
	11b	*Synthesis-based estimates*: Describe fully the methods used for identification of included studies and synthesis of clinical effectiveness data.	Not applicable
Measurement and valuation of preference-based outcomes	12	If applicable, describe the population and methods used to elicit preferences for outcomes.	Methods-Utilities paragraph 1
Estimating resources and costs	13a	*Single study-based economic evaluation*: Describe approaches used to estimate resource use associated with the alternative interventions. Describe primary or secondary re- search methods for valuing each resource item in terms of its unit cost. Describe any adjustments made to approximate to opportunity costs.	Not applicable
	13b	*Model-based economic evaluation*: Describe approaches and data sources used to estimate resource use associated with model health states. Describe primary or secondary research methods for valuing each resource item in terms of its unit cost. Describe any adjustments made to approximate to opportunity costs.	Methods-Costs paragraph 1-2
Currency, price date, and conversion	14	Report the dates of the estimated resource quantities and unit costs. Describe methods for adjusting estimated unit costs to the year of reported costs if necessary. Describe methods for converting costs into a common currency base and the ex- change rate.	Methods-Costs paragraph 2
Choice of model	15	Describe and give reasons for the specific type of decision- analytical model used. Providing a figure to show model structure is strongly recommended.	Methods-Model structure paragraph 1; Figure 1
Assumptions	16	Describe all structural or other assumptions underpinning the decision-analytical model.	Methods-Model structure paragrap h 1-2; Methods-Clinical efficacy paragraph 2-4

Section	Item No	Recommendation	Location where item is reported
Analytical methods	17	Describe all analytical methods supporting the evaluation. This could include methods for dealing with skewed, missing, or censored data; extrapolation methods; methods for pooling data; approaches to validate or make adjustments (such as half cycle corrections) to a model; and methods for handling population heterogeneity and uncertainty.	Methods-Model structure paragraph 3; Methods-Sensitivity analysis and scenario analysis paragraph 1; Methods-Threshold price analysis paragraph 1-2
Results			
Study parameters	18	Report the values, ranges, references, and, if used, probability distributions for all parameters. Report reasons or sources for distributions used to represent uncertainty where appropriate. Providing a table to show the input values is strongly recommended.	Table I
Incremental costs and outcomes	19	For each intervention, report mean values for the main categories of estimated costs and outcomes of interest, as well as mean differences between the comparator groups. If applicable, report incremental cost-effectiveness ratios.	Results-Base case paragraph 1-2; Table 2
Characterising uncertainty	20a	*Single study-based economic evaluation*: Describe the effects of sampling uncertainty for the estimated incremental cost and incremental effectiveness parameters, together with the impact of methodological assumptions (such as discount rate, study perspective).	Not applicable
	20b	*Model-based economic evaluation*: Describe the effects on the results of uncertainty for all input parameters, and uncertainty related to the structure of the model and assumptions.	Results-Sensitivity analyses paragraph 1-2; Figure 2; Figure 3; Results-Scenario analyses paragraph 1; Table S3
Characterising heterogeneity	21	If applicable, report differences in costs, outcomes, or cost-effectiveness that can be explained by variations between subgroups of patients with different baseline characteristics or other observed variability in effects that are not reducible by more information.	**None defined**
Discussion			
Study findings, limitations, generalisability, and current knowledge	22	Summarise key study findings and describe how they support the conclusions reached. Discuss limitations and the generalisability of the findings and how the findings fit with current knowledge.	Discussion paragraphs 1-5
Other			
Source of funding	23	Describe how the study was funded and the role of the fun- der in the identification, design, conduct, and reporting of the analysis. Describe other non-monetary sources of support.	None
Conflicts of interest	24	Describe any potential for conflict of interest of study contributors in accordance with journal policy. In the absence of a journal policy, we recommend authors comply with International Committee of Medical Journal Editors recommendations.	**Page 2**

Supplementary Table S2. Baseline characteristics of patients enrolled in the ADVOCATE trial.

Characteristic	Avacopan (n=166)	Prednisone (n=164)
Age, years	61.2±14.6	60.5±14.5
Male, n (%)	98 (59.0)	88 (53.7)
Vasculitis disease status, n (%)		
Newly diagnosed	115 (69.3)	114 (69.5)
Relapsed	51 (30.7)	50 (30.5)
Type of vasculitis, n (%)		
Granulomatosis with Polyangiitis	91 (54.8)	90 (54.9)
Microscopic polyangiitis	75 (45.2)	74 (45.1)
Immunosuppressant Induction Treatment, n (%)		
IV rituximab	107 (64.5)	107 (65.2)
IV cyclophosphamide	51 (30.7)	51 (31.1)
Oral cyclophosphamide	8 (4.8)	6 (3.7)
Renal involvement, n (%)	134 (80.7)	134 (81.7)
Glucocorticoid use during screening period		
Any glucocorticoids	125 (75.3)	135 (82.3)
Daily prednisone-equivalent Dose, mg	64.8 ± 81.9	69.9 ± 82.7

Supplementary Table S3. Scenario analysis results.

	Avacopan group	GC group
Use Avacopan once after relapse		
Total costs ($)	79,413.82	70,109.75
QALYs	6.14	5.26
LYs (Years)	8.50	7.77
ICER ($/QALY)	**10,611.37**	
Use Avacopan twice after relapse		
Total costs ($)	82,249.66	70,109.75
QALYs	6.31	5.26
LYs (Years)	8.61	7.77
ICER ($/QALY)	**11,561.81**	
Drug wastage for RTX and CYC		
Total costs ($)	72,895.65	69,552.26
QALYs	5.81	5.26
LYs (Years)	8.25	7.77
ICER ($/QALY)	**6,150.21**	
Combined only with RTX		
Total Costs ($)	73,558.48	70,145.42
QALYs	5.81	5.26
LYs (Years)	8.25	7.77
ICER ($/QALY)	**6,226.58**	
Combined only with CYC		
Total costs ($)	71,200.71	67,856.36
QALYs	5.81	5.26
LYs (Years)	8.25	7.77
ICER ($/QALY)	**6,101.23**	

CYC: cyclophosphamide; RTX: rituximab; ICER: incremental cost-effectiveness ratio; LYs: life years; QALYs: quality-adjusted life years.