Pharmacy Policy Bulletin: J-1176 Tarpeyo (budesonide) – Commercial and Healthcare Reform	
Number: J-1176	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1., 2., or 3.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-1176-005	**Original Date:** 01/26/2022
Effective Date: 12/20/2024	**Review Date:** 12/04/2024

Drugs Product(s):	• Tarpeyo (budesonide) delayed-release capsules
FDA-Approved Indication(s):	• To reduce the loss of kidney function in adults with primary immunoglobulin A nephropathy (IgAN) who are at risk for disease progression

Background:	• Tarpeyo is a corticosteroid with potent glucocorticoid activity and weak mineralocorticoid activity that targets glucocorticoid receptors on mucosal B-cells present in the ileum, thereby modulating B-cell activity. These B-cells are responsible for the production of galactose-deficient IgA antibodies which contribute to IgA nephropathy. Modulated B-cell activity is hypothesized to reduce production of galactose-deficient IgA antibodies and proteinuria levels. • IgAN, also known as Berger's disease, is an autoimmune disorder where there are increased levels of a galactose-deficient immunoglobulin A (IgA) variant in the blood. Galactose-deficient IgA antibodies produced on mucosal B-cells in the ileum form immune complexes around the IgA. As the kidneys filter blood, these immune complexes damage the glomeruli and cause inflammation, kidney remodeling, and proteinuria. IgAN can lead to end-stage renal disease (ESRD) as the damage progresses; up to 40% of adults with IgAN will develop ESRD after 20 years. It is estimated that 60,000 people in the United States have IgAN. • The 2024 KDIGO Clinical Practice Guideline for the Management of IgA Nephropathy (IgAN) and IgA Vasculitis (IgAV) recommends that all patients with IgAN and proteinuria > 0.5 g/day be treated with a maximally tolerated dose of an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) (category 1B recommendation), or sparsentan (category 2B recommendation), in addition to blood pressure management and lifestyle modifications (e.g., smoking cessation, dietary sodium restriction, and regular exercise). The guidelines define high risk of progression in IgAN as proteinuria > 0.5 g/day. • Tarpeyo can be used in conjunction with ACE inhibitors, ARBs, or Filspari.

	• The KDIGO guidelines state that IgAN can only be diagnosed with a kidney biopsy; there are no validated diagnostic serum or urine biomarkers for IgAN. In patients with IgAN, results of immunofluorescence or immunoperoxidase staining upon renal biopsy will demonstrate the presence of dominant or codominant deposition of IgA.
	• In clinical trials, Tarpeyo was studied in patients with proteinuria ≥ 1 g/day and on a stable dose of maximally-tolerated renin-angiotensin-system (RAS) inhibitor therapy.
	• Clinical trials have specifically investigated the glucocorticoids methylprednisolone, prednisone, and methylprednisolone in combination with either prednisone or prednisolone for treatment of patients who remain at a high risk of progressive chronic kidney disease despite maximal supportive care. These systemic corticosteroids can be administered orally or intravenously.
	• ICD-10 Code Information:
	  ○ ICD-10: N02.3 "Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis" may apply to Tarpeyo; however, the prescriber must confirm that the member has a specific diagnosis of primary IgAN at risk of disease progression.
	• Prescribing Considerations:
	  ○ Tarpeyo was only studied in patients with an eGFR of at least 35 mL/min/1.73m^2.
	  ○ Entocort EC is another delayed-release oral budesonide formulation. However, it is only FDA-approved for use in Crohn's disease.
	  ○ The recommended duration of therapy with Tarpeyo is 9 months. When discontinuing therapy, reduce the dosage for the last 2 weeks of therapy. The total duration of therapy with Tarpeyo is 9.5 months.

Approval Criteria

I. Initial Authorization

When a benefit, coverage of Tarpeyo may be approved when all of the following criteria are met **(A. through E.)**:

A. The member is 18 years of age or older.

B. The member has a diagnosis of primary immunoglobulin A nephropathy (IgAN), confirmed by biopsy. (no ICD-10 code)

C. The member is at risk for disease progression as evidenced by proteinuria ≥ 0.5 g/day.

D. The member meets one (1) of the following criteria **(1. or 2.):**

1. The member is concurrently taking one (1) of the following **(a., b., or c.)**:

a. ACE inhibitor

b. ARB

c. Filspari

2. The member has experienced contraindication or intolerance to all of the following **(a., b., and c.)**:

a. At least one (1) ACE inhibitor

b. At least one (1) ARB

c. Filspari

E. The member has experienced therapeutic failure, contraindication, or intolerance to one (1) plan-preferred systemic corticosteroid (e.g., methylprednisolone, prednisone).

II. Reauthorization

When a benefit, coverage of Tarpeyo may be approved when all of the following criteria are met **(A. through D.)**:

A. The member has a diagnosis of primary immunoglobulin A nephropathy (IgAN). (no ICD-10 code)

B. The member meets one (1) of the following criteria **(1. or 2.):**

1. The member is concurrently taking one (1) of the following **(a., b., or c.)**:
   a. ACE inhibitor
   b. ARB
   c. Filspari.
2. The member has experienced contraindication or intolerance to all of the following **(a., b., and c.)**:
   a. At least one (1) ACE inhibitor
   b. At least one (1) ARB
   c. Filspari

C. The member has experienced therapeutic failure, contraindication, or intolerance to one (1) plan-preferred systemic corticosteroid (e.g., methylprednisolone, prednisone).

D. The prescriber attests the member requires retreatment with Tarpeyo.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.

II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 10 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Tarpeyo [package insert]. Stockholm, Sweden: Calliditas Therapeutics; December 2023.
2. National Institute of Diabetes and Digestive and Kidney Disease. IgA Nephropathy. Available at: https://www.niddk.nih.gov/health-information/kidney-disease/iga-nephropathy. Accessed December 21, 2021.
3. KDIGO Clinical Practice Guideline for the Management of IgA Nephropathy (IgAN) and IgA Vasculitis (IgAV) Public Review Draft. Available at: https://kdigo.org/wp-content/uploads/2024/08/KDIGO-2024-IgAN-IgAV-Guideline-Public-Review-Draft.pdf. Accessed October 16, 2024.
4. Lv J, Zhang H, Wong MG, et al. Effect of oral methylprednisolone on clinical outcomes in patients with IgA nephropathy: The TESTING randomized clinical trial. *JAMA.* 2017; 318:432.
5. Manno C, Torres DD, Rossini M, et al. Randomized controlled clinical trial of corticosteroids plus ACE-inhibitors with long-term follow-up in proteinuric IgA nephropathy. *Nephrol Dial Transplant.* 2009; 24:3694.
6. Lv J, Zhang H, Chen Y, et al. Combination therapy of prednisone and ACE inhibitor versus ACE-inhibitor therapy alone in patients with IgA nephropathy: A randomized controlled trial. *Am J Kidney Dis.* 2009; 53:26.
7. Rauen T, Eitner F, Fitzner C, et al. Intensive supportive care plus immunosuppression in IgA nephropathy. *N Engl J Med.* 2015; 373:2225.

8. Pozzi C, Nolasco PG, Fogazzi GB, et al. Corticosteroids in IgA nephropathy: A randomised controlled trial. *Lancet.* 1999; 353:883.
9. DRUGDEX System (Micromedex 2.0). Greenwood Village, CO: Truven Health Analytics; 2023.