

**Tarpeyo (budesonide controlled-release)**  
**Effective 07/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Tarpeyo (budesonide controlled-release) is FDA approved to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid progression of disease, generally a urine protein-to-creatinine ratio  $\geq 1.5$  g/g.

### Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment and is stable with Tarpeyo, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted when ALL of the following criteria is met:

1. The member is at least 18 years of age
2. Member has a diagnosis of primary immunoglobulin A nephropathy (IgAN)
3. Member is using Tarpeyo to reduce proteinuria
4. MD documented urine protein-to-creatinine ratio  $\geq 1.5$  g/g
5. The member has had intolerance, adverse events, or contraindication to generic budesonide capsules/tablets

### Continuation of Therapy

Reauthorization of may be granted for all members who have a positive response to therapy as evidence by low disease activity or improvement in signs and symptoms of the condition.

### Limitations

1. Initial approvals and reauthorizations will be granted for 24 months
2. The following quantity limits apply:

Tarpeyo capsule	120 capsules per 30 days
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**References**

1. Tarpeyo (budesonide) [prescribing information]. Stockholm Sweden: Colliditas Therapeutics AB; December 2021.

**Review History**

05/18/2022 – Created and reviewed for May P&T. Effective 07/01/2022.

