

Tarpeyo (budesonide controlled-release)
Effective 09/01/2025

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

Overview

Tarpeyo (budesonide controlled-release) is a corticosteroid indicated to reduce the loss of kidney function in adults with primary immunoglobulin A nephropathy (IgAN) who are at risk for disease progression.

The recommended duration of therapy with Tarpeyo is 9 months.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, 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 are met:

1. Member has a diagnosis of primary immunoglobulin A nephropathy (IgAN)
2. Member is using Tarpeyo to reduce proteinuria
3. Documentation member has proteinuria $\geq 1\text{g/day}$ or UPCR $\geq 0.8\text{g/g}$ based on 24-hour urine collection
4. Member has had intolerance, adverse effect or contraindication to maximally tolerated renin-angiotensin system (RAS) inhibitor (e.g., angiotensin converting enzyme inhibitor [ACEI], angiotensin II receptor blocker [ARB]) for at least 3 months
5. Member has had intolerance, adverse events, or contraindication to generic budesonide capsules/tablets

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Prescriber attests that treatment beyond nine months is clinically necessary for the member

Limitations

1. Requests will be approved for 9 months.
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Tarpeyo capsule	120 capsules per 30 days

References

1. Barratt J, Lafayette R, Kristensen J, et al. Results from part A of the multi-center, double-blind, randomized, placebo-controlled NeflgArd trial, which evaluated targeted-release formulation of budesonide for the treatment of primary immunoglobulin A nephropathy. *Kidney International*. 2003;103:391-402.
2. Tarpeyo (budesonide) [prescribing information]. Stockholm Sweden: Colliditas Therapeutics AB; June 2024.

Review History

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

12/11/2024 – Reviewed and updated for December P&T. Updated approval length to 9 months and reauthorization criteria to require that the prescriber attests that treatment for longer than nine months is required. Removed age requirement. Updated proteinuria parameter to at least 1 gram/day. Added requirement of 3-month trial with an ACE inhibitor or an ARB. Effective 3/1/2025.

08/13/2025 – Reviewed at August P&T. No clinical changes. Effective 09/01/2025.

