Mass General Brigham
Health Plan

Tarpeyo (budesonide controlled-release)
Effective 05/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with requested drug, 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 at risk for disease progression
3. Member is using requested medication to reduce proteinuria
4. Member has an estimated glomerular filtration rate (eGFR) greater than or equal to 35 mL/min/1.73 m^2
5. Member has received at least a 3-month trial with a renin-angiotensin system (RAS) inhibitor (e.g., angiotensin converting enzyme inhibitor [ACEI], angiotensin II receptor blocker [ARB]) at a maximally tolerated dose, unless the member has had an intolerance, adverse effect, or contraindication
6. Member has had intolerance, adverse events, or contraindication to generic budesonide capsules/ tablets

<u>Continuation of Therapy</u>
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	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.
10/08/2025 – Reviewed and updated for October P&T. Updated the ACEI/ARB trial verbiage. Effective 01/01/2026.
02/11/2026 – Reviewed and updated for February P&T. Updated initial criteria to require that member is at risk for disease progression. Removed minimum proteinuria level and added minimum eGFR requirement. Effective 05/01/2026.