

Tarpeyo (budesonide delayed release)

| Override(s) | Approval Duration |
|---------------------------------------|------------------------|
| Prior Authorization Quantity Limit | 10 months per lifetime |

| Medications | Quantity Limit |
|--------------------------------------|----------------------------------|
| Tarpeyo (budesonide delayed release) | May be subject to quantity limit |

APPROVAL CRITERIA

Requests for Tarpeyo (budesonide delayed release) may be approved if the following criteria are met:

- I. Individual has a diagnosis of primary immunoglobulin A nephropathy (IgAN); **AND**
- II. Documentation is provided that diagnosis is confirmed via kidney biopsy; **AND**
- III. Individual has proteinuria meeting one of the following criteria:
 - A. Proteinuria ≥ 1 g/day;
 - B. Urine protein-to-creatinine ratio (UPCR) ≥ 0.8 g/g; **AND**
- IV. Documentation is provided that individual has an eGFR ≥ 35 mL/min/1.73 m²; **AND**
- V. Individual will be taking Tarpeyo (budesonide delayed release) in combination with an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) unless contraindicated or not tolerated.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: March 31, 2024.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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