

# 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 has been verified with kidney biopsy; **AND**
- III. Individual has had a trial of maximally tolerated angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy unless contraindicated or not tolerated; **AND**
- IV. Individual has proteinuria  $\geq 0.5$  g/day (KDIGO 2025); **AND**
- V. Individual has an eGFR  $\geq 35$  mL/min/1.73 m<sup>2</sup>; **AND**
- VI. Documentation is provided that individual will be taking Tarpeyo (budesonide delayed release) in combination with an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or Filspari (sparsentan) unless contraindicated or not tolerated (KDIGO 2025).

Tarpeyo (budesonide delayed release) may not be approved for the following:

- I. In combination with Fabhalta (iptacopan) or Voyxact (sibeprenlimab-szsi).

## **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: January 26, 2026.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Kidney Disease: Improving Global Outcomes (KDIGO) IgAN and IgAV Work Group, Rovin BH, Barratt J, et al. KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV). *Kidney Int.* 2025;108(4S):S1-S71.
4. 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.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.