

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

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	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 ≥ 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 ≥ 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

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.