

**TARPEYO  
(budesonide)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 18 years of age and older

**Diagnosis**

Patient must have the following:

Primary immunoglobulin A nephropathy (IgAN)

**AND ALL** of the following:

- a. Diagnosis has been confirmed by a kidney biopsy
- b. Patient is at risk of rapid disease progression indicated by a urine-to-creatinine ratio (UPCR)  $\geq 1.5$  g/g
- c. Used in combination with maximum recommended or maximum tolerated dose of ACEI or ARB therapy
- d. Prescribed by or recommended by a nephrologist
- e. Patient has **NOT** had a kidney transplant
- f.  $\text{eGFR} \geq 35$  mL/min/1.73 m<sup>2</sup>
- g. **NO** diabetes mellitus or uncontrolled cardiovascular disease
- h. **NO** severe hepatic impairment (Child-Pugh Class C)

**Prior - Approval Limits**

**Quantity** 4 capsules per day / 1,108 capsules (quantity sufficient for 9 months plus a 2 week taper)

**Duration\*** 12 months

\*PA duration is set for 12 months to allow time to fill despite the quantity being for one treatment course of 9 months.

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**Prior – Approval *Renewal* Requirements**

None

**Prior - Approval *Renewal* Limits**

None