Reference number(s)
7545-A

Specialty Guideline Management
Trutakna

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Trutakna	atacicept-vymj

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1]

Trutakna is indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk for disease progression.

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Initial requests:
  - Kidney biopsy confirming a diagnosis of primary immunoglobulin A nephropathy (IgAN).

    - Laboratory report and/or chart note(s) of baseline proteinuria or baseline urine protein-to-creatinine ratio (UPCR) obtained within 3 months prior to initiation of the requested drug.
- Continuation requests: Laboratory report and/or chart note(s) indicating the member has experienced benefit from therapy (e.g., decreased levels of proteinuria from baseline, decrease in UPCR from baseline, stabilization of proteinuria, UPCR, or kidney function).

Prescriber Specialties

This medication must be prescribed by or in consultation with a nephrologist.

Coverage Criteria

Primary Immunoglobulin A Nephropathy (IgAN)[1-5]

Authorization of 12 months may be granted in adult members when all of the following criteria are met:

- Member has a diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by kidney biopsy.
- Member has either of the following obtained within 3 months prior to initiation of the requested drug:
    - Proteinuria greater than or equal to 0.5 g/day
    - UPCR greater than or equal to 0.5 g/g
- Member has received a stable dose of maximally tolerated renin-angiotensin system (RAS) inhibitor therapy (e.g., angiotensin converting enzyme inhibitor [ACEI] or angiotensin II receptor blocker [ARB]) for at least 3 months prior to initiation of therapy, or member has an intolerance or contraindication to RAS inhibitors.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in all members (including new members) who are currently receiving the requested medication and who are experiencing benefit from therapy (e.g., decreased levels of proteinuria from baseline, decrease in UPCR from baseline, stabilization of proteinuria, UPCR, or kidney function).

References

1. Trutakna [package insert]. Brisbane, CA: Vera Therapeutics, Inc.; July 2026.

2. ClinicalTrial.gov. National Library of Medicine (US). Identifier NCT04716231 Atacicept in subjects with IgA Nephropathy (ORIGIN 3): A Phase 3 Study with Atacicept in Subjects with IgA Nephropathy. September 30, 2025. Available from: https://clinicaltrials.gov/study/ NCT04716231.
3. Kidney Disease: Improving Global Outcomes (KDIGO). KDIGO 2025 Clinical Practice Guideline for the Management of Immnoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV). Kidney Int. 2025 Oct; 108 (4S): S1-S71.
4. Barrat J, Barbour SJ, Brenner RM et al. Long-term results from an open-label extension study of atacicept for the treatment of IgA nephropathy. JASN. 2025; 36: 679-687.
5. Lafayette R, Barbour SJ, Brenner RM et al. A phase 3 trial of atacicept in patients with IgA nephropathy. The New England Journal of Medicine. 2026; 394 (7): 647-657.