PRIOR AUTHORIZATION POLICY

POLICY: Nephrology – Tarpeyo Prior Authorization Policy
- Tarpeyo™ (budesonide delayed-release capsules – Calliditas)

REVIEW DATE: 01/11/2023

OVERVIEW

Tarpeyo, a corticosteroid, is indicated to reduce proteinuria in adults with **primary immunoglobulin A nephropathy (IgAN)** at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g.[1] This indication is approved under accelerated approval based on a reduction in proteinuria. It has not been established whether Tarpeyo slows kidney function decline in patients with IgAN. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory clinical trial.

The recommended dose is 16 mg orally once daily (QD) at least 1 hour before a meal for 9 months.[1] When discontinuing therapy, the dose is reduced to 8 mg QD for the last 2 weeks of therapy. Safety and efficacy of treatment with subsequent courses of Tarpeyo have not been established.

Clinical Efficacy

The efficacy of Tarpeyo was evaluated in one pivotal, 9-month trial in patients ≥ 18 years of age with IgAN.[1] Eligible patients had biopsy-proven IgAN, proteinuria (defined as either ≥ 1 g/day or UPCR ≥ 0.8 g/g despite optimized supportive care), and estimated glomerular filtration rate (eGFR) ≥ 35 mL/min/1.73 m^2 and ≤ 90 mL/min/1.73 m^2.[2] Optimized supportive care required that patients receive the maximum tolerated or maximum allowed dose of an angiotensin-converting enzyme inhibitor and/or angiotensin II type I receptor blocker for ≥ 3 months prior to randomization and continued throughout the trial. Tarpeyo resulted in statistically greater reduction in UPCR and less eGFR decline relative to placebo after 9 months of treatment. As part of a prespecified analysis, it was observed that in the subgroup of patients who entered the trial with baseline UPCR ≥ 1.5 g/g, the eGFR benefit was greater in the Tarpeyo-treated patients vs. the overall population, further supporting the approved indication.

Guidelines

Tarpeyo is recognized as new therapy "in development" for high-risk IgAN patients by the Kidney Diseases Improving Global Outcomes (KDIGO) guidelines for the management of glomerular diseases (2021).[3] According to the guidelines, a number of new therapies for high-risk IgAN patients are being evaluated that may augment the supportive care approach or more specific approaches (e.g., Tarpeyo, various complement inhibitors, and therapies targeting B-cell development).

Following biopsy-confirmed diagnosis of IgAN, the guidelines recommend assessment of disease progression.[3] The primary focus of IgAN treatment should include multiple modalities such as renin angiotensin system blockage (maximum dose or maximum tolerated dose), blood pressure control, cardiovascular risk minimization, and adherence to lifestyle advice (i.e., dietary counseling, smoking cessation, weight control, and exercise as appropriate). When proteinuria remains > 0.75 to 1.0 g/day despite ≥ 90 days of optimized supportive care, the patient has a high risk of progressive loss of kidney function and may be considered for a 6-month course of steroid therapy (recently cited trials include prednisone or methylprednisolone), or preferably the opportunity to take part in a clinical trial.[4] Guidelines point out that the clinical benefit of steroids in IgAN is not established, and should be used with extreme caution or avoided in patients with eGFR < 30 mL/min/1.73 m^2, diabetes, obesity (body mass index > 30 kg/m^2), latent infections (e.g., tuberculosis, viral hepatitis), secondary disease (e.g., cirrhosis), active peptic

ulceration, uncontrolled psychiatric illness, and severe osteoporosis. There are no data to support the efficacy or reduced toxicity of alternate day steroid regimens or dose-reduced protocols.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Tarpeyo. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Tarpeyo as well as the monitoring required for adverse events and long-term efficacy, approval requires Tarpeyo to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Tarpeyo is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Primary Immunoglobulin A Nephropathy.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):
   - **A)** Initial Therapy. Approve for 10 months if the patient meets the following criteria (i, ii, iii, iv, v, vi, and vii):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** The diagnosis has been confirmed by biopsy; AND
     - **iii.** Patient is at high risk of disease progression, defined by meeting the following criteria (a and b):
       - **a)** Patient meets ONE of the following [(1) or (2)]:
         - **(1)** Proteinuria > 0.75 g/day; OR
         - **(2)** Urine protein-to-creatinine ratio ≥ 1.5 g/g; AND
       - **b)** Patient has been receiving the maximum or maximally tolerated dose of ONE of the following for ≥ 90 days [(1) or (2)]:
         - **(1)** Angiotensin converting enzyme inhibitor; OR
         - **(2)** Angiotensin receptor blocker; AND
     - **iv.** According to the prescriber, the patient has received ≥ 90 days of optimized supportive care, including blood pressure management, lifestyle modification, and cardiovascular risk modification; AND
     - **v.** Patient has an estimated glomerular filtration rate ≥ 30 mL/min/1.73 m^2; AND
     - **vi.** Patient has not previously been treated with Tarpeyo; AND
       Note: For a patient currently receiving Tarpeyo, review using Criterion 1B.
     - **vii.** The medication is prescribed by or on consultation with a nephrologist.
   - **B)** Patient is Currently Receiving Tarpeyo. Approve for up to 10 months (total) if the patient meets the following criteria (i, ii, iii, iv, v, and vi):
     Note: Approval is not to exceed 10 consecutive months; for example if a patient has received 3 consecutive months approve 7 months to complete 10 consecutive months of therapy.
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** The diagnosis has been confirmed by biopsy; AND
     - **iii.** Patient has been receiving the maximum or maximally tolerated dose of ONE of the following for ≥ 90 days (a or b):

a) Angiotensin converting enzyme inhibitor; OR
b) Angiotensin receptor blocker; AND

iv. According to the prescriber, the patient has received ≥ 90 days of optimized supportive care, including blood pressure management, lifestyle modification, and cardiovascular risk modification; AND
v. Patient has an estimated glomerular filtration rate ≥ 30 mL/min/1.73 m^2; AND
vi. The medication is prescribed by or on consultation with a nephrologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Tarpeyo is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Tarpeyo™ capsules [prescribing information]. Stockholm, Sweden: Calliditas; December 2021.
2. Barratt J, Lafayette R, Kristensen J, et al; for the NefIgArd Trial Investigators. Results from part A of the Multicenter, double-blind, randomized, placebo-controlled NefIgArd trial, which evaluated targeted-release formulation of budesonide for the treatment of primary immunoglobulin A nephropathy. *Kidney International.* 2022 Oct 19 [Epub ahead of print].
3. KDIGO 2021 clinical practice guidelines for the management of glomerular diseases. *Kidney International.* 2021;100:S1-S276. Available at: https://www.kidney-international.org/action/showPdf?pii=S0085-2538%2821%2900562-7. Accessed on: January 10, 2023.