Tarpeyo (budesonide delayed release) capsules

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Tarpeyo drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines and clinical studies.

FDA-Approved Indication

Tarpeyo (budesonide delayed release [DR]) 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. It has not been established whether Tarpeyo (budesonide DR) slows kidney function decline in patients with IgAN. This indication is approved under accelerated approval; continued approval may be contingent upon verification of a clinical benefit in confirmatory trials.

POLICY

Required Documentation

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

A. Kidney biopsy confirming a diagnosis of primary immunoglobulin A nephropathy (IgAN).
B. Laboratory report and/or chart note indicating that the member has proteinuria greater than or equal to 1 g/day or baseline UPCR greater than or equal to 0.8 g/g based on a 24-hour urine collection.
C. Laboratory report and/or chart note indicating that the member is at risk for disease progression with a UPCR greater than or equal to 1.5 g/g based on a 24-hour urine collection.

Prescriber Specialties

Tarpeyo must be prescribed by or in consultation with a nephrologist

Criteria for Approval

Authorization of up to 10 months may be granted when all of the following criteria are met:

A. Member has a diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by kidney biopsy
B. Member is 18 years of age or older
C. Member is currently receiving a stable dose of maximally tolerated renin-angiotensin system (RAS) inhibitor therapy (e.g., angiotensin converting enzyme inhibitors [ACEIs] or angiotensin II receptor blockers [ARBs]) and will continue RAS inhibitor therapy or member has an intolerance or contraindication to RAS inhibitors
D. Member has proteinuria greater than or equal to 1 g/day or urine protein-to-creatinine ratio (UPCR) greater than or equal to 0.8 g/g based on a 24-hour urine collection
E. Member is at risk for rapid disease progression defined by urine protein-to-creatinine ratio (UPCR) greater than or equal to 1.5 g/g based on a 24-hour urine collection
F. Member has experienced an intolerance to oral glucocorticoids (e.g., prednisone)
G. The medication is prescribed by or in consultation with a nephrologist
H. Dose does not exceed 16 mg (4 capsules) per day for 9 months, followed by 8 mg (2 capsules) per day for two weeks
I. Member has not received more than 38 weeks* of treatment with Tarpeyo

**Safety and efficacy of subsequent treatment courses beyond 38 weeks have not been established.*

Non-Formulary Exception Criteria

Non-Formulary Exception criteria applies to formularies which do not include the requested product(s) on the formulary drug list. Meeting the Criteria for Approval above may satisfy some, or all, portions of the Non-Formulary Exception Criteria. A medication that is non-formulary may be covered when the Criteria for Approval AND the following criteria are met:

1. The requested drug must be used for an FDA-approved indication or an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines). Diagnostic testing/lab results required when applicable.
2. The prescribed dose/quantity must fall within the FDA-approved labeling or dosing guidelines found in the compendia of current literature.
3. All covered formulary alternative drugs on any tier will be ineffective, have been ineffective, would not be as effective as the non-formulary drug, or would have adverse effects. Documentation is required and must include chart note(s) or other documentation indicating prior treatment failure, severity of the adverse event (if any), and dosage and duration of the prior treatment, or contraindication to formulary alternatives.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limit

120 capsules per 30 days (4 capsules per day). Duration limit: 38 weeks per lifetime.

CLINICAL RATIONALE

Tarpeyo (budesonide DR) is an oral targeted-release formulation that was designed to release budesonide, a glucocorticoid, in the ileocecal region where Peyer's patches are located. Mucosal B lymphocytes localized within Peyer's patches are thought to be a source for the production of immunoglobulin (Ig)A1 that is galactose deficient (GdIgA1), which has been thought to contribute to the pathogenesis of IgAN. GdIgA1 can form large immune complexes with anti-glycan IgG antibodies in circulation that can bind to glomerular mesangial cells resulting in stimulation of cell proliferation, release of inflammatory mediators that promote proteinuria, and fibrotic remodeling, ultimately leading to loss of renal function. Tarpeyo (budesonide DR) is the first medication FDA approved to reduce proteinuria in adults with primary IgAN.

Efficacy

The efficacy and safety of Tarpeyo (budesonide DR) were evaluated in an unpublished, randomized, double-blind, multicenter, phase III clinical trial (Nef-301) in 199 patients (68% male; 86% White; 12% Asian; 16% from the U.S.; median age 44 years) with biopsy-proven IgAN, estimated GFR ≥ 35 mL/min/1.73 m2 and proteinuria (i.e., ≥ 1 g/day or UPCR ≥ 0.8 g/g) who were receiving a stable dose of maximally tolerated RAS inhibitor therapy (Barratt, 2021; Tarpeyo prescribing information, 2021). At baseline, the mean estimated GFR was approximately 58 mL/min/1.73 m2, with 62% of patients having an estimated GFR < 60 mL/min/1.73 m2. The mean baseline UPCR was 1.6 g/g, and 25% of patients had proteinuria > 3.5 g/24 hours. Approximately 73% of patients had a history of hypertension, and 5% had a history of type 2 diabetes mellitus. At baseline, 98% were treated with an ACE inhibitor or ARB, and < 1% of patients were receiving a sodium-glucose cotransporter-2 (SGLT2) inhibitor.

Patients treated with Tarpeyo (budesonide DR) had a 34% reduction in UPCR at 9 months compared with a 5% reduction for patients treated with placebo (treatment difference 31%; 95% confidence interval 16 to 42; p = 0.0001) (Tarpeyo prescribing information, 2021). No significant differences were seen between subgroups, including key demographic and baseline disease.

Safety

Tarpeyo (budesonide DR) is contraindicated in patients with hypersensitivity to budesonide or any of the ingredients in Tarpeyo (budesonide DR) (Tarpeyo prescribing information, 2021). Serious hypersensitivity reactions, including anaphylaxis have occurred with other budesonide formulations. Warnings and precautions for Tarpeyo (budesonide DR) include hypercorticism and adrenal axis suppression and risks of immunosuppression. In addition, patients with conditions where corticosteroids have unwanted effects (e.g., hypertension and diabetes mellitus) should be monitored. The most common adverse events associated with Tarpeyo (budesonide DR) include hypertension (16%), peripheral edema (14%), muscle spasms (13%), acne (11%), dermatitis (7%), increased weight (7%), dyspnea (6%), face edema (6%), dyspepsia (5%), fatigue (5%), and hirsutism (5%). Budesonide is a substrate for cytochrome P450 (CYP) 3A4, and therefore use with potent CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, ritonavir, saquinavir, erythromycin, cyclosporine) can cause increased systemic budesonide concentrations. Grapefruit juice, which inhibits CYP3A4 activity, can increase the systemic exposure to budesonide, and therefore intake of grapefruit juice should be avoided. Use of Tarpeyo (budesonide DR) should be avoided in patients with severe hepatic impairment, and patients with moderate hepatic impairment should be monitored for increased signs and symptoms of hypercorticism. Tarpeyo (budesonide DR) may have a more favorable adverse event profile than other systemic corticosteroids since it undergoes extensive first-pass metabolism; less than 10% of budesonide enters the systemic circulation.

In summary, the clinical benefit of treatment for IgAN with Tarpeyo (budesonide DR) has not been demonstrated. The establishment of a clinical benefit, including slowing kidney function decline, is warranted in on-going clinical trials. The following conclusion is also stated in the FDA prescribing information, “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”.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

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*Some content reprinted from CVS Health

POLICY HISTORY

Policy #: 05.04.61
Policy Creation: April 2022
Reviewed: October 2022
Revised:
Current Effective Date: August 4, 2022