

**budesonide delayed release (TARPEYO)**

**Diagnoses Considered for Coverage:**

- Primary immunoglobulin A nephropathy (IgAN)

**Coverage Criteria:**

**For diagnosis of primary immunoglobulin A nephropathy (IgAN):**

- Being prescribed by or in consultation with a nephrologist, **and**
- Inadequate response or intolerable side effect to generically available corticosteroids (e.g. methylprednisolone, prednisone, prednisolone), **and**
- Being used in combination with an ACE inhibitor or ARB (unless contraindicated), **and**
- Patient has one of the following levels despite receiving maximally tolerated dose of ACE inhibitor or ARB therapy for at least 3 months:
  - Urine protein-to-creatinine ratio (UPCR)  $\geq 1.5$  g/g, or
  - Proteinuria  $\geq 1$  g/day,
- **and**
- Dose does not exceed 16 mg per day.

**Coverage Duration:** one year

Effective Date: 5/31/2023