budesonide delayed release (Tarpeyo™)

Policy # 00798
Original Effective Date: 07/11/2022
Current Effective Date: 07/08/2024

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider budesonide delayed release capsules (Tarpeyo™)‡ for the treatment of to primary immunoglobulin A nephropathy be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for budesonide delayed release capsules (Tarpeyo) will be considered when the following criteria are met:

- Patient has a diagnosis of primary immunoglobulin A nephropathy (IgAN); AND
- Patient is ≥18 years of age; AND
- Diagnosis has been confirmed by biopsy; AND
- 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
  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- Patient is at high risk of disease progression, defined by meeting the following criteria:
  - Patient meets ONE of the following:
    - Proteinuria ≥1 g/day; OR
    - Urine protein to creatinine ratio ≥1.5 g/g; AND

- Patient has been receiving the maximally tolerated dose of an angiotensin converting enzyme inhibitor (ACEi) (e.g., lisinopril, enalapril, benazepril, captopril, fosinopril, moexipril, perindopril, quinapril, ramipril, trandolapril) or angiotensin receptor blocker (ARB) (e.g., candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan); for ≥90 days; AND
  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

- Patient has an estimated glomerular filtration rate ≥30 mL/min/1.73m^2; AND
  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- Patient has not received a previous complete course of Tarpeyo (defined as 9 consecutive months of therapy).

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of budesonide delayed release (Tarpeyo) when the patient has not received at least 90 days of optimized supportive care, the patient has not been receiving the maximally tolerated dose of an ACEi or ARB for at least 90 days, or the patient has an estimated glomerular filtration rate <30 mL/min/1.73m^2 to be **not medically necessary.****

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of budesonide extended release when patient selection criteria are not met (except those denoted above as **not medically necessary****) to be **investigational.***

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Background/Overview

Tarpeyo contains the active ingredient budesonide in a delayed release formulation designed to release the drug in the ileocecal region where it is postulated that Mucosal B lymphocytes may be a source of abnormal immunoglobulin A_1. This immunoglobulin may be involved in the pathogenesis of immunoglobulin A nephropathy (IgAN). Tarpeyo is indicated to reduce proteinuria in adults with primary IgAN at risk of rapid disease progression. Although there are several proposed indicators of rapid disease progression, the package insert specifically mentions a urine protein-to-creatinine ratio (UPCR) ≥1.5 g/g. Tarpeyo is available in 4 mg capsules and should be dosed as 16 mg once daily for 9 months. For the last two weeks of therapy, the dose should be reduced to 8 mg once daily.

IgAN is the most common cause of primary glomerulonephritis in resource-abundant settings. Around 25% of patients with this condition have a slow progression to end-stage kidney disease (ESKD) within 25 years of presentation. The remaining patients enter a sustained remission or have persistent low-grade hematuria and/or proteinuria. Some of the proposed risk factors for disease progression include proteinuria above 1 g/day, hypertension, reduced GFR, hematuria, certain histologic predictors on kidney biopsy, and modifiable factors such as obesity, hypertriglyceridemia, and smoking. The goal of treating IgAN is to prevent disease progression to ESKD by reducing proteinuria to less than 0.5 to 1 g/day and resolving microscopic hematuria. The first-line treatment options to achieve this goal are supportive care with blood pressure control, maximally tolerated renin-angiotensin system blockade, treatment with a sodium-glucose cotransporter-2 (SGLT2) inhibitor, and lifestyle modification. After 3-6 months of optimized supportive care, patients at high risk (e.g., those with proteinuria ≥1 g/day) may require further therapy with immunosuppressive agents such as glucocorticoids to reduce risk.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Tarpeyo was approved in December 2021 to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression, generally a urine protein-to-creatinine ratio ≥1.5 g/g.

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Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

The effect of Tarpeyo on proteinuria was assessed in a randomized, double-blind, multicenter study in patients with biopsy-proved IgAN, estimated glomerular filtration rate $\geq$35 mL/min/1.73m^2, and proteinuria (defined as either $\geq$1 g/day or UPCR $\geq$0.8 g/g) who were on a stable dose of maximally-tolerated renin-angiotensin inhibitor therapy. Patients with other glomerulopathies, nephrotic syndrome, or those who had been treated with systemic immunosuppressive medications were excluded. Patients were randomized 1:1 to either Tarpeyo 16 mg once daily or placebo and treated for 9 months followed by a 2-week taper of either Tarpeyo 8 mg once daily or placebo.

The primary endpoint was the percentage reduction in UPCR at 9 months compared to baseline and was evaluated in 199 patients who completed the Month 9 visit. In the Tarpeyo group, the percentage reduction in UPCR was 34% compared to 5% in the placebo group (p=0.0001).

References

1. Tarpeyo [package insert]. Calliditas Therapeutics AB. Stockholm, Sweden. December 2021.
2. IgA Nephropathy: Treatment and Prognosis. UpToDate. Updated January 2022.

Policy History

Original Effective Date:	07/11/2022
Current Effective Date:	07/08/2024
06/02/2022	Medical Policy Committee review
06/08/2022	Medical Policy Implementation Committee approval. New policy.
06/01/2023	Medical Policy Committee review
06/14/2023	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

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06/06/2024 Medical Policy Committee review
06/12/2024 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
Next Scheduled Review Date: 06/2025

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

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For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.