AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Tarpeyo® (budesonide delayed release)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

Quantity Limit: 120 capsules per 30 days

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Length of Authorization: 9 months - Request is NOT eligible for renewal

- ❒ Member is 18 years of age or older
- ❒ Provider is a nephrologist
- ❒ Member has a diagnosis of primary immunoglobulin A nephropathy (IgAN), confirmed by biopsy **(submit results or chart notes confirming diagnosis)**
- ❒ Member is currently established on a stable and maximally tolerated dose of a renin-angiotensin-aldosterone system (RAAS) inhibitor (angiotensin converting enzyme [ACE] inhibitor or angiotensin receptor blocker [ARB]), for at least 90 days **(verified by chart notes and/or pharmacy paid claims)**

(Continued on next page)

- ❒ Members' lab test results taken within the last 30 days must be submitted to document **ALL** the following:
  - ❒ Total urine protein ≥ 1 g/day **OR** urine protein-to-creatinine ratio is ≥ 1.0 g/g
  - ❒ eGFR ≥ 30 mL/min/1.73 m^2
- ❒ Member is at risk of rapid disease progression as confirmed by physician assessment using the Oxford classification of IgAN or other assessment
- ❒ Member must meet **ONE** of the following:
  - ❒ Member has had an unsuccessful 3-month trial of oral generic budesonide EC capsules **(must submit chart notes or lab test results confirming therapy failure)**
  - ❒ Member has an intolerance or hypersensitivity to oral generic budesonide EC capsules or an FDA labeled contraindication to oral generic budesonide EC capsules that is not expected to occur with the requested agent **(documentation of intolerance or hypersensitivity must be submitted)**
- ❒ Member does **NOT** have any of the following: severe hepatic impairment (Child-Pugh class C), history of kidney transplant, current use of dialysis, diagnosis of other glomerulopathies or nephrotic syndrome, diagnosis of a systemic disease that may cause mesangial IgA deposition, diabetes mellitus which is poorly controlled, history of unstable angina, class III or IV congestive heart failure, clinically significant arrhythmia, or uncontrolled hypertension
- ❒ Member is **NOT** using concomitant therapy with any of the following: Tarpeyo®, Filspari®, Voyxact®, Vanrafia™, Fabhalta® or other complement inhibitor therapies (e.g., Empaveli®, Soliris®, Ultomiris® or Voydeya™)

Medication being provided by Specialty Pharmacy – Proprium Rx

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

***Approved by the Pharmacy and Therapeutics Committee:** ~~3/17/2022; 3/21/2024;~~ **1/22/2026**
REVISED/UPDATED/REFORMATTED: ~~10/6/2014; 10/8/2014; 11/6/2014; 11/20/2014; 1/26/2015; 5/22/2015; 12/29/2015; 11/17/2016; 12/31/2016; 2/8/2017; 3/28/2017; 8/20/2017; 3/7/2018; 6/18/2019; 9/10/2020; 12/31/2020; 4/2/2021; 9/9/2021; 10/11/2021; 12/14/2021; 12/23/2021; 4/26/2022; 6/16/2022; 10/27/2023; 4/26/2024; 6/4/2025;~~ **2/18/2026**