TARPEYO®
(budesonide) delayed release capsules - 4 mg

TARPEYO 帮助保护您的肾功能

首个也是唯一一个获得 FDA 批准的治疗方法，经证实可减少 IgA 肾病 (IgAN) 成年患者肾功能的丧失

适应症

什么是 TARPEYO?

TARPEYO 是一种处方药，用于减少患有原发性免疫球蛋白 A 肾病 (IgAN) 且病情有恶化风险的成人患者的肾功能损失。

重要安全性信息

谁不应服用 TARPEYO?

如果您对布地奈德或 TARPEYO 中的任何成分过敏，请勿使用 TARPEYO。有关 TARPEYO 的完整成分列表，请参阅《患者须知》的结尾部分。

请通读“重要安全性信息”全文和随附的《处方信息》。

Cathrin，*一名实际的* TARPEYO 患者。
Cathrin 付出的时间得到了补偿。

掌控您的病情。
请询问您的医生 TARPEYO 是否适合您。

了解 IgA 肾病 (IgAN) 的肠肾联系

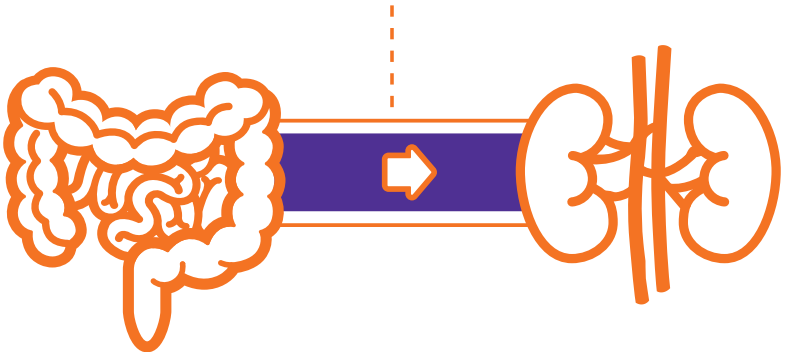
什么是 IgAN?

IgAN 是一种累及肾脏的渐进性自身免疫性疾病。在 IgAN 患者中，称为 IgA1 的抗体若在您的肾脏中积聚过多，将引发炎症和损伤。

可能导致 IgAN 的原因有哪些?

尽管肾脏是 IgAN 病受损的终末器官，但它并不是唯一被认为受累的器官。IgAN 的潜在主因之一据信为 IgA1 抗体，而这种抗体最常在肠道内产生。

在 IgAN 患者中，更多的 IgA1 超寻常地进入血液中，进而到达肾脏



这种类型的 IgA1 通常在肠道的特定区域形成

IgA1 会在肾脏中蓄积，进而引起肾脏炎症和损伤

了解 eGFR 和 UPCR

如何对 IgAN 进行监测?

IgAN 患者的两个重要指标是 **eGFR** 和 **UPCR**。

- **eGFR** 代表肾小球滤过率估计值。它是肾功能的测量指标。其值越高（范围为 0-120），肾功能越佳。这被认为是衡量整体肾功能的有用指标
- **UPCR** 代表尿蛋白与肌酐比值。这是一种测量尿液中蛋白质含量的检测方法。尿液中的高蛋白或蛋白尿被认为是疾病恶化的一个风险因素
- 一些研究显示，**eGFR** 与 **UPCR** 之间存在相关性。例如，较高的 **UPCR** 可能与较高的肾衰竭风险和 **eGFR 平均损失较大有关。**

您知道吗? IgAN 造成的肾损伤无法逆转。您的医生可能会密切监测 eGFR 和 UPCR 以追踪您的 IgAN 加重速度有多快。

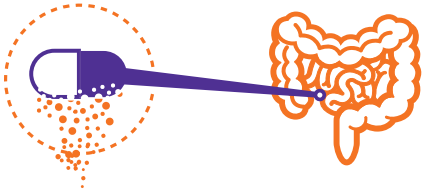
使用 TARPEYO 可保留肾功能

什么是 TARPEYO?

TARPEYO 是一种处方药，用于减少患有原发性免疫球蛋白 A 肾病 (IgAN) 且病情有恶化风险的成人患者的肾功能损失。目前尚不清楚 TARPEYO 在儿童中是否安全有效。

TARPEYO 如何发挥效用?

TARPEYO 旨在将治疗药物输送到所认为在 IgA 肾病中起作用的肠道区域。肠道中有多种细胞负责产生一种称为 IgA1 的抗体，而这种抗体会在肾脏中积聚，进而引发 IgAN。TARPEYO 可减少该抗体的量。*



TARPEYO 的独特之处是什么?

TARPEYO 胶囊的设计采用了定向释放技术，一旦到达肠道的特定区域就会溶解，从而锁定最终会在肾脏中积聚的 IgA1 抗体。

对 TARPEYO 进行了怎样的研究?

对 364 名患者进行了为期两年的 TARPEYO 研究。在 9 个月的时间里，患者在服用 TARPEYO 的同时还服用处方降压药。然后对他们进行为期 15 个月的跟踪观察。这项为期两年的研究的主要目的是评估 TARPEYO 对衡量肾功能的 eGFR 的影响。以 UPCR 的变化来衡量蛋白尿的变化是研究的另一个目标和衡量标准。该研究的安慰剂（糖丸）对照组患者只服用降压药。

*尚未确定 TARPEYO 的疗效在多大程度上是来自（肠道内的）局部效应还是（循环系统内的）全身性效应。

请通读“重要安全性信息”全文和随附的《处方信息》。

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“对我来说，针对 IgAN 的源头进行治疗，从而先发制人，这一点非常重要。”

Bill，*一名实际 TARPEYO 患者。*

Bill 付出的时间得到了补偿。

重要安全性信息（续）

如果您对布地奈德或 TARPEYO 中的任何成分过敏，**请勿使用 TARPEYO**。有关 TARPEYO 的完整成分列表，请参阅《患者须知》的结尾部分。

在使用 TARPEYO 前，请将您的所有医疗状况告知您的医务人员，包括您是否：

- 有肝脏问题
- 计划进行手术
- 患有水痘或麻疹，或近期曾接近任何水痘或麻疹患者
- 有感染
- 血糖水平高（前驱糖尿病或糖尿病）
- 患有青光眼或白内障
- 有糖尿病或青光眼的家族病史
- 正患有或曾患有结核病
- 血压偏高（高血压）
- 有骨矿物质密度降低的情况（骨质疏松）
- 有胃溃疡

TARPEYO 的研究结果如何?

事实证明，与单独服用降压药相比，TARPEYO 可减少肾功能损失

从研究开始算起，2 年后 eGFR 的平均变化情况 *。

– 5.3
mL/min/1.73 m²
TARPEYO + 降压药组

对比

-11.2
mL/min/1.73 m²
安慰剂 + 降压药组

随着肾功能恶化，eGFR 数值下降。研究结束时，与只服用降压药的人相比，服用 TARPEYO 和降压药的人肾功能损失较少。

* 研究开始时，平均 eGFR 约为 58 mL/min/1.73 m²，60% 的患者 eGFR <60 mL/min/1.73 m²。

†2 年后，接受 TARPEYO + 降压药物治疗的患者与单独接受降压药物治疗的患者相比，根据 eGFR 测量，肾功能下降 > 50%。以相对降幅计算（TARPEYO + 降压药组：9.4%；单独降压药：20.3%）。

重要安全性信息（续）

在使用 TARPEYO 前，请将您的所有医疗状况告知您的医务人员，包括您是否：

- 已怀孕或计划怀孕。TARPEYO 可能会伤害到您未出生的婴儿。如果您在孕期服用 TARPEYO，请与您的医务人员谈论这对未出生胎儿的潜在风险
- 正在哺乳或计划哺乳。目前尚不清楚 TARPEYO 是否会进入您的乳汁或是否会影响到您的宝宝。与您的医务人员讨论在 TARPEYO 治疗期间喂哺宝宝的最佳方式

请通读“重要安全性信息”全文和随附的《处方信息》。

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“我和我的医生对目前看到的结果都很满意！我的肾功能相对稳定，尿液中的蛋白质明显减少。”

Cathrin，*一名实际的* TARPEYO 患者。

Cathrin 付出的时间得到了补偿。

重要安全性信息（续）

请告诉医务人员您使用的所有药物，包括处方药和非处方药、维生素和草药补充剂。TARPEYO 和其他药物有可能互相影响，从而引起副作用。

我应如何服用 TARPEYO?

- 请严格遵照医务人员告诉您的方法服用 TARPEYO
- 医务人员将决定您应服用 TARPEYO 多长时间。在未事先告知医务人员的情况下，请勿停服 TARPEYO
- 每天早晨至少早于餐前 1 小时服用所处方剂量的 TARPEYO 1 次

其他研究结果

与单独服用降压药相比，TARPEYO 可降低尿蛋白水平

2 年后 UPCR 与基线相比的平均百分比变化（g/g）

服用 TARPEYO* 9 个月的患者在第 12 至 24 个月期间的尿蛋白水平平均降低了 41%。†

* 与降压药同时服用。

† 基于纵向重复测量模型，随访期间（12 至 24 个月）UPCR 平均下降百分比。

提醒： 在这项研究中，患者服用 TARPEYO 和降压药达 9 个月之久。然后，他们停用了 TARPEYO，又接受了 15 个月的观察，总研究时间为 2 年。

重要安全性信息（续）

我应如何服用 TARPEYO？（续）

- 整粒吞服 TARPEYO 胶囊。吞咽前**不要**打开、咀嚼、压碎或掰断 TARPEYO 胶囊
- 如果您漏服一剂 TARPEYO，请按照原定的下一剂服药时间服用您的处方剂量。**请勿**同时服用 2 剂 TARPEYO
- 如果您服用了过量的 TARPEYO，请立即联系您的医务人员或前往离您最近的医院看急诊

服用 TARPEYO 期间我应该不做哪些事？

请通读“重要安全性信息”全文和随附的《处方信息》。

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“我的肾病医生和我决定在服用降压药的同时，再服用 9 个月的 TARPEYO，以帮助治疗我的 IgAN。”

Kirk，一名*实际* TARPEYO 患者。

Kirk 付出的时间得到了补偿。

重要安全性信息（续）

我应如何服用 TARPEYO？（续）

在接受 TARPEYO 治疗期间，请勿进食葡萄柚或饮用葡萄柚汁。进食葡萄柚或饮用葡萄柚汁可能增加您血液中的 TARPEYO 水平。

TARPEYO 有可能引起哪些副作用？

TARPEYO 的耐受性总体良好，研究中报告的副作用大多为轻度或中度。

TARPEYO 最常见的副作用包括：

- 小腿、脚踝和脚肿胀
- 血压高
- 肌肉痉挛
- 痤疮
- 头痛
- 上呼吸道感染
- 面部肿胀
- 体重增加
- 消化不良
- 皮肤刺激或发炎
- 关节痛
- 白细胞计数增加

这些并非 TARPEYO 可能引起的全部副作用。请向医生咨询所有可能的副作用。

- TARPEYO 可能会导致严重的副作用，包括血液中皮质类固醇药物过多（皮质功能亢进）、肾上腺抑制以及免疫抑制的风险。
- 87% 的临床研究患者完成了为期 2 年的研究
- 血压、体重和 HbA1c 的变化在结束治疗后 3 个月内消退

您知道吗？ 与其他治疗 IgAN 的产品不同，在服用 TARPEYO 时，**没有进行 FDA 规定的检测**，但医生可能会要求进行实验室检测，以确定您对治疗的反应情况。

请通读“重要安全性信息”全文和随附的《处方信息》。

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“治疗我的 IgAN，而不是等到病情恶化，对我来说非常重要。我真的很幸运，有一位肾病医生一直在照顾我。”

Kirk，*一名实际* TARPEYO 患者。

Kirk 付出的时间得到了补偿。

通过为期 9 个月的 TARPEYO 疗程，帮助减少肾功能的丧失

TARPEYO 疗程为 9 个月。必须坚持服用 TARPEYO 9 个月，才能获得与临床试验中类似的益处。

4 粒 TARPEYO 胶囊应每天服用一次并整粒吞服

TARPEYO 应在**早上**餐前至少 1 小时整粒吞服。

请勿压碎、咀嚼或打开 TARPEYO 胶囊。在接受 TARPEYO 治疗期间，不要吃柚子或喝柚子汁

请严格按照医生的处方服用 TARPEYO。当医生决定停止治疗时，**将 TARPEYO 的剂量减至每天 8 毫克（2 粒胶囊），持续 2 周。**

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重要安全性信息（续）

TARPEYO 有可能引起哪些副作用？

TARPEYO 可能引起严重副作用，包括：

- **因血液中含有过多皮质类固醇药物而产生的影响（皮质机能亢进）**：长期使用 TARPEYO 可能导致您出现过多皮质醇（血液中的一种应激激素）的体征和症状。如果您出现以下任何皮质功能亢进的体征和症状，请告知您的医务人员：痤疮、容易瘀伤、面部变圆（月亮脸）、踝关节肿胀、身体和脸部毛发变粗或增多、肩膀之间出现脂肪垫或隆起（水牛背）或腹部、大腿、乳房或手臂皮肤上出现粉红色或紫色的伸展纹
- **肾上腺抑制：**长期使用 TARPEYO（慢性使用）可能会发生肾上腺抑制。这是一种令肾上腺不能产生足够类固醇激素的病症。肾上腺抑制的症状包括疲乏、无力、恶心和呕吐以及低血压。在接受 TARPEYO 治疗期间，如果您有精神压力或出现任何肾上腺抑制症状，请告知您的医务人员
- **免疫抑制风险：**TARPEYO 会削弱您的免疫系统。使用削弱免疫系统的药物会使您更易发生感染。在接受 TARPEYO 治疗期间，请勿接触传染性疾病（如水痘或麻疹）患者。如果您与任何患有水痘或麻疹的人接触，请立即告知您的医务人员。请咨询您的医务人员了解适当的疫苗接种排程
- 如果您在接受 TARPEYO 治疗期间出现任何感染症状，包括发烧、感到疲倦、发冷、疼痛、恶心和呕吐，请告知您的医务人员

TARPEYO 最常见的副作用包括：

- 小腿、脚踝和脚肿胀
- 血压高
- 肌肉痉挛
- 痤疮
- 头痛
- 上呼吸道感染
- 面部肿胀
- 体重增加
- 消化不良
- 皮肤刺激或发炎
- 关节痛
- 白细胞计数增加

这些并非 TARPEYO 可能引起的全部副作用。致电医生以获得有关副作用的医疗建议。您可以致电 1-800-FDA-1088 向 FDA 报告副作用。

请通读“重要安全性信息”全文和随附的《处方信息》。

支持和财政援助变得简单

TARPEYO Touchpoints 是一项在治疗过程中为您提供支持的计划

您的医生会填写一份注册表，将您与 TARPEYO Touchpoints 的服务相关联。

支持团队

- A TARPEYO Touchpoints Care Navigator 是您的主要联络点
- Care Navigator 可以为您连接护士和资源，并帮助您追踪每月的处方药运送情况

97%
的 TARPEYO 患者中每张处方的费用低于 10 美元[§]

经济援助计划

护理导航员将帮助您找到适合您的计划。一些计划包括：

- TARPEYO Touchpoints 共付额援助计划：如果您是商业保险患者，您可能有资格每次处方支付尽可能少至 0 美元*†。
- TARPEYO Touchpoints 患者援助计划（PAP）*如果您是保险额度不足/无保险的患者，您可能有资格免费获得处方药 *‡

尽快开始服用 TARPEYO--符合条件的患者可在保险赔付处理期间免费服用 TARPEYO。‖

* 要求具备资格。请登陆 TARPEYOTouchpoints.com 查看完整条款和条件。

† 为符合 TARPEYO Touchpoints 共付额援助计划的资格，您必须：(a) 是美国或美国境内的居民，(b) 有 TARPEYO 的有效处方，(c) 投保了商业保险并获得批准。

‡ 为了符合资格参加 TARPEYO Touchpoints 患者援助计划，您必须：(a) 是美国或美国境内的居民，(b) 有 TARPEYO 的有效处方，(c) 没有保险承保/承保不足或您的保险不承保 TARPEYO，(d) 达到根据家庭规模确定的年度家庭收入门槛，(e) 同意并提供收入验证（软信用检查、退税单、3 个月的工资单、失业救济支票或银行对账单），(f) 由您的医生通过 TARPEYO Touchpoints 注册，(g) 不享用由任何政府资助计划全额或部分报销的处方药，包括但不限于 Medicare、Medicare Part D、Medicaid、Medigap、VA、CHAMPUS、DOD、TRICARE 或任何州级、患者基金会或其他药物计划。

§ 所有患者，无论保险类型。这包括 2022 年 1 月至 2023 年 11 月期间的商业、Medicare、Medicaid 和现金支付患者。

‖ 您的医生需要填写注册表的第 6 栏以申报为一个额外的处方药，用于为符合条件的患者有限供应免费的 TARPEYO 药物，以弥补保险承保的延迟。

TARPEYO® (budesonide) delayed release capsules • 4 mg | Touchpoints® Support beyond the script

协助处理保险文书

TARPEYO Touchpoints 可以帮助申领保险福利、进行申诉和办理事先授权事务。

送药上门

TARPEYO 将由专业药房直接送货上门。

“我的医生填写了登记表，我签了字，然后 TARPEYO Touchpoints 就联系我安排送货。我通过工作单位购买了保险，所以只需支付零美元的共付额。”

Bill，一名*实际* TARPEYO 患者。

Bill 付出的时间得到了补偿。

TARPEYO Touchpoints 电话号码为 1-833-444-8277，服务时间为美国东部时间周一至周五上午 8 点至晚上 8 点。

如果给您一个机会改变自己的 IgAN 病程会怎样？

TARPEYO®
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首款也是唯一一款经 FDA 批准的 IgAN 治疗方法，经证实可减少肾功能丧失
与单纯服用降压药相比，可显著减少肾功能的丧失，是通过 eGFR* 来测量的

唯一获得 FDA 批准的针对肠道 IgAN 病源的治疗方法
设计用于将治疗药物输送到所认为在 IgA 肾病中起作用的肠道区域†

效果持久
为期 9 个月的治疗，2 年内在 2 项关键指标（eGFR 和 UPCR）上取得显著效果

为期 9 个月的治疗
每天一次，每次 4 粒

TARPEYO Touchpoints® 提供多种计划，帮助您获得并负担得起药物费用
97% 的 TARPEYO 患者每张处方支付的费用低于 10 美元‡

*2 年后，根据 eGFR 测量，接受 TARPEYO + 降压药物治疗的患者肾功能下降了 -11.2 mL/min/1.73 m^2，而单独接受降压药物治疗的患者下降了 -5.3 mL/min/1.73 m^2。

†尚未确定 TARPEYO 的疗效在多大程度上是来自（肠道内的）局部效应还是（循环系统内的）全身性效应。

‡所有患者，无论保险类型。这包括 2022 年 1 月至 2023 年 11 月期间的商业、Medicare、Medicaid 和现金支付患者。

请询问您的医生 **TARPEYO** 是否适合您。
请访问 TARPEYO.COM 了解更多信息。

请通读“重要安全性信息”全文和随附的《处方信息》。

calliditas THERAPEUTICS

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use TARPEYO safely and effectively. See full prescribing information for TARPEYO.

TARPEYO (budesonide) delayed release capsules, for oral use
Initial U.S. Approval: 1997

----------RECENT MAJOR CHANGES----------

Indications and Usage (1) 12/2023

----------INDICATIONS AND USAGE----------

TARPEYO is a corticosteroid indicated to reduce the loss of kidney function in adults with primary immunoglobulin A nephropathy (IgAN) who are at risk for disease progression. (1)

----------DOSAGE AND ADMINISTRATION----------

- The recommended dosage is 16 mg administered orally once daily, in the morning at least 1 hour before a meal. (2)
- Swallow whole. Do not open, crush or chew. (2)
- The recommended duration of therapy is 9 months. When discontinuing, reduce dosage to 8 mg once daily for the last two weeks. (2, 5.1)

----------DOSAGE FORMS AND STRENGTHS----------

Delayed release capsules: 4 mg (3)

----------CONTRAINDICATIONS----------

- Hypersensitivity to budesonide or any of the ingredients in TARPEYO. (4)

----------WARNINGS AND PRECAUTIONS----------

- Hypercorticism and Adrenal Axis Suppression: Follow general warnings concerning corticosteroids, patients with hepatic impairment may be at increased risk. Taper upon discontinuation. (2, 5.1, 8.6, 12.3)
- Risks of immunosuppression: Avoid use in patients with active or quiescent tuberculosis infection, untreated fungal, bacterial, systemic viral or parasitic infections, or ocular herpes simplex. May affect vaccine efficacy. (5.2)
- Other Corticosteroid Effects: Monitor patients with concomitant conditions where corticosteroids may have unwanted effects (e.g., hypertension, diabetes mellitus). (5.3)

----------ADVERSE REACTIONS----------

Most common adverse reactions (≥5%) are peripheral edema, hypertension, muscle spasms, acne, headache, upper respiratory tract infection, face edema, weight increased, dyspepsia, dermatitis, arthralgia, white blood cell count increased. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Calliditas Therapeutics at 1-844-IGA-0011 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------DRUG INTERACTIONS----------

Potent CYP3A4 Inhibitors (e.g. ketoconazole, grapefruit juice): Can increase systemic budesonide concentrations: avoid concomitant use. (7.1)

----------USE IN SPECIFIC POPULATIONS----------

Lactation: Routine monitoring of linear growth in infants is recommended with chronic use of budesonide in the nursing mother. (8.2).

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 12/2023

FULL PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

TARPEYO is indicated to reduce the loss of kidney function in adults with primary immunoglobulin A nephropathy (IgAN) who are at risk for disease progression.

2 DOSAGE AND ADMINISTRATION

The recommended treatment duration of therapy is 9 months, with a dosage of 16 mg administered orally once daily *[see Clinical Studies (14.1)]*. When discontinuing therapy, reduce the dosage to 8 mg once daily for the last 2 weeks of therapy *[see Warnings and Precautions (5.1)]*.

The delayed release capsules should be swallowed whole in the morning, at least 1 hour before a meal. Do not open, crush or chew.

If a dose is missed, take the prescribed dose at the next scheduled time. Do not double the next dose.

Safety and efficacy of treatment with subsequent courses of TARPEYO have not been established.

3 DOSAGE FORMS AND STRENGTHS

Delayed release capsule containing 4 mg budesonide. White coated opaque capsules printed with “CAL10 4MG” in black ink.

4 CONTRAINDICATIONS

TARPEYO is contraindicated in patients with hypersensitivity to budesonide or any of the ingredients of TARPEYO. Serious hypersensitivity reactions, including anaphylaxis have occurred with other budesonide formulations.

5 WARNINGS AND PRECAUTIONS

5.1 Hypercorticism and Adrenal Axis Suppression

When corticosteroids are used chronically, systemic effects such as hypercorticism and adrenal suppression may occur. Corticosteroids can reduce the response of the hypothalamus-pituitary-adrenal (HPA) axis to stress. In situations where patients are subject to surgery or other stress situations, supplementation with a systemic corticosteroid is recommended. When discontinuing therapy *[see Dosing and Administration (2)]* or switching between corticosteroids, monitor for signs of adrenal axis suppression.

Patients with moderate to severe hepatic impairment (Child-Pugh Class B and C respectively) could be at an increased risk of hypercorticism and adrenal axis suppression due to an increased systemic exposure of oral budesonide. Avoid use in patients with severe hepatic impairment (Child-Pugh Class C). Monitor for increased signs and/or symptoms of hypercorticism in patients with moderate hepatic impairment (Child-Pugh Class B) *[see Use in Specific Populations (8.6), Clinical Pharmacology (12.3)]*.

5.2 Risks of Immunosuppression

Patients who are on drugs that suppress the immune system are more susceptible to infection than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible patients or patients on immunosuppressant doses of corticosteroids. Avoid corticosteroid therapy in patients with active or quiescent tuberculosis infection, untreated fungal, bacterial, systemic viral or parasitic infections, or ocular herpes simplex. Avoid exposure to active, easily-transmitted infections (e.g., chicken pox, measles). Corticosteroid therapy may decrease the immune response to some vaccines.

How the dose, route, and duration of corticosteroid administration affect the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, consider therapy with varicella zoster immune globulin (VZIG) or pooled intravenous immunoglobulin (IVIG). If exposed to measles, consider prophylaxis with pooled intramuscular immunoglobulin (IG). If chickenpox develops, consider treatment with antiviral agents.

5.3 Other Corticosteroid Effects

TARPEYO is a systemically available corticosteroid and is expected to cause related adverse reactions. Monitor patients with hypertension, prediabetes, diabetes mellitus, osteoporosis, peptic ulcer, glaucoma or cataracts, or with a family history of diabetes or glaucoma, or with any other condition where corticosteroids may have unwanted effects.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Hypercorticism and adrenal suppression *[see Warnings and Precautions (5.1)]*
- Risks of immunosuppression *[see Warnings and Precautions (5.2)]*
- Other corticosteroid effects *[see Warnings and Precautions (5.3)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of TARPEYO was evaluated in 389 patients in the randomized, double-blind, placebo-controlled study, NeflgArd (NCT: 03643965, Phase 3 clinical study in adults with primary IgAN). The data below reflect TARPEYO exposure in 195 patients with a median duration of 41 weeks, compared with comparable exposure to placebo in 194 patients.

The most common adverse reactions, reported in greater than or equal to 5% of TARPEYO-treated patients and greater than or equal to 2% higher than placebo, in the 9-month treatment period are listed in *Table 1*.

Most adverse reactions that occurred at a greater incidence for TARPEYO compared to placebo were consistent with hypercortisolism and reversible, resolving within 3 months after discontinuation.

Table 1: Reported adverse reactions occurring in greater than or equal to 5% of TARPEYO treated patients, and greater than or equal to 2% higher than Placebo

Adverse Reaction	TARPEYO 16 mg (N=195)	Placebo (N=194)
	n (%)	n (%)
Peripheral edema	33 (17)	10 (5)
Hypertension	23 (12)	6 (3)
Muscle spasms	23 (12)	8 (4)
Acne	22 (11)	2 (1)
Headache	19 (10)	14 (7)
Upper respiratory tract infection	16 (8)	12 (6)
Face edema	15 (8)	1 (0.5)
Weight increased	13 (7)	6 (3)
Dyspepsia	13 (7)	4 (2)
Dermatitis	12 (6)	2 (1)
Arthralgia	12 (6)	4 (2)
White blood cell count increased	11 (6)	1 (0.5)

7 DRUG INTERACTIONS

7.1 Interaction with CYP3A4 Inhibitors

Budesonide is a substrate for CYP3A4. Avoid use with potent CYP3A4 inhibitors; e.g. ketoconazole, itraconazole, ritonavir, indinavir, saquinavir, erythromycin, and cyclosporine *[see Clinical Pharmacology (12.3)]*.

Avoid ingestion of grapefruit juice with TARPEYO. Intake of grapefruit juice, which inhibits CYP3A4 activity, can increase the systemic exposure to budesonide *[see Clinical Pharmacology (12.3)]*.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

The available data from published case series, epidemiological studies and reviews with oral budesonide use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage or other adverse maternal or fetal outcomes. There are risks to the mother and fetus associated with IgA Nephropathy. Infants exposed to in-utero corticosteroids, including budesonide, are at risk for hypoadrenalism *(see Clinical Considerations)*. In animal reproduction studies with pregnant rats and rabbits, administration of subcutaneous budesonide during organogenesis at doses approximately 0.3 times or 0.03 times, respectively, the maximum recommended human dose (MRHD), resulted in increased fetal loss, decreased pup weights, and skeletal abnormalities. Maternal toxicity was observed in both rats and rabbits at these dose levels *(see Data)*.

The estimated background risk of major birth defects and miscarriage of the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Clinical Considerations

Disease-Associated Maternal and/or Embryo/Fetal Risk

IgA nephropathy in pregnancy is associated with adverse maternal outcomes, including increased rates of cesarean section, pregnancy-induced hypertension, pre-eclampsia and preterm delivery, and adverse fetal/neonatal outcomes, including stillbirth and low birth weight.

Fetal/Neonatal Adverse Reactions

Hypoadrenalism may occur in infants born to mothers receiving corticosteroids during pregnancy. Infants should be carefully observed for signs of hypoadrenalism, such as poor feeding, irritability, weakness, and vomiting, and managed accordingly *[see Warnings and Precautions (5.1)]*.

Data

Animal Data

Budesonide was teratogenic and embryo-lethal in rabbits and rats.

In an embryo-fetal development study in pregnant rats dosed subcutaneously with budesonide during the period of organogenesis on gestation days 6 to 15 there were effects on fetal development and survival at subcutaneous doses up to approximately 500 mcg/kg in rats (approximately 0.3 times the maximum recommended human dose (MRHD) on a body surface area basis).

In an embryo-fetal development study in pregnant rabbits dosed during the period of organogenesis on gestation days 6 to 18, there was an increase in maternal abortion, and effects on fetal development and reduction in litter weights at subcutaneous doses from approximately 25 mcg/kg (approximately 0.03 times the MRHD on a body surface area basis).

Maternal toxicity, including reduction in body weight gain, was observed at subcutaneous doses of 5 mcg/kg in rabbits (approximately 0.006 times the maximum recommended human dose on a body surface area basis) and 500 mcg/kg in rats (approximately 0.3 times the maximum recommended human dose on a body surface area basis).

In a peri- and post-natal development study, subcutaneous treatment of pregnant rats with budesonide during the period from Day 15 post coitum to Day 21 post partum, budesonide had no effects on delivery, but did have an effect on growth and development of offspring. In addition, offspring survival was reduced and surviving offspring had decreased mean body weights at birth and during lactation at exposures ≥ 0.012 times the MRHD (on a mg/m^2 basis at maternal subcutaneous doses of 20 mcg/kg/day and higher). These findings occurred in the presence of maternal toxicity.

8.2 Lactation

Risk Summary

Breastfeeding is not expected to result in significant exposure of the infant to TARPEYO. Lactation studies have not been conducted with oral budesonide, including TARPEYO, and no information is available on the effects of the drug on the breastfed infant or the effects on the drug on milk production. One published study reports that budesonide is present in human milk following maternal inhalation of budesonide *(see Data)*. Routine monitoring of linear growth in infants is recommended with chronic use of budesonide in the nursing mother. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for TARPEYO and any potential adverse effects on the breastfed infant from TARPEYO, or from the underlying maternal condition.

Data

One published study reports that budesonide is present in human milk following maternal inhalation of budesonide, which resulted in infant doses approximately 0.3% to 1% of the maternal weight-adjusted dosage and a milk to plasma ratio was approximately 0.5. Budesonide was not detected in plasma, and no adverse events were noted in the breastfed infants following maternal use of inhaled budesonide.

Assuming a daily average milk intake of about 150 mL/kg/day and a milk to plasma ratio of 0.5, the estimated oral dose of budesonide for a 5 kg infant is expected to be less than 2 mcg/day for a maternal dose of 16 mg TARPEYO. Assuming 100% bio-availability in the infant this is about 0.1% of the maternal dose and about 3% of the highest inhaled dose used clinically for asthma in infants.

8.4 Pediatric Use

The safety and efficacy of TARPEYO in pediatric patients have not been established.

8.5 Geriatric Use

Clinical studies of TARPEYO did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

8.6 Hepatic Impairment

Patients with moderate to severe hepatic impairment (Child-Pugh Class B and C, respectively) could be at an increased risk of hypercorticism and adrenal axis suppression due to an increased systemic exposure to budesonide *[see Warnings and Precautions (5.1) and Clinical Pharmacology (12.3)]*. Avoid use in patients with severe hepatic impairments (Child-Pugh Class C). Monitor for increased signs and/or symptoms of hypercorticism in patients with moderate hepatic impairment (Child-Pugh Class B).

10 OVERDOSAGE

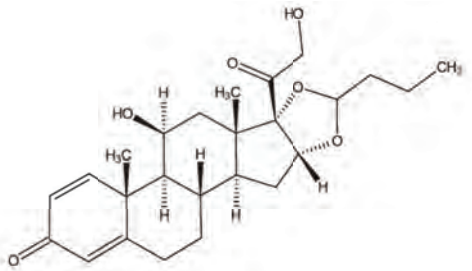
Reports of acute toxicity and/or death following overdosage of corticoids are rare.

In the event of acute overdosage, no specific antidote is available. Treatment consists of supportive and symptomatic therapy.

11 DESCRIPTION

TARPEYO (budesonide) delayed release capsules, for oral administration, contain budesonide, a synthetic corticosteroid, as the active ingredient. Budesonide is designated chemically as 16α, 17α-[(1RS)-Butylidenebis(oxy)]-11β, 21-dihydroxypregna-1,4-diene-3,20-dione.

Budesonide is provided as a mixture of two epimers (22R and 22S). The empirical formula of budesonide is $C_{25}H_{34}O_6$ and its molecular weight is 430.5. Its structural formula is:



Budesonide is a white to off-white, tasteless, odorless powder that is practically insoluble in water, sparingly soluble in alcohol, and freely soluble in chloroform.

The beads in each capsule contain the following inactive ingredients: sugar spheres (sucrose and starch), hypromellose, polyethylene glycol, citric acid monohydrate, ethyl cellulose, medium chain triglycerides and oleic acid. The capsule shells contain hypromellose and titanium oxide (E171); and the printing ink on the capsules contain shellac, propylene glycol and black iron oxide (E172). The enteric coating on the capsules contain: methacrylic acid and methacrylate copolymer, talc and dibutyl sebacate.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Budesonide is a corticosteroid with potent glucocorticoid activity and weak mineralocorticoid activity that undergoes substantial first pass metabolism. Mucosal B-cells present in the ileum, including the Peyer's patches, express glucocorticoid receptors and are responsible for the production of galactose-deficient IgA1 antibodies (Gd-Ag1) causing IgA nephropathy. Through their anti-inflammatory and immunosuppressive effects at the glucocorticoid receptor, corticosteroids can modulate B-cell numbers and activity. It has not been established to what extent TARPEYO's efficacy is mediated via local effects in the ileum vs systemic effects.

12.2 Pharmacodynamics

Treatment with corticosteroids, including TARPEYO, is associated with a suppression of endogenous cortisol concentrations and an impairment of the hypothalamus-pituitary-adrenal (HPA) axis function.

12.3 Pharmacokinetics

Absorption

Following single oral administration of TARPEYO 16 mg to healthy subjects, the average geometric mean C_{max} (CV%) was 4.4 ng/mL (58.3), and $AUC_{0\text{-}24}$ was 24.1 h*ng/mL (49.7). Median T_{lag} (min, max) was 3.1 h (0, 6) while median T_{max} (min, max) was 5.1 h (4.5, 10).

Food Effect

There was no clinically relevant food effect observed on the overall systemic exposure of budesonide when either a moderate or high fat meal was consumed 1 hour after administration of TARPEYO.

Distribution

Approximately 85 to 90% of budesonide binds to plasma proteins in blood over the concentration range of 0.43 to 99 ng/mL. The volume of distribution at steady state reported in the literature is 3 to 4 L/kg.

Metabolism

Budesonide is metabolized by the liver (and to lesser extent the gut), primarily by oxidative pathways via CYP3A4 to two main metabolites, 16α-hydroxyprednisolone and 6β-hydroxybudesonide, which have less than 1% of the corticosteroid activity of budesonide.

Elimination

Budesonide had a high plasma clearance, 0.9 to 1.8 L/min in healthy adults, which is close to the estimated liver blood flow, and, accordingly, suggests that budesonide is a high hepatic clearance drug.

Following single oral administration of TARPEYO 16 mg to healthy subjects, the elimination half-life (t½) for TARPEYO ranged from 5.0 to 6.8 hours.

Excretion

Budesonide was excreted in urine and feces in the form of metabolites. After oral as well as intravenous administration of micronized [^{3}H]-budesonide, approximately 60% of the recovered radioactivity was found in urine. The major metabolites, including 16α-hydroxyprednisolone and 6β-hydroxybudesonide, are mainly renally excreted, intact or in conjugated forms. No unchanged budesonide was detected in urine.

Specific Populations

Age, race, and body weight

The effect of age, race, and body weight on the pharmacokinetics of TARPEYO has not been established.

Sex

Of the 143 healthy volunteers included in the Phase 1 studies, 29% were female. Pharmacokinetics of budesonide was similar between males and females.

Hepatic Impairment

Subjects with moderate hepatic impairment (Child-Pugh class B) had 3.5 times the budesonide AUC compared with healthy volunteers while subjects with mild hepatic impairment (Child-Pugh class A) had approximately 1.4 times the budesonide AUC compared with healthy volunteers.

Patients with severe hepatic impairment (Child-Pugh Class C) have not been studied.

Renal Impairment

Intact budesonide is not excreted renally. The main metabolites of budesonide, which have negligible corticosteroid activity, are largely (60%) excreted in urine.

Drug Interaction Studies

Budesonide is metabolized via CYP3A4. Potent inhibitors of CYP3A4 can increase plasma levels of budesonide.

Thus, clinically relevant drug interactions with potent CYP3A inhibitors, such as ketoconazole, itraconazole, ritonavir, indinavir, saquinavir, erythromycin, cyclosporine, and grapefruit juice, are to be expected. Conversely, induction of CYP3A4 potentially could result in the lowering of budesonide plasma concentrations.

Effects of Other Drugs on Budesonide

Ketoconazole

In an open, non-randomized, cross-over study, 6 healthy subjects were given budesonide 10 mg as a single dose, either alone or concomitantly with the last ketoconazole dose of 3 days treatment with ketoconazole 100 mg twice daily. Co-administration of ketoconazole resulted in 8-fold the AUC of budesonide, compared to budesonide alone.

In an open, randomized, cross-over study 8 healthy subjects were given Entocort EC 3 mg as a single dose, either alone or concomitantly with the last ketoconazole dose of 4 days treatment with ketoconazole 200 mg once daily. Co-administration of ketoconazole resulted in 6.5-fold the AUC of budesonide, compared to budesonide alone.

Grapefruit Juice

In an open, randomized, cross-over study, 8 healthy subjects were given Entocort EC 3 mg, either alone, or concomitantly with 600 mL concentrated grapefruit juice (which inhibits CYP3A4 activity predominantly in the intestinal mucosa), on the last of 4 daily administrations. Concomitant administration of grapefruit juice resulted in doubling the bioavailability of budesonide compared to budesonide alone.

Proton Pump Inhibitors

The pharmacokinetics of TARPEYO have not been evaluated in combination with proton pump inhibitors (PPIs). Since the disintegration of TARPEYO is pH dependent, the release properties and uptake of budesonide may be altered when TARPEYO is taken after treatment with PPIs. In a study assessing intragastric and intraduodenal pH in healthy volunteers after repeated dosing with the PPI omeprazole 40 mg once daily, intragastric and intraduodenal pH did not exceed that required for disintegration of TARPEYO. Beyond the duodenum, PPIs such as omeprazole are unlikely to affect pH.

Oral Contraceptives (CYP3A4 Substrates)

In a parallel study, the pharmacokinetics of budesonide were not significantly different between healthy female subjects who received oral contraceptives containing desogestrel 0.15 mg and ethinyl estradiol 30 µg and healthy female subjects who did not receive oral contraceptives. Budesonide 4.5 mg once daily for one week did not affect the plasma concentrations of ethinyl estradiol, a CYP3A4 substrate. The effect of budesonide 16 mg once daily on the plasma concentrations of desogestrel and ethinyl estradiol was not studied.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenicity studies with budesonide were conducted in rats and mice. In a two-year study in Sprague-Dawley rats, budesonide caused a statistically significant increase in the incidence of gliomas in male rats at an oral dose of 50 mcg/kg (approximately 0.03 times the maximum recommended human dose (MRHD) on a body surface area basis). In addition, there were increased incidences of primary hepatocellular tumors in male rats at 25 mcg/kg (approximately 0.015 times the MRHD on a body surface area basis) and above. No tumorigenicity was seen in female rats at oral doses up to 50 mcg/kg (approximately 0.03 times the MRHD on a body surface area basis). In an additional two-year study in male Sprague-Dawley rats, budesonide caused no gliomas at an oral dose of 50 mcg/kg (approximately 0.03 times the MRHD on a body surface area basis). However, it caused a statistically significant increase in the incidence of hepatocellular tumors at an oral dose of 50 mcg/kg (approximately 0.03 times the MRHD of a body surface area basis). The concurrent reference corticosteroids (prednisolone and triamcinolone acetonide) showed similar findings. In a 91-week study in mice, budesonide caused no treatment-related carcinogenicity at oral doses up to 200 mcg/kg (approximately 0.06 times the MRHD on a body surface area basis).

Budesonide was not genotoxic in the Ames text, the mouse lymphoma cell forward gene mutation ($TK^{+/-}$) test, the human lymphocyte chromosome aberration test, the Drosophila melanogaster sex-linked recessive lethal test, the rat hepatocyte UDS test and the mouse micronucleus test.

In rats, budesonide had no effect on fertility at subcutaneous doses up to 80 mcg/kg (approximately 0.05 times the MRHD on a body surface area basis). However, it caused a decrease in prenatal viability and viability in pups at birth and during lactation, along with a decrease in maternal food consumption and body weight gain, at subcutaneous doses of 20 mcg/kg (approximately 0.012 times the MRHD on a body surface area basis) and above. No such effects were noted at 5 mcg/kg (approximately 0.003 times the MRHD on a body surface area basis).

14 CLINICAL STUDIES

14.1 Treatment of IgAN

TARPEYO was shown to reduce the loss of kidney function in adults with primary IgAN at risk of disease progression in the NefIgArd trial. While the effect on kidney function that was seen during the 9-month treatment period persisted following completion of treatment, TARPEYO did not change the long-term rate of decline in kidney function.

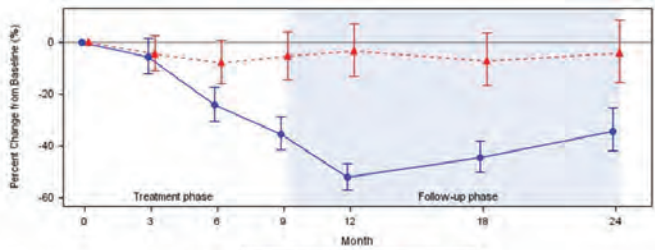
NefIgArd Study: A Phase 3, Double-Blind Placebo-Controlled, Randomized Trial in Adults with Primary IgAN

The effect of TARPEYO on proteinuria and kidney function (estimated glomerular filtration rate, eGFR) was assessed in a randomized, double-blind, phase 3, 2-part, multicenter study (NefIgArd, NCT: 03643965) in adults with biopsy-proven IgAN, eGFR ≥35 mL/min/1.73 m^2, and proteinuria (defined as either ≥1 g/day or urine protein to creatinine ratio (UPCR) ≥0.8 g/g) who were on a stable dose of maximally-tolerated RAS 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 nine months followed by a 2-week taper of either TARPEYO 8 mg once daily or placebo. Patients were then followed off-treatment for 15 months. The primary endpoint for Part A of the study (interim analysis) was the ratio of UPCR (based on 24-hour urine collections) at 9 months compared to baseline based on the first 199 randomized patients who completed the Month 9 visit. The primary endpoint for Part B of the study (final analysis) was a time-weighted average of the log ratio of eGFR at each time point over 2 years relative to baseline.

Of the 364 randomized patients evaluated for efficacy, 66% were male, 76% were Caucasian, 23% were Asian, and 20% were from North America. The median age was 43 years (range 20 to 73 years). At baseline, the mean eGFR was approximately 58 mL/min/1.73 m^2, with 60% of patients having an eGFR <60 mL/min/1.73 m^2. The mean baseline UPCR was 1.5 g/g and 21% of patients had proteinuria >3.5 g/24 hours. Approximately 70% of patients had a history of hypertension and 7% had a history of type 2 diabetes mellitus. At baseline, 98% were treated with an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) and <1% of patients were on a sodium-glucose cotransporter 2 (SGLT2) inhibitor. At study entry, the median systolic/diastolic blood pressure was 125/79 mmHg.

The trial met the prespecified Part A primary endpoint based on an interim analysis of 199 randomized patients who had completed the Month 9 visit. The interim analysis showed a 31% reduction in UPCR in patients treated with TARPEYO 16 mg once daily compared to placebo (95% CI: 16% to 42% reduction; p=0.0001). In the final analysis of 364 patients, the percentage change in UPCR observed at 9 months was consistent with the results in the subset of 199 patients included in the interim analysis. The final analysis of the percentage change in UPCR during the treatment and follow-up phase is shown in Figure 1.

Figure 1: LS Mean (95% CI) Percentage Change from Baseline in UPCR (g/g) in NefIgArd Study (Full Analysis Set)

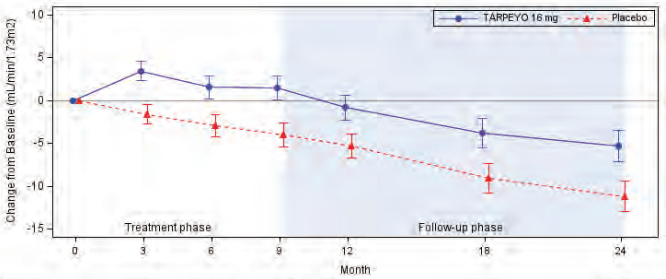


Patients (TARPEYO, Placebo)	(175, 176)	(171, 172)	(170, 167)	(166, 170)	(162, 166)	(157, 160)
TARPEYO % Reduction	5	24	35	52	44	34
Placebo % Reduction	4	8	5	3	7	4
Relative Percent Reduction	1	18	32	50	40	31
95% CI	(-9, 11)	(7, 27)	(22, 41)	(42, 57)	(30, 49)	(18, 43)

Estimated mean percentage change from baseline in UPCR with 95% confidence intervals estimated from a mixed model repeated measures analysis of log-transformed post-baseline to baseline ratios at 3, 6, 9, 12, 18, and 24 months. Analysis included all UPCR data regardless of use of prohibited medication at any point during the study.
Values reported under the figure are converted to percent reduction from baseline. Relative percent reductions comparing TARPEYO and placebo are estimated from the regression model.
Abbreviations: UPCR, urine protein to creatinine ratio; CI, confidence intervals; LS, least squares.

In the final analysis of 364 patients, the trial met the prespecified Part B primary endpoint (p<0.0001). The mean change from baseline in eGFR and respective 95% CI for each arm at each scheduled visit during the treatment and follow-up phase is shown in Figure 2. The favorable effect of TARPEYO on eGFR was seen by Month 3 (the earliest assessment) and did not appear to increase in magnitude over two years. At Year 2, there was a 5.9 mL/min/1.73 m^2 difference in the mean change from baseline in eGFR between TARPEYO and placebo (95% CI: 3.3 to 8.5 mL/min/1.73 m^2; p<0.0001).

Figure 2: LS Mean (95% CI) Change from Baseline in eGFR (mL/min/1.73 m^2) in NefIgArd Study (Full Analysis Set)



Patients (TARPEYO, Placebo)	(174, 178)	(169, 174)	(171, 167)	(162, 171)	(163, 165)	(161, 165)
TARPEYO LS Mean Change	3.5	1.5	1.5	-0.8	-3.8	-5.3
Placebo LS Mean Change	-1.6	-2.9	-4.0	-5.3	-9.1	-11.2
Difference	5.1	4.5	5.5	4.5	5.3	5.9
95% CI	(3.4, 6.7)	(2.6, 6.3)	(3.5, 7.5)	(2.5, 6.5)	(2.9, 7.8)	(3.3, 8.5)

Estimated least squares mean change from baseline in eGFR (mL/min/1.73 m^2) with 95% confidence intervals estimated from a mixed model repeated measures analysis of post-baseline to baseline differences at 3, 6, 9, 12, 18, and 24 months. Analysis was based on untransformed data and includes all eGFR data regardless of use of prohibited medication at any point during the study. A total of 15 patients in the TARPEYO arm and 20 patients in the placebo arm received rescue medication during the 2-year study.
Abbreviations: eGFR, estimated glomerular filtration rate; CI, confidence interval; LS least squares

The treatment effect based on the change from baseline in eGFR at 2 years was consistent across key subgroups, including key demographic (such as age, sex, race) and baseline disease (such as baseline proteinuria) characteristics.

16 HOW SUPPLIED/STORAGE AND HANDLING

TARPEYO (budesonide) delayed release capsules 4 mg, are white opaque- coated capsules marked with "CAL10 4 MG" in black ink on the body of the capsule. They are supplied as follows:

NDC 81749-004-01: Bottles of 120 capsules. Child-resistant cap.

Store at 20-25°C (68 - 77°F); excursions permitted to 15° to 30°C (59° to 86°F). [See USP Controlled Room Temperature].

Keep container tightly closed. Protect from moisture.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Advise patients that TARPEYO may cause hypercorticism and adrenal axis suppression and to follow a taper schedule, as instructed by their healthcare provider if discontinuing therapy *[see Warnings and Precautions (5.1)]*.

TARPEYO causes immunosuppression. Advise patients to avoid exposure to people with chicken pox or measles and, if exposed, to consult their healthcare provider immediately. There is an increased risk of developing a variety of infections, including worsening of existing tuberculosis, fungal, bacterial, viral or parasitic infections, or ocular herpes simplex, and to contact their healthcare provider if they develop any symptoms of infection *[see Warnings and Precautions (5.3)]*. Provide advice regarding vaccination schedules for immunocompromised patients.

Advise patients that TARPEYO delayed release capsules should be swallowed whole and not chewed, crushed or broken and to take TARPEYO in the morning, at least 1 hour before a meal *[See Dosage and Administration (2)]*.

Advise patients to avoid the consumption of grapefruit juice for the duration of their TARPEYO therapy *[See Drug Interactions (7.1)]*.

Manufactured for and distributed by:
Calliditas Therapeutics AB
Stockholm, Sweden

Patent: http://www.calliditas.com/patents

Patient Information
TARPEYO (tar-PAY-oh)
(budesonide)
delayed release capsules

What is TARPEYO?

TARPEYO is a prescription medicine used to reduce the loss of kidney function in adults with a kidney disease called primary immunoglobulin A nephropathy (IgAN) who are at risk for their disease getting worse.

It is not known if TARPEYO is safe and effective in children.

Do not take TARPEYO if you are allergic to budesonide or any of the ingredients in TARPEYO. See the end of this leaflet for a complete list of ingredients in TARPEYO.

Before taking TARPEYO, tell your healthcare provider about all of your medical conditions, including if you:

- have liver problems.
- plan to have surgery.
- have chickenpox or measles or have recently been near anyone with chickenpox or measles.
- have an infection.
- have high blood sugar levels (prediabetes or diabetes).
- have glaucoma or cataracts.
- have a family history of diabetes or glaucoma.
- have or have had tuberculosis.
- have high blood pressure (hypertension).
- have decreased bone mineral density (osteoporosis).
- have stomach ulcers.
- are pregnant or plan to become pregnant. TARPEYO may harm your unborn baby. Talk to your healthcare provider about the possible risk to your unborn baby if you take TARPEYO when you are pregnant.
- are breastfeeding or plan to breastfeed. It is not known if TARPEYO passes into your breast milk or if it will affect your baby. Talk to your healthcare provider about the best way to feed your baby during treatment with TARPEYO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. TARPEYO and other medicines may affect each other causing side effects.

How should I take TARPEYO?

- Take TARPEYO exactly as your healthcare provider tells you.
- Your healthcare provider will decide how long you should take TARPEYO. Do not stop taking TARPEYO without first talking with your healthcare provider.
- Take your prescribed dose of TARPEYO 1 time each day in the morning, at least 1 hour before a meal.
- Swallow TARPEYO capsules whole. **Do not** open, chew, crush, or break TARPEYO capsules before swallowing.
- If you miss a dose of TARPEYO, take your prescribed dose at your next scheduled time. **Do not** take two doses of TARPEYO at the same time.
- If you take too much TARPEYO, call your healthcare provider right away or go to the nearest hospital emergency room.

What should I avoid while taking TARPEYO?

Do not eat grapefruit or drink grapefruit juice during your treatment with TARPEYO. Eating grapefruit or drinking grapefruit juice can increase the level of TARPEYO in your blood.

What are the possible side effects of TARPEYO?

TARPEYO may cause serious side effects, including:

- **Effects of having too much corticosteroid medicine in your blood (hypercorticism).** Long-time use of TARPEYO can cause you to have signs and symptoms of too much cortisol, a stress hormone in your blood. Tell your healthcare provider if you have any of the following signs and symptoms of hypercorticism:
  - acne
  - bruise easily
  - rounding of your face (moon face)
  - ankle swelling
  - thicker or more hair on your body and face
  - a fatty pad or hump between your shoulders (buffalo hump)
  - pink or purple stretch marks on the skin of your abdomen, thighs, breasts, or arms

- **Adrenal suppression.** When TARPEYO is taken for a long period of time (chronic use), adrenal suppression can happen. This is a condition in which the adrenal glands do not make enough steroid hormones. Symptoms of adrenal suppression include:
  - tiredness
  - weakness
  - nausea and vomiting
  - low blood pressure

  Tell your healthcare provider if you are under stress or have any symptoms of adrenal suppression during treatment with TARPEYO.
- **Risk of immunosuppression.** TARPEYO weakens your immune system. Taking medicines that weaken your immune system makes you more likely to get infections. Avoid contact with people who have contagious diseases, such as chickenpox or measles, during treatment with TARPEYO. Tell your healthcare provider right away if you come in contact with anyone who has chickenpox or measles. Consult with your healthcare provider regarding appropriate vaccination scheduling.
- Tell your healthcare provider if you develop any symptoms of infection during treatment with TARPEYO, including:
  - fever
  - feeling tired
  - chills
  - aches
  - pain
  - nausea and vomiting

The most common side effects of TARPEYO include:

- swelling of the lower legs, ankles, and feet
- high blood pressure
- muscle spasms
- acne
- headache
- upper respiratory tract infection
- swelling of the face
- weight increase
- indigestion
- irritation or inflammation of the skin
- joint pain
- increased white blood cell count

These are not all the possible side effects of TARPEYO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store TARPEYO?

- Store TARPEYO at room temperature between 68°F to 77°F (20°C to 25°C).
- Keep TARPEYO in a tightly closed container.
- Protect from moisture.

Keep TARPEYO and all medicines out of the reach of children.

General information about the safe and effective use of TARPEYO.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use TARPEYO for a condition for which it was not prescribed. Do not give TARPEYO to other people, even if they have the same symptoms you have. It may harm them. You can ask your pharmacist or healthcare provider for information about TARPEYO that is written for health professionals.

What are the ingredients in TARPEYO?

Active ingredient: budesonide

Inactive ingredients: sugar spheres (sucrose and starch), hypromellose, polyethylene glycol, citric acid monohydrate, ethyl cellulose, medium chain triglycerides and oleic acid.

The capsules contain: hypromellose and titanium oxide (E171).

The printing ink on the capsules contain: shellac, propylene glycol and black iron oxide (E172).

The enteric coating on the capsules contain: methacrylic acid and methacrylate copolymer, talc and dibutyl sebacate.

Manufactured for and distributed by: Calliditas Therapeutics AB, Stockholm, Sweden

Patent: http://www.calliditas.com/patents

For more information, go to www.TARPEYOTouchpoints.com or call 1-933-444-8277.

This Patient Information has been approved by the U.S. Food and Drug Administration. Revised: 12/2023