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This literature is for UK healthcare
professionals only and contains
promotional content.

RECOMMENDED IN THE
2025 KDIGO GUIDELINES¹

KINPEYGO[®] ▼ 4 mg
Modified-release hard capsules
budesonide

Pharmacy Implementation Guide

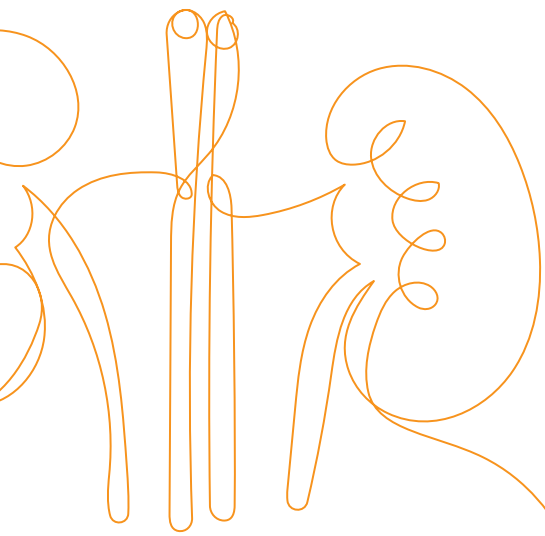
Updated NICE guidelines recommend disease-modifying Kinpeygo[®] as an option to treat primary IgA nephropathy in adults with UPCR ≥ 90 mg/mmol or protein excretion of ≥ 1.0 g/day²

Both NICE and KDIGO recommend treatment of IgA nephropathy with Kinpeygo[®], alongside optimised standard care^{1,2}

Kinpeygo[®] is indicated for the treatment of adults with primary IgA nephropathy with a urine protein excretion ≥ 1.0 g/day (or UPCR ≥ 0.8 g/g, equivalent to ≥ 90 mg/mmol)^{2,3}

Adverse events should be reported. Reporting forms and information can be found at yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Thornton and Ross Limited by emailing thorntonross@medinformation.co.uk or by calling 01484 848164.

STADA



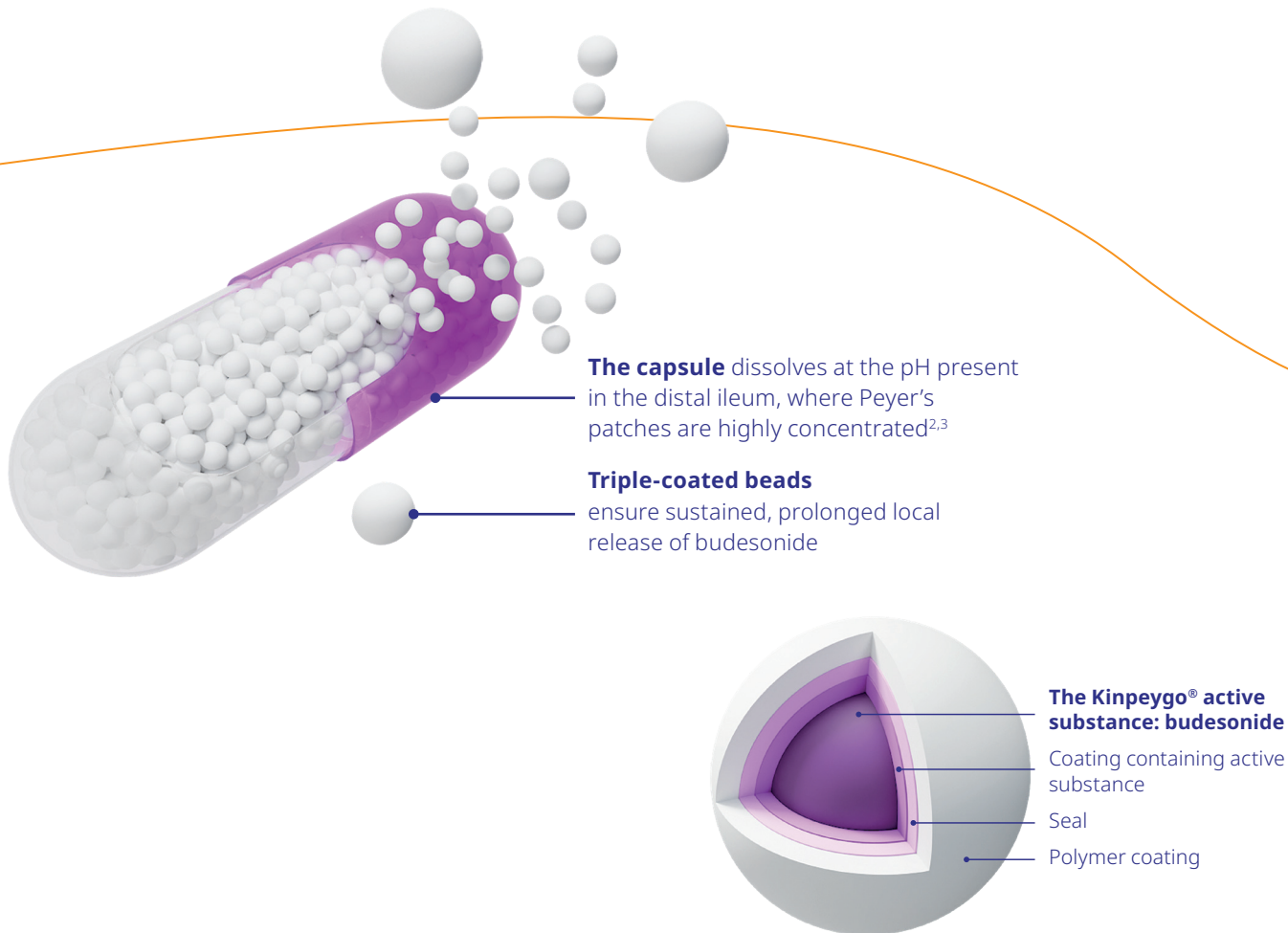
UK RaDaR data shows that **50% of IgA nephropathy** patients will reach kidney failure or death within 10-15 years⁴

Kinpeygo[®] is the first licensed treatment that treats the underlying cause of IgA nephropathy, potentially delaying progression to dialysis or kidney transplant²⁻⁴

IgA nephropathy leads to progressive, irreversible renal damage: KDIGO

supports early monitoring and effective treatment with disease-modifying Kinpeygo[®] to preserve kidney function and prevent nephron loss¹

With a targeted-release mechanism, Kinpeygo[®] acts at the primary site of IgA1 production, targeting the Peyer's patch-rich distal ileum to minimise disease progression and damage to kidneys^{3,6}





Scan the QR code for additional resources or patient support materials, or visit the Kinpeygo[®] website: stadaspecialtybiosimilars.co.uk/kinpeygo

Posology and Administration³



Once daily for 9 months



16 mg/day (4 capsules)



Capsules should be swallowed whole with water in the morning, at least 1 hour before a meal



Patient should not double daily dose to make up for a missed dose

Contraindications³

- Hypersensitivity to the active substance or to any of the excipients
- Patients with severe hepatic impairment (Child-Pugh Class C)

Treatment discontinuation³

- Dose should be reduced to 8 mg once daily for the last 2 weeks of therapy
- Dose may be reduced to 4 mg once daily for an additional 2 weeks, at the discretion of the treating physician
- Re-treatment may be considered at the discretion of the treating physician*
- 28 capsule pack is available to support dose tapering

* Safety and efficacy of treatment with subsequent courses of Kinpeygo[®] have not been established.

Durable kidney function preserved beyond treatment.

The NefIgArd Phase III trial: 2-year results of Kinpeygo vs placebo in IgA nephropathy patients⁶

Sustained, clinically meaningful impact in eGFR

- Kinpeygo showed a +5.05 mL/min/1.73 m² time-weighted average eGFR benefit vs. placebo over 2 years (95% CI, 3.24–7.38, p<0.0001).
- After 2-years, Kinpeygo reduced the decline in kidney function by ~50% vs placebo (-6.11 mL/min vs -12.00 mL/min).
- A 55% risk reduction in reaching 30% reduction in eGFR or kidney failure (HR 0.45; 95% CI, 0.26–0.75, p=0.0014), exceeding thresholds predictive of long-term renal survival.

Robust and sustained reduction in proteinuria

- Kinpeygo achieved a 40.3% reduction in UPCR from baseline over 2-years, vs 1.0% increase with placebo (p<0.0001).⁷
- A maximal ~50% reduction vs placebo was observed at 1-year confirming a strong and early therapeutic effect (95% CI, 41.6–56.6).
- The ~30% reduction in proteinuria seen at end of treatment (9 months) was maintained through 2-years.*

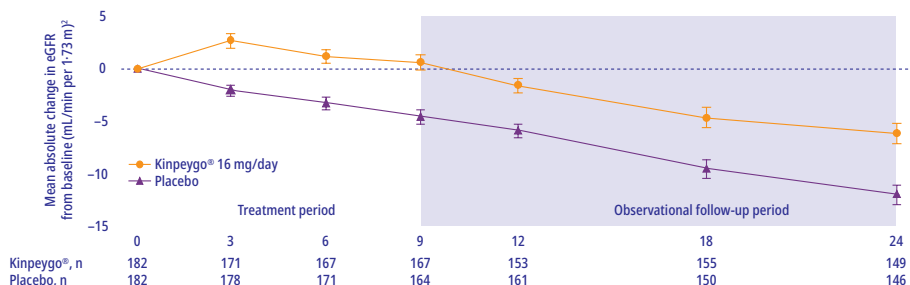


Figure 1: (above): Mean absolute change in eGFR from baseline to 24 months

Adapted from Lafayette, et al, 2023.⁶

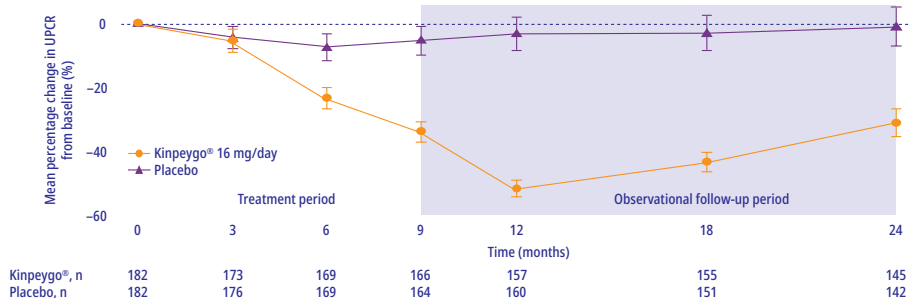


Figure 2: (above): Mean percentage change in UPCR (g/g) from baseline to 24 months (secondary endpoint)

Adapted from Lafayette, et al, 2023.⁶

*Percentage change vs placebo in UPCR at 9 months: 30.0% (95% CI, 19.9–38.8) and at 24 months: 30.1% (95% CI, 16.4–41.5).⁵

AE, adverse event; CI, confidence interval; eGFR, estimated glomerular filtration rate; HR, hazard ratio; IgA, immunoglobulin A; sAE, serious AE; TEAE, treatment-emergent adverse event; UPCR, urine protein-creatinine ratio

Kinpeygo[®] has a predictable and tolerable safety profile, as expected for a low-dose steroid^{3,6}

Well-Tolerated and Locally Acting
Consistent with its design as a locally acting oral budesonide, minimising systemic steroid exposure.

Mostly Mild and Reversible Side Effects

The most common TEAEs, such as peripheral oedema (17%), hypertension (12%), and acne (11%), were generally mild, non-serious, and resolved during or after treatment.

Low Discontinuation and sAE Rates

9% of patients discontinued due to AEs vs 2% with placebo; sAEs were rare and mostly unrelated to treatment, with no consistent pattern across organ systems.

Flexible delivery options from Phoenix & HealthNet Homecare

Kinpeygo® 120 x 4 mg
Modified-release hard capsules budesonide

PIP Code: 426-7589

28 capsule pack is available
to support dose tapering

Option 1: Next day wholesale delivery direct to Hospital

- Phoenix
- HealthNet Homecare

Option 2: Homecare service direct to patients at no additional cost

- HealthNet Homecare can deliver direct to a patient's home or a location of their choice.
- This service is available on a 4, 8 or 12 weekly frequency.
- It takes 5 working days for patient set-up.
- Next working day delivery once set-up.

Homecare Process



Step 1

Patient registered using form or clinician's gateway. Prescription sent to HealthNet Homecare



Step 2

Patient contacted by HealthNet Homecare within 2 days of registration (maximum)



Step 3

Patient receives 'One Time Link' to manage delivery of medication, can also access Patient Portal or can be arranged by contacting Customer Services



Step 4

Evening before delivery, patient receives a text providing a 2-hour window for confirmation of delivery the next day



Step 5

Delivery made to patients location of choice

1. KDIGO. Clinical Practice Guideline for the Management of IgA Nephropathy (IgAN) and IgA Vasculitis (IgAV). Available at: <https://kdigo.org/guidelines/iga-nephropathy/>. Last accessed: February 2026; 2. NICE. Technology appraisal guidance: TA1128. Targeted-release budesonide for treating primary IgA nephropathy. Available at: <https://www.nice.org.uk/guidance/ta1128>. Last Accessed: February 2026; 3. Kinpeygo® 4 mg modified release hard capsules 5mPC. Available at: <https://www.medicines.org.uk/emc/product/15393/smpc>; 4. Pitcher D, et al. Clin J Am Soc Nephrol. 2023;18(6):727-38; 5. Barratt J, et al. Clin Kidney J. 2024;18(2):sfae404; 6. Lafayette R, et al. Lancet. 2023;402(10405):859-70; 7. Lafayette R, et al. Lancet. 2023;402(10405):859-70. Suppl. Appendix.

