



Commercial/Healthcare Exchange PA Criteria

Effective: May 11, 2023

Prior Authorization: Filspari (sparsentan) oral

Products Affected: Filspari (sparsentan) oral tablets

Medication Description: FILSPARI is indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g.

Covered Uses: To reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression

Exclusion Criteria:

1. Pregnancy
2. Concomitant use with angiotensin receptor blockers (ARBs), endothelin receptor antagonists (ERAs), or aliskiren

Required Medical Information:

1. Diagnosis
2. Medical History
3. Previous therapies tried/failed

Prescriber Restriction: Medication must be prescribed by, or in consultation with, a nephrologist

Age Restriction: 18 years and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. **Primary Immunoglobulin A nephropathy (IgAN)** Approve if the patient meets the following criteria (A, B, C, D, E, F, and G):
 - A. Patient is ≥ 18 years of age; **AND**
 - B. The diagnosis has been confirmed by biopsy; **AND**
 - C. Patient is at high risk of disease progression, defined by meeting the following criteria (i and ii):
 - i. Patient meets ONE of the following (a or b):
 - a. Proteinuria > 1.0 g/day; **OR**
 - b. Urine protein-to-creatinine ratio ≥ 1.5 g/g; **AND**
 - ii. Patient has received the maximum or maximally tolerated dose of **ONE** of the following for ≥ 12 weeks prior to starting Filspari (a or b):
 - a. Angiotensin converting enzyme inhibitor; **OR**
 - b. Angiotensin receptor blocker; **AND**

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- D. Patient has received ≥ 3 months of optimized supportive care, including blood pressure management, lifestyle modification, and cardiovascular risk modification, according to the prescriber; **AND**
- E. Patient has an estimated glomerular filtration rate ≥ 30 mL/min/1.73 m²; **AND**
- F. The medication will not be used in combination with any renin-angiotensin-aldosterone antagonists (e.g., angiotensin converting enzyme inhibitors or angiotensin receptor blockers), endothelin receptor antagonists, or aliskiren; **AND**
Note: Examples of angiotensin converting enzyme inhibitors include but are not limited to lisinopril, fosinopril, enalapril, benazepril. Examples of angiotensin receptor blockers include but are not limited to irbesartan, losartan, candesartan, valsartan.
- G. The medication is prescribed by or on consultation with a nephrologist.

Renewal Criteria

Patient is Currently Receiving Filspari. Approve for 1 year if the patient meets the following criteria (A, B, C, D, E, and F):

- A. Patient is ≥ 18 years of age; **AND**
- B. The diagnosis has been confirmed by biopsy; **AND**
- C. Patient has had a response to Filspari, according to the prescriber; **AND**
Note: Examples of a response are a reduction in urine protein-to-creatinine ratio from baseline, reduction in proteinuria from baseline.
- D. Patient has an estimated glomerular filtration rate ≥ 30 mL/min/1.73 m²; **AND**
- E. The medication is not being used in combination with any renin-angiotensin-aldosterone antagonists (e.g., angiotensin converting enzyme inhibitors or angiotensin receptor blockers), endothelin receptor antagonists, or aliskiren; **AND**
Note: Examples of angiotensin converting enzyme inhibitors include but are not limited to lisinopril, fosinopril, enalapril, benazepril. Examples of angiotensin receptor blockers include but are not limited to irbesartan, losartan, candesartan, valsartan.
- F. The medication is prescribed by or on consultation with a nephrologist.

References:

1. Product Information: FILSPARI™ oral tablets, sparsentan oral tablets. Traverre Therapeutics Inc (per FDA), San Diego, CA, 2023.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/11/2023