

**sparsentan (FILSPARI)**

**Diagnoses Considered for Coverage:**

- Primary immunoglobulin A nephropathy (IgAN)

**Coverage Criteria:**

**For diagnosis of primary immunoglobulin A nephropathy (IgAN):**

**Initial authorization**

- Being prescribed by or in consultation with a nephrologist, **and**
- Patient has one of the following levels despite receiving maximally tolerated dose of ACE inhibitor or ARB therapy for at least 3 months:
  - Urine Protein-to-Creatinine Ratio (UPCR)  $\geq 1.5$  g/g, or
  - Proteinuria  $\geq 1$  g/day,**and**
- Dose does not exceed 400 mg per day.

**Coverage Duration:** 36 weeks

**Reauthorization**

- Patient has experienced a reduction in proteinuria or UPCR from baseline while receiving treatment with Filspari, **and**
- Patient has not progressed to end-stage renal disease (ESRD) requiring renal replacement therapy (e.g., dialysis, renal transplantation), **and**
- Dose does not exceed 400 mg per day.

**Coverage Duration:** one year

**References:**

1. Filspari. Prescribing information. TRavere Therapeutics, Inc.: 2023.
2. Kidney Disease: Improving Global Outcomes (KDIGO) Glomerular Diseases Work Group. KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases. Kidney Int. 2021;100(4S):S1–S276.

Effective Date: 5/31/2023