

**Filspari (sparsentan)**  
**Effective 08/01/2023**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

**Overview**

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)  $\geq 1.5$  g/g.

**Coverage Guidelines**

Authorization may be granted for members new to General Brigham Health Plan who are currently receiving treatment with Filspari excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

**OR**

Authorization may be granted for members meeting ALL the following criteria:

1. Medical charts showing member has a diagnosis of primary immunoglobulin A confirmed by kidney biopsy
2. Medical charts showing member has proteinuria  $\geq 1$ g/day or UPCR  $\geq 0.8$ g/g based on 24-hour urine collection
3. Member has had intolerance, adverse effect or contraindication to maximally tolerated renin-angiotensin system (RAS) inhibitor (e.g., angiotensin converting enzyme inhibitor [ACEI], angiotensin II receptor blocker [ARB]) for at least 3 months
4. Member has had intolerance to an oral glucocorticoid (e.g., prednisone)

**Continuation of Therapy**

Reauthorization of 12 months may be granted for continued treatment when there is a benefit to therapy as evidenced by ONE of the following:

1. Decreased levels of proteinuria from baseline on a 24-hour urine collection
2. Decrease in UPCR from baseline based on 24-hour urine collection

**Limitations**

Initial approvals and reauthorizations will be granted for 12 months.

**References**

1. Filspari [package insert]. San Diego: Travers Therapeutics, Inc.; February 2023.
2. ClinicalTrial.gov. National Library of Medicine (US). Identifier NCT03762850 A Study of the Effect and Safety of Sparsentan in the Treatment of Patients With IgA Nephropathy (PROTECT). February 3, 2023. Available from: <https://clinicaltrials.gov/ct2/show/study/NCT03762850>.
3. Kidney Disease: Improving Global Outcomes (KDIGO) Glomerular Diseases Work Group. KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases. *Kidney Int.* 2021 Oct; 100 (4S): S1-S276. doi: 10.1016/j.kint.2021.05.021.

**Review History**

06/14/2023 - Reviewed at June P&T, Effective 8/1/23

