Mass General Brigham
Health Plan

Filspari (sparsentan)
Effective 03/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Filspari (sparsentan) is an endothelin and angiotensin II receptor antagonist indicated to slow kidney function decline in adults with primary immunoglobulin A nephropathy (IgAN) at risk of disease progression.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted all of the following criteria are met:

1. Documented diagnosis of primary immunoglobulin A confirmed by kidney biopsy
2. Documentation member has proteinuria ≥1g/day or UPCR ≥ 0.8g/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

Continuation of Therapy
Requests for reauthorization will be approved when the following criteria are met:

1. Documentation is submitted demonstrating member has had a positive clinical response to therapy as evidenced by ONE of the following:
    a. Decreased levels of proteinuria from baseline on a 24-hour urine collection
    b. 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 (sparsentan) [prescribing information]. San Diego: Travere Therapeutics, Inc.; September 2024.
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 Oct; 100 (4S): S1-S276. doi: 10.1016/j.kint.2021.05.021.
3. Rovin BH, Barratt J, Heerspink HJL, et al. Efficacy and safety of sparsentan versus irbesartan in patients with IgA nephropathy (PROTECT): 2-year results from a randomized, active-controlled, phase 3 trial. *Lancet*. 2023;402:2077-2090.

Review History

06/14/2023 - Reviewed at June P&T, Effective 8/1/23
11/15/2023 – Reviewed at Nov P&T; No clinical changes.
12/11/2024 – Reviewed and updated at December P&T. Updated “medical records” to “documentation.” Removed requirement that the member is intolerant to glucocorticoids from initial criteria. Updated reauthorization criteria to require documentation of benefit. Effective 3/1/2025.