Mass General Brigham
Health Plan

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

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| **Plan** | ☐ MassHealth UPPL<br>☒Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☐ 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**<br>All Plans \| Phone: 877-519-1908 \| Fax: 855-540-3693 | | |
| | **Non-Specialty Medications**<br>All Plans \| Phone: 800-711-4555 \| Fax: 844-403-1029 | | |
| **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) ≥ 1.5 g/g.

**Coverage Guidelines**
Authorization may be granted for members new to Mass 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 ≥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
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: Travere 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
11/15/2023 – Reviewed at Nov P&T; No clinical changes.