

Filspari (sparsentan)
Effective 01/01/2026

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		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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. Diagnosis of primary immunoglobulin A confirmed by kidney biopsy
2. Member has proteinuria $\geq 1\text{g/day}$ or UPCR $\geq 0.8\text{g/g}$ based on 24-hour urine collection
3. Member has received at least a 3-month trial with a renin-angiotensin system (RAS) inhibitor (e.g., angiotensin converting enzyme inhibitor [ACEI], angiotensin II receptor blocker [ARB]) at a maximally tolerated dose, unless the member has had an intolerance, adverse effect, or contraindication

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

1. Initial approvals and reauthorizations will be granted for 12 months.
2. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limit
Filspari tablet	1 tablet per day

References

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

1. Filspari (sparsentan) [prescribing information]. San Diego: Travers Therapeutics, Inc.; August 2025.
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.

08/13/2025 – Reviewed and updated at August P&T. Added quantity limits to policy. Removed documentation requirements from initial criteria. Effective 11/01/2025.

10/08/2025 – Reviewed and updated at October P&T. Updated verbiage for ACEI/ARB trial. Effective 01/01/2026.

