Mass General Brigham
Health Plan

Filspari (sparsentan)
Effective 05/01/2026

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 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
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with requested drug, 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 nephropathy (IgAN) confirmed by kidney biopsy
2. Member is at risk for disease progression
3. Estimated glomerular filtration rate (eGFR) of greater than or equal to 30 mL/minute/1.73m^2
4. 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

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

1. Submission of medical records (e.g., chart notes) documenting 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

1. Filspari (sparsentan) [prescribing information]. San Diego: Travere 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.
02/11/2026 – Reviewed and updated at February P&T. Removed minimum proteinuria level requirement and require that member is at risk for disease progression. Added minimum eGFR to the initial criteria. Effective 05/01/2026.