

**Vanrafia (atrasentan)**  
**Effective 05/01/2026**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**

Vanrafia (atrasentan) is an endothelin receptor antagonist 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**

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 for members when all the following criteria are met:

1. Diagnosis of primary immunoglobulin A nephropathy (IgAN) as confirmed by a kidney biopsy
2. Estimated glomerular filtration rate (eGFR) of greater than or equal to 30 mL/minute/1.73m<sup>2</sup>
3. Member is at risk for disease progression [e.g., generally a urine protein-to-creatinine ratio (UPCR) greater than or equal to 1.5 g/g, or by other criteria such as clinical risk scoring using the International IgAN Prediction Tool]
4. Requested medication is being used to reduce proteinuria
5. 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 all of 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
Vanrafia tablet	1 tablet per day

### References

1. Caster DJ, Lafayette RA. The treatment of IgA nephropathy: Change, change, change. *Am J Kidney Dis.* 2024. 83(2):229-240.
2. Filipone EJ, Gulati R, Farber JL. Contemporary review of IgA nephropathy. *Front. Immunol.* 15;1436923:1-22.
3. Gleeson PJ, O'Shaughnessy MM, Barratt J. IgA nephropathy in adults – treatment standard. *Nephrol Dial Transplant.* 2023;38: 2464-2473.
4. Heerspink HJL, Jardine M, Kohan DE, et al. Atrasentan in patients with IgA nephropathy. *N Engl J Med.* 2025;392:544-554.
5. Kidney Disease Improving Global Outcomes. KDIGO 2021 clinical practice guideline for the management of glomerular diseases. 2021. Accessed May 1, 2025. <https://kdigo.org/guidelines/gd/>.
6. Komers R, Plotkin H. Dual inhibition of renin-angiotensin-aldosterone system and endothelin-1 in treatment of chronic kidney disease. *Am J Physiol Regul Integr Comp Physiol.* 2016;310(10):R877-R884.
7. Pattapornpisut P, Avila-Casado C, Reich HN. IgA Nephropathy: Core Curriculum 2021. *Am J Kidney Dis.* 2021;78(3):429-441.
8. Rajasekaran A, Julian BA, Rizk DV. IgA nephropathy: An interesting autoimmune kidney disease. *Am J Med Sci.* 2021;361(2):176-194.
9. Rauen T, Eitner F, Fitzner C, et al. Intensive Supportive Care plus Immunosuppression in IgA Nephropathy. *N Engl J Med.* 2015;373(23):2225-2236.
10. Rauen T, Wied S, Fitzner C, et al. After ten years of follow-up, no difference between supportive care plus immunosuppression and supportive care alone in IgA nephropathy. *Kidney Int.* 2020;98(4):1044-1052.
11. Vanrafia (atrasentan) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals; April 2025.

### Review History

8/13/2025 – Reviewed at August P&T. Effective 11/1/2025.

10/08/2025 – Reviewed and updated at October P&T. Updated ACEI/ARB trial verbiage. Effective 11/01/2025.

02/11/2026 – Reviewed and updated at February P&T. Removed requirement that proteinuria is greater than or equal to 1 g/day. Effective 05/01/2026.

