

**Vanrafia (atrasentan)**  
**Effective 11/01/2025**

<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.

This indication is approved under accelerated approval based on a reduction of proteinuria. It has not been established whether Vanrafia slows kidney function decline in patients with IgAN. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory clinical trial.

**Coverage Guidelines**

Authorization may be reviewed 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 for members when all the following criteria are met:

1. Diagnosis of primary immunoglobulin A nephropathy (IgAN)
2. Diagnosis has been confirmed by ALL of the following:
  - a. Kidney biopsy
  - b. Proteinuria of greater than or equal to 1 g/day
  - c. Estimated glomerular filtration rate (eGFR) of greater than or equal to 30mL/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. 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
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. Pattrapornpisut 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 October P&T. Updated ACEI/ARB trial verbiage. Effective 11/01/2025.

