Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Atrasentan (Vanrafia)

Notes:

- Not recommended for following patient population due to lack of evidence:
 - o IgAN secondary to another medical condition
 - o Chronic kidney disease in addition to IgAN
 - o Renal impairment requiring dialysis or eGFR less than 30 mL/min
 - History of heart failure (HF), hospitalization for HF, or B type natriuretic peptide (BNP) over 200 pg/mL
 - o Rapidly progressive glomerulonephritis or IgA vasculitis
 - History of fluid overload (e.g., pulmonary edema, pleural effusion, ascites)
 - o History of organ transplant, excluding comeal transplant
 - Systemic immunosuppressive medications for over 2 weeks within 3 months
 - o History of malignancy (unless cancer free equal to or over 5 years)
 - o Pregnancy or planning to become pregnant
 - o Hemoglobin less than 9 g/dL or transfusion within 3 months
 - Platelet count less than 80.000/uL

Initiation (new start) criteria, Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Use of Non-formulary atrasentan (Vanrafia) will be covered on the prescription drug benefit for adult patients with IgA nephropathy (IgAN) at risk of rapid disease progression when the following criteria are met:

- Prescribed by Nephrologist
- Patient is at least 18 years of age
- Patient has a diagnosis of biopsy-confirmed primary IgAN
- Blood Pressure is 150/100 mm Hg or lower
- Urine protein/creatinine ratio (UPCR) greater than or equal to 1.5 g/g or 24-hour proteinuria great than or equal to 1 g/day
- The following baseline therapies have been optimized:
 - o Sodium-glucose cotransporter-2 inhibitor (SGLT2i: empagliflozin)
 - Statin for renal protective measures
 - o Blood pressure management target less than 130/80 mm Hg
 - Angiotensin-converting enzyme inhibitor (ACEi) or angiotensin II receptor blocker (ARB)

kp.org

Revised: 12/11/25 Effective: 02/19/26 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest

