

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Sparsentan (Filspari)

Notes:

- Quantity Limits: Yes
- Sparsentan is only available through the FILSPARI Risk Evaluation and Mitigation Strategies (REMS), due to boxed warnings of elevations of liver aminotransferases, hepatotoxicity, and liver failure and major birth defects.
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

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 **sparsentan (Filspari)** will be covered on the prescription drug benefit for adult patients with primary IgA nephropathy (IgAN) at risk of rapid disease progression when the following criteria are met:

- Patient has a diagnosis of biopsy-confirmed primary IgAN, AND
- Prescribed by a Nephrologist
- eGFR ≥ 30 mL/min
- Blood Pressure $\leq 150/100$ mm Hg, AND
- Agree to use effective contraception
- Urine protein/creatinine ratio (UPCR) ≥ 1.5 g/g or 24-hour proteinuria ≥ 1 g/day, AND
- Optimizing baseline therapies below
 - Angiotensin-converting enzyme inhibitor (ACEi) or angiotensin II receptor blocker (ARB)
 - Sodium-glucose cotransporter-2 inhibitor (SGLT2i: empagliflozin)
 - Statin for renal protective measures
 - Blood pressure management target $< 130/80$ mm Hg

