

FILSPARI (sparsentan) tablets

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Primary immunoglobulin A nephropathy (IgAN)

AND ALL of the following:

- a. Diagnosis has been confirmed by a kidney biopsy
- b. Patient is at risk of rapid disease progression indicated by a urine protein-to-creatinine ratio (UPCR) ≥1.5 g/g
- c. Inadequate treatment response, intolerance, or contraindication to an ACE inhibitor or ARB
- d. eGFR ≥ 30 mL/min/1.73 m2
- e. Prescribed by or recommended by a nephrologist
- f. Patient and prescriber are enrolled in the Filspari REMS program
- g. Prescriber agrees to monitor AST, ALT, and total bilirubin before initiating treatment and monthly for the first 12 months
- h. Females of reproductive potential **only**: prescriber agrees not to initiate treatment until after confirmation of a negative pregnancy test
- Females of reproductive potential only: patient will be advised to use effective contraception before the initiation of treatment, during treatment, and for 1 month after the last dose
- NOT used in combination with angiotensin receptor blockers (ARBs), endothelin receptor antagonists (ERAs), or aliskiren

Prior - Approval Limits

Quantity 400 mg per day

Duration 12 months

Prior - Approval Renewal Requirements

Age 18 years of age and older



FILSPARI (sparsentan) tablets

Diagnosis

Patient must have the following:

Primary immunoglobulin A nephropathy (IgAN)

AND ALL of the following:

- a. Decrease in urine protein-to-creatinine ratio (UPCR)
- b. Prescriber agrees to monitor AST, ALT, and total bilirubin every 3 months during treatment
- Females of reproductive potential only: patient will be advised to use effective contraception during treatment and for 1 month after the last dose
- d. **NOT** used in combination with angiotensin receptor blockers (ARBs), endothelin receptor antagonists (ERAs), or aliskiren

Prior - Approval Renewal Limits

Same as above