

Clinical Policy Title:	sparsentan
Policy Number:	RxA.797
Drug(s) Applied:	Filspari™
Original Policy Date:	04/13/2023
Last Review Date:	01/01/2024
Line of Business Policy Applies to:	All line of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Primary immunoglobulin A nephropathy (IgAN) (must meet all):

1. Diagnosis of Biopsy-verified Primary immunoglobulin A nephropathy (IgAN)
2. Prescribed by or in consultation with a nephrologist;
3. UPCr \geq 1.5 and eGFR \geq 30 mL/min/1.73 m²;
4. Member is not currently receiving dialysis and has not undergone kidney transplant;

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Primary immunoglobulin A nephropathy (IgAN) (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Sparsentan. International society of Nephrology (ISN). KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases. Volume 100 | Issue 4S | October 2021 Available at: <https://kdigo.org/wp-content/uploads/2017/02/KDIGO-Glomerular-Diseases-Guideline-2021-English.pdf>. Accessed December 13, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	04/03/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed. <ol style="list-style-type: none"> 1. Removed prior age criteria. 2. Removed prior dosing criteria. 3. Updated approval duration. 4. Removed reauthorization requirement for positive response to therapy. 5. References were reviewed and updated. 	12/13/2023	01/01/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.