

<b>POLICY NAME</b>	Filspari (sparsentan)	<b>POLICY #</b>	3368P
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## Criteria

### Coverage Criteria

- ☐ Diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by biopsy
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a nephrologist (kidney doctor) in the Filspari REMS program
- ☐ eGFR  $\geq 30$  mL/min/1.73 m<sup>2</sup>
- ☐ Total urine protein  $\geq 1$ g/day
- ☐ Previous trial and failure of one generic RAS inhibitor (such as lisinopril or losartan) at maximally tolerated dose unless contraindicated

### Exclusion Criteria – Any of the following prevents coverage

- ☐ Pregnancy
- ☐ Chronic kidney disease due to any other condition or currently receiving dialysis
- ☐ Filspari will not be approved if being used in addition to angiotensin receptor blockers (ARBs), endothelin receptor antagonists (ERAs) or aliskiren or Tarpeyo