

POLICY NAME	Filspari (sparsentan)	POLICY #	3368P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by biopsy
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Prescribed by or in consultation with a nephrologist (kidney doctor) in the Filspari REMS program
- ☐ 1.4 eGFR ≥ 30 mL/min/1.73 m²
- ☐ 1.5 Total urine protein ≥ 1 g/day
- ☐ 1.6 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

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