



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SPARSENTAN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SPARSENTAN	FILSPARI	48721		GPI-10 (5648306500)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of primary immunoglobulin A nephropathy (IgAN) and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with a nephrologist
 - The patient's diagnosis is confirmed by a biopsy
 - The patient is at risk of rapid disease progression (e.g., urine protein-to-creatinine ratio [UPCR] 1.5 g/g or greater)
 - The patient has proteinuria of at least 1 g/day
 - The patient has an eGFR of at least 30 mL/min/1.73 m(2)
 - The patient had a trial of or contraindication to an ACE inhibitor (e.g., lisinopril, enalapril) or an ARB (e.g., losartan, valsartan) for at least 12 weeks
 - Filspari will NOT be used concurrently with an ACE inhibitor (e.g., lisinopril, enalapril), an ARB (e.g., losartan, valsartan), an endothelin receptor antagonist (e.g., ambrisentan, bosentan), or aliskiren

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SPARSENTAN (Filspari)** requires the following rule(s) be met for approval:

- A. You have primary immunoglobulin A nephropathy (IgAN: a type of kidney disease)
- B. You are 18 years of age or older
- C. Therapy is prescribed by or in consultation with a nephrologist (a type of kidney doctor)
- D. Your diagnosis is confirmed by a biopsy (removal of cells or tissue for examination)
- E. You are at risk of rapid disease progression (such as urine protein-to-creatinine-ratio [UPCR: test that measures the amount of protein in urine] of 1.5 g/g or greater)
- F. You have proteinuria (increased levels of protein in the urine) of at least 1 g/day
- G. You have an eGFR (a tool for evaluating kidney function) of at least 30 mL/min/1.73 m(2)
(Initial denial text continued on next page)

CONTINUED ON NEXT PAGE



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SPARSENTAN

INITIAL CRITERIA (CONTINUED)

- H. You had a trial of or contraindication (harmful for) to an angiotensin converting enzyme inhibitor (ACE-I: such as lisinopril, enalapril) or an angiotensin receptor blocker (ARB: such as losartan, valsartan) for at least 12 weeks
- I. Filspari will NOT be used concurrently (at the same time) with ACE-I (such as lisinopril, enalapril), an ARB (such as losartan, valsartan), an endothelin receptor antagonist (such as ambrisentan, bosentan), or aliskiren

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of primary immunoglobulin A nephropathy (IgAN) and meet **ONE** of the following criteria?

- The patient has had a reduction in proteinuria
- The patient has improved, or stable kidney function compared to baseline

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the renewal denial text at the end of the guideline.

2. Will Filspari be used concurrently with an ACE inhibitor (e.g., lisinopril, enalapril), an ARB (e.g., losartan, valsartan), an endothelin receptor antagonist (e.g., ambrisentan, bosentan), or aliskiren?

If yes, do not approve.

DENIAL TEXT: See the renewal denial text at the end of the guideline.

If no, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**

CONTINUED ON NEXT PAGE



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SPARSENTAN

RENEWAL CRITERIA (CONTINUED)

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SPARSENTAN (Filspari)** requires the following rule(s) be met for renewal:

- A. You have primary immunoglobulin A nephropathy (IgAN: a type of kidney disease)
- B. You meet ONE of the following:
 - 1. You had a reduction in proteinuria (increased levels of protein in the urine)
 - 2. You have improvement or stable kidney function compared to baseline
- C. Filspari will NOT be used concurrently (at the same time) with angiotensin converting enzyme inhibitor (ACE-I: such as lisinopril, enalapril), an angiotensin receptor blocker (ARB: such as losartan, valsartan), an endothelin receptor antagonist (such as ambrisentan, bosentan), or aliskiren

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Filspari.

REFERENCES

- Filspari [Prescribing Information]. San Diego, CA: Traverre Therapeutics, Inc.; February 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/23

Created: 03/23

Client Approval: 05/23

P&T Approval: 04/23