## **Sparsentan**



Included Products: Filspari (sparsentan)

Created: 07/13/2023 Revised: 07/13/2023 Reviewed: 07/13/2023 Updated: 08/01/2023

All Diagnoses			
Initial Criteria		If yes	If no
1.	Is the drug prescribed by a nephrologist?	Continue to #2.	Do not approve.
2.	Does the member have biopsy confirmed IgA nephropathy?	Continue to #3.	Do not approve.
3.	Does the member meet the following laboratory criteria?  a. Urine protein-to-creatinine ratio (UPCR) > 1.5 g/g  b. eGFR > 30 mL/min/1.73 m2	Continue to #4.	Do not approve.
4.	Is the member's UPCR > 1.5 g/g despite maximally tolerated dose of an ACE inhibitor or ARB?	Continue to #5.	Do not approve.
5.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has the member's UPCR decreased >30% compared to baseline?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		