09-J4000-48

Original Effective Date: 07/01/23

Reviewed: 04/10/24

Revised: 05/15/24

Subject: Sparsentan (Filspari)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Primary IgA nephropathy (IgAN) is due to the deposition of IgA immune complexes in the mesangial cells of the glomeruli, causing mesangial proliferation. It most commonly affects young adults and is more common in East or Pacific Asia. Patients may be asymptomatic, with microscopic hematuria and minimal proteinuria at first, but potential symptoms can include gross hematuria – hypertension, significant proteinuria, and decline in renal function may occur as the disease progresses. Definitive diagnosis requires a kidney biopsy showing IgA deposition in the mesangium confirmed by immunohistology.

In patients with normal blood pressure, normal estimated GFR, and consistent urinary protein to creatinine ratio of < 0.2, treatment may not be necessary. However, once proteinuria exceeds 1 g/day, angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) are recommended. In those with an inadequate response or rapidly progressive crescentic IgAN, a six-month course of corticosteroids, combination cyclophosphamide with corticosteroids, or single agent cyclophosphamide, azathioprine, or cyclosporine are recommended depending on severity of disease and GFR. Transplant is the treatment of choice for those with progressive kidney failure due to IgAN. Recurrence of IgAN after transplant appears to be time-dependent, with rates of recurrence increasing as time from transplant lengthens. A retrospective study from the ANZDATA registry showed that among a cohort of 2501 kidney transplant patients with biopsy-proven IgAN as the primary disease, 5% 10%, and 15% of recipients experienced disease recurrence at 5, 10 and 15 years after transplant, respectively. However, this may be underreported, and recurrence may be as high as 25% at 5 years and 50% at years.

Sparsentan (Filspari) oral tablets were approved by the U.S. Food and Drug Administration (FDA) in 2023 to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g. This indication was approved under accelerated approval based on a reduction in proteinuria. It has not been established

whether sparsentan slows kidney function decline in patients with IgAN. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory clinical trial.

Sparsentan, a novel dual endothelin angiotensin receptor antagonist (DEARA), inhibits both endothelin receptor type A (ETAR) and angiotensin II receptor type 1 (AT1R). In kidney diseases like IgAN and focal segmental glomerulosclerosis (FSGS), blockade of both ETA and AT1 pathways have been shown to reduce proteinuria, protect podocytes, and prevent glomerulosclerosis and mesangial cell proliferation. Sparsentan is now the first and only non-immunosuppressive agent approved for the treatment of IgAN.

The safety and efficacy of sparsentan were evaluated in patients with biopsy-proven primary immunoglobulin A nephropathy and proteinuria at risk of rapid disease progression (N=286, NCT: T 03762850). Proteinuria was defined as either 1 g/day or greater or UPCR of 0.8 g/g or greater. Patients were randomized to receive sparsentan or irbesartan in a 1:1 ratio. The primary analysis was change in proteinuria (UPCR) from baseline to week 36.

At baseline, the mean eGFR was approximately 56 mL/min/1.73 m2. Mean baseline UPCR was 1.2 g/g. Sparsentan significantly reduced proteinuria compared with irbesartan after 36 weeks of treatment. Patients who received sparsentan achieved mean proteinuria reductions of 49.8% from baseline, versus a 15.1% reduction in the control group (P <0.0001). Rescue immunosuppressive treatment was initiated in 1.4% and 5.7% of patients receiving sparsentan and irbesartan, respectively.

POSITION STATEMENT:

Comparative Effectiveness

The FDA has deemed the drug(s) or biological product(s) in this coverage policy to be appropriate for self-administration or administration by a caregiver (i.e., not a healthcare professional). Therefore, coverage (i.e., administration) in a provider-administered setting such as an outpatient hospital, ambulatory surgical suite, physician office, or emergency facility is not considered medically necessary.

Initiation of sparsentan (Filspari) **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member is diagnosed with IgA nephropathy – documentation from the medical record must be provided.
2. Member's diagnosis is confirmed with kidney biopsy – biopsy report must be provided.
3. Member's current (within 90 days) urine protein-to-creatinine ratio (UPCR) is greater than or equal to 1.5 g/g – laboratory documentation must be provided.
4. Sparsentan is prescribed by a nephrologist.
5. Sparsentan is not used concomitantly with Tarpeyo.
6. Dose does not exceed 400 mg daily using the fewest number of tablets available.

Approval duration: 12 months

Continuation of sparsentan (Filspari) meets the definition of medical necessity for members meeting the following criteria:

1. Authorization/reauthorization has been previously approved by Florida Blue in the past two years for IgA nephropathy OR the member has previously met all indication-specific initiation criteria
2. Member has (or maintains) a beneficial response to treatment with sparsentan (Filspari) as evidenced by a 20% or greater reduction in UPCR from baseline (i.e., prior to treatment with sparsentan) – laboratory documentation must be provided
3. Sparsentan is prescribed by a nephrologist
4. Sparsentan is not used concomitantly with Tarpeyo
5. Dose does not exceed 400 mg daily using the fewest number of tablets available

Approval duration: 12 months

DOSAGE/ADMINISTRATION:

THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.

FDA-approved

- Initiate treatment with at 200 mg orally once daily
- After 14 days, increase to the recommended dose of 400 mg once daily, as tolerated
- When resuming treatment after an interruption, consider titration, starting at 200 mg once daily

Dose Adjustments

-

Drug Availability

- Tablets: 200 mg and 400 mg

PRECAUTIONS:

Boxed Warning

- Hepatotoxicity
- Embryo-Fetal Toxicity

Contraindications

- Pregnancy

- Do not coadminister with angiotensin receptor blockers, endothelin receptor antagonists, or aliskiren

Precautions/Warnings

- Hepatotoxicity
- Embryo-Fetal Toxicity
- Hypotension
- Acute Kidney Injury
- Hyperkalemia
- Fluid Retention

BILLING/CODING INFORMATION:

The following codes may be used to describe:

HCPCS Coding

J8499	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified

ICD-10 Diagnosis Codes That Support Medical Necessity

N02.B1	Recurrent and persistent immunoglobulin A nephropathy with glomerular lesion
N02.B2	Recurrent and persistent immunoglobulin A nephropathy with focal and segmental glomerular lesion
N02.B3	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranoproliferative glomerulonephritis
N02.B4	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranous glomerulonephritis
N02.B5	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangial proliferative glomerulonephritis
N02.B6	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangiocapillary glomerulonephritis

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Part D: Florida Blue has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

Medicare Advantage: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

DEFINITIONS:

None

RELATED GUIDELINES:

Budesonide (Tarpeyo), 09-J4000-14

OTHER:

None

REFERENCES:

1. Clinical Pharmacology [Internet]. Tampa (FL): Gold Standard, Inc.; 2024 [cited 4/1/24]. Available from: http://www.clinicalpharmacology.com/.
2. ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine; 2024 [cited 4/1/24]. Available from: http://clinicaltrials.gov/.
3. DRUGDEX® System [Internet]. Greenwood Village (CO): Thomson Micromedex 2024 [cited 4/1/24].
4. Orphan Drug Designations and Approval [Internet]. Silver Spring (MD): US Food and Drug Administration; 2024 [cited 4/1/24]. Available from: http://www.accessdata.fda.gov/scripts/opdlisting/oopd/index.cfm/.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 04/10/24.

GUIDELINE UPDATE INFORMATION:

07/01/23	New Medical Coverage Guideline.
10/01/23	Revised guideline; updated ICD10 and position statement.
05/15/24	Review and revision of guideline; updated references.