

PHARMACY POLICY STATEMENT

North Carolina Marketplace

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| DRUG NAME | Filspari (sparsentan) |
| BILLING CODE | Must use valid NDC |
| BENEFIT TYPE | Pharmacy |
| STATUS | Prior Authorization Required |

Filspari, approved by the FDA in 2023, is an

For **reauthorization**:

1. Chart notes must show improved UPCR level compared to baseline, per lab results.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Filspari (sparsentan) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

| DATE | ACTION/DESCRIPTION |
|------------|----------------------------------|
| 03/31/2023 | New policy for Filspari created. |

References:

1. Filspari. [prescribing information]. Travele Therapeutics, Inc.; 2023.
2. A Study of the Effect and Safety of Sparsentan in the Treatment of Patients With IgA Nephropathy (PROTECT). ClinicalTrials.gov Identifier: NCT03762850. Updated February 2, 2023. Accessed March 31, 2023. <https://clinicaltrials.gov/ct2/show/NCT03762850>
3. Kidney Disease: Improving Global Outcomes (KDIGO) Glomerular Diseases Work Group. KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases. *Kidney Int.* 2021;100(4S):S1-S276. doi:10.1016/j.kint.2021.05.021

Effective date: 10/01/2023

Revised date: 03/31/2023