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| Clinical Policy Title: | Endothelin type A (ETA) receptor antagonists |
| Policy Number: | RxA.906 |
| Drug(s) Applied: | Vanrafia, Filspari |
| Original Policy Date: | 09/10/2025 |
| Last Review Date: | 3/23/2026 |
| Line of Business Policy Applies to: | All lines of business (except Medicare) |

Criteria

I. Initial Approval Criteria

A. Primary immunoglobulin A nephropathy (must meet all):

1. Diagnosis of primary immunoglobulin A nephropathy at risk for rapid progression;
2. eGFR \geq 30 mL/min/1.73 m² and UPCR \geq 1.5 g/g
3. Members have tried and failed both of the following for at least 3 months, unless contraindicated or clinically significant adverse effects are experienced (a and b):
 - a. ACE inhibitor (e.g., lisinopril) or ARB (e.g., losartan);
 - b. SGLT2 inhibitor (e.g., empagliflozin).
4. Trial and failure of at least one systemic corticosteroid (e.g., methylprednisolone, prednisone), used for at least 2 months, unless contraindicated or clinically significant adverse effects are experienced.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Primary immunoglobulin A nephropathy (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Sparsentan. International society of Nephrology (ISN). KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases. Volume 100 | Issue 4S | October 2021 Available at: <https://kdigo.org/wp-content/uploads/2017/02/KDIGO-Glomerular-Diseases-Guideline-2021-English.pdf>. Accessed December 13, 2023.
2. Atrasentan. International society of Nephrology (ISN). KDIGO 2024 Clinical Practice Guideline for the Management of Glomerular Diseases. Glomerular Diseases (GD) – KDIGO. Accessed September 9th, 2025

| Review/Revision History | Review/Revised Date | P&T Approval Date |
|-------------------------|---------------------|-------------------|
| Policy established. | 9/10/2025 | 9/10/2025 |

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

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| <p>Policy reviewed:</p> <ol style="list-style-type: none">1. Edited the trial and failure language for SGL2I and ACE inhibitors. | <p>3/23/26</p> | <p>3/26/2026</p> |
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