



**GEORGIA MEDICAID FEE-FOR-SERVICE
IMMUNOGLOBULINA NEPHROPATHY AGENTS PA SUMMARY**

Preferred	Non-Preferred
Filspari (sparsentan)* Vanrafia (atrasentan)*	Fabhalta (iptacopan) Tarpeyo (budesonide delayed-release capsules)

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE: Filspari and Vanrafia are preferred but require prior authorization.

PA CRITERIA:

Fabhalta

- ❖ Approvable for members 18 years of age and older with a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH) confirmed with at least two independent flow cytometry reagents used on at least two cell lineages (e.g., granulocytes and red blood cells [RBCs]) demonstrating that the individual’s peripheral blood cells are deficient in glycosylphosphatidylinositol (GPI) – linked proteins and member must have a hemoglobin (Hb) level < 10.5 g/dL and have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to Soliris (eculizumab) or Ultomiris (ravulizumab).
- ❖ Approvable for members 18 years of age and older with a diagnosis of reduction of proteinuria associated with primary immunoglobulin A nephropathy (IgAN) who have been on a stable dose of maximally-tolerated renin-angiotensin system (RAS) inhibitor therapy for at least 90 days, have a urine protein-to-creatinine ratio (UPCR) of 1.5 g/g or higher, have a proteinuria of 0.5 g/day or higher and have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with Filspari or Vanrafia.
- ❖ Must be prescribed by or in consultation with a specialist and prescriber must be enrolled in the Fabhalta REMS program.

Filspari

- ❖ Approvable for members 18 years of age and older with a diagnosis of reduction of proteinuria associated with primary immunoglobulin A nephropathy (IgAN) who have been on a stable dose of maximally-tolerated renin-angiotensin system (RAS) inhibitor therapy for at least 90 days, have a urine protein-to-creatinine ratio (UPCR) of 1.5 g/g or higher and have a proteinuria of 0.5 g/day or higher; **AND**
- ❖ Must be prescribed by or in consultation with a nephrologist; **AND**



- ❖ Prescriber, member and pharmacy must be enrolled in the Filspari REMS program.

Tarpeyo

- ❖ Approvable for members 18 years of age and older with a diagnosis of reduction of proteinuria associated with primary immunoglobulin A nephropathy (IgAN) who have been on a stable dose of maximally-tolerated renin-angiotensin system (RAS) inhibitor therapy for at least 90 days, have a urine protein-to-creatinine ratio (UPCR) of 1.5 g/g or higher, have a proteinuria of 0.5 g/day or higher and have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with Filspari or Vanrafia *AND*
- ❖ Must be prescribed by or in consultation with a nephrologist.

Vanrafia

- ❖ Approvable for members 18 years of age and older with a diagnosis of reduction of proteinuria associated with primary immunoglobulin A nephropathy (IgAN) who have been on a stable dose of maximally-tolerated renin-angiotensin system (RAS) inhibitor therapy for at least 90 days, have a urine protein-to-creatinine ratio (UPCR) of 1.5 g/g or higher and have a proteinuria of 0.5 g/day or higher *AND*
- ❖ Must be prescribed by or in consultation with a nephrologist.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.