MEDICATION POLICY:
Vanrafia (atrasentan)

Applicable Drugs: Vanrafia (atrasentan)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 9/8/2025

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IX are met)

I. Documented diagnosis of primary immunoglobulin A nephropathy by kidney biopsy

II. Documented rapid kidney function loss with proteinuria with urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g

III. Documented eGFR ≥ 30 ml/min

IV. Documented treatment failure or contraindication to one or more drugs from ALL of the following medications in the prior 12 weeks

   A. Max or maximally tolerated ACE inhibitor or ARB

   B. Sodium-glucose co-transporter-2 inhibitor

V. Documented blood pressure to target of <150/95 mmHg

VI. Minimum age requirement: 18 years of age

VII. The medication is prescribed by or in consultation with a nephrologist

VIII. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

IX. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- May not be used in combination with Filspari (sparsentan)
- Pregnancy
- Must be able to swallow tablets whole

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 0.75 mg tablets – 30 tablets per 30 days

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** 6 months with an updated letter of medical necessity or progress notes showing improvement or maintenance with medication ie. egfr remains ≥30 ml/min/1.73 m2, and response as determined by provider in reduction in proteinuria from baseline

APPENDIX

- N/A

REFERENCES

1. Vanrafia [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2025.
2. Heerspink HJL, Jardine M, Kohan DE, Lafayette RA, Levin A, Liew A, Zhang H, Lodha A, Gray T, Wang Y, Renfurm R, Barratt J; ALIGN Study Investigators. Atrasentan in Patients with IgA Nephropathy. N Engl J Med. 2025;392(6):544-554.
3. Floege J, Rovin BH, Barratt J, Cook HT, Noronha IL, Reich HN, et al. KDIGO-2024-IgAN-IgAV-guideline-public-review-draft.pdf. (2024) Available online at: https://kdigo.org/wp-content/uploads/2024/08/KDIGO-2024-IgAN-IgAV-Guideline-Public-Review-Draft.pdf (Accessed August 4, 2025).
4. Kidney Disease: Improving Global Outcomes (KDIGO) Glomerular Diseases Work Group. KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases. Kidney Int. 2021t;100(4S):S1-S276.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.