

Texas Prior Authorization Program  
Clinical Criteria

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## Filspari (Sparsentan)

### Clinical Criteria Information Included in this Document

#### Filspari (Sparsentan)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

### Revision Notes

Initial publication and presentation for the DUR Board



## Filspari (Sparsentan)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
FILSPARI 200 MG TABLET	53742
FILSPARI 400 MG TABLET	53743



## Filspari (Sparsentan)

### Clinical Criteria Logic

#### Initial criteria:

1. Does the client have a diagnosis of **primary immunoglobulin A nephropathy (IgAN)** in the last 730 days?  
 Yes – Go to #2  
 No – Deny
2. Is the client less than (<) 18 years of age?  
 Yes – Deny  
 No – Go to #3
3. Has the client had at least 90 days therapy in the last 120 days of an **ACE inhibitor or ARB**, or is therapy with an ACE or ARB contraindicated?  
 Yes – Go to #4  
 No – Deny
4. Will the client have concurrent use with a **contraindicated drug**?  
 Yes – Deny  
 No – Go to #5
5. Is the requested quantity less than or equal to ( $\leq$ ) to 1 tablet daily?  
 Yes – Approve (365 days)  
 No – Deny

#### Renewal criteria:

1. Will the client have concurrent use with a **contraindicated drug**?  
 Yes – Deny  
 No – Go to #2
2. Is the requested quantity less than or equal to ( $\leq$ ) to 1 tablet daily?  
 Yes – Approve (365 days)  
 No – Deny

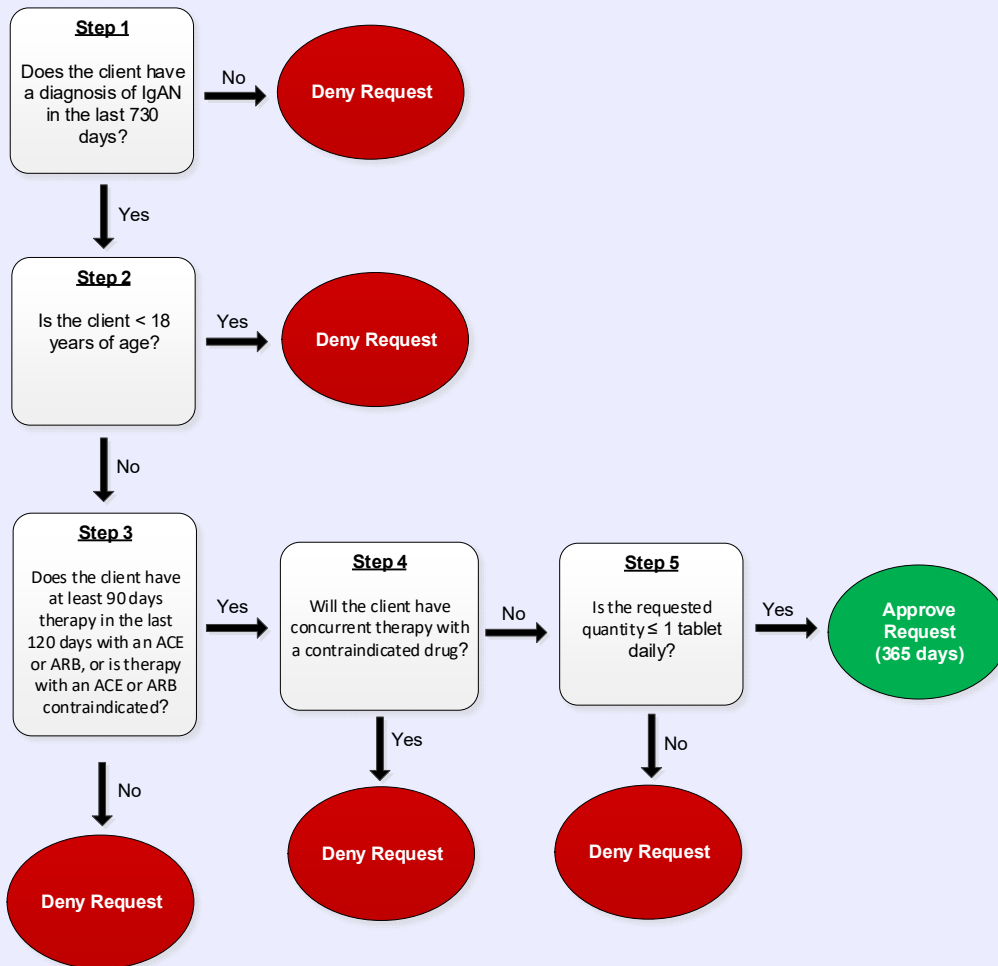
\*Contraindicated drugs include renin-angiotensin system (RAS) inhibitors, endothelin receptor antagonists (ERAs), aliskiren, strong CYP3A inhibitors, strong CYP3A inducers, acid reducing agents and sensitive P-gp and BCRP substrates.



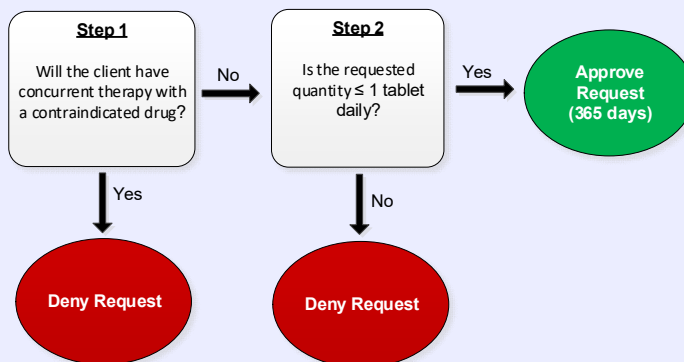
# Filspari (Sparsentan)

## Clinical Criteria Logic Diagram

### Initial request:



### Renewal request:





## Filspari (Sparsentan)

### Clinical Criteria Supporting Tables

<b>Step 1 (diagnosis of IgAN)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
D802	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN A [IgA]
N028	RECURRENT AND PERSISTENT HEMATURIA WITH OTHER MORPHOLOGIC CHANGES

<b>Step 3 (therapy with an ACEi or ARB)</b> <b>Required quantity: 90 days therapy</b> <b>Look back timeframe: 120 days</b>	
Label Name	GCN
ACCUPRIL 10 MG TABLET	27570
ACCUPRIL 20 MG TABLET	27571
ACCUPRIL 40 MG TABLET	27573
ACCUPRIL 5 MG TABLET	27572
ACCURETIC 10-12.5 MG TABLET	54160
ACCURETIC 20-12.5 MG TABLET	54161
ACCURETIC 20-25 MG TABLET	94490
ALTACE 1.25 MG CAPSULE	48541
ALTACE 10 MG CAPSULE	48544
ALTACE 2.5 MG CAPSULE	48542
ALTACE 5 MG CAPSULE	48543
AMLODIPINE-BENAZEPRIL 10-20 MG	17604
AMLODIPINE-BENAZEPRIL 10-40 MG	26950
AMLODIPINE-BENAZEPRIL 2.5-10	33093
AMLODIPINE-BENAZEPRIL 5-10 MG	33092
AMLODIPINE-BENAZEPRIL 5-20 MG	33090
AMLODIPINE-BENAZEPRIL 5-40 MG	26949
AMLODIPINE-OLMESARTAN 10-20MG	98937
AMLODIPINE-OLMESARTAN 10-40 MG	98939
AMLODIPINE-OLMESARTAN 5-20MG	98936
AMLODIPINE-OLMESARTAN 5-40 MG	98938
AMLODIPINE-OLMESARTAN 5-40MG	98938

<b>Step 3 (therapy with an ACEi or ARB)</b>	
<b>Required quantity: 90 days therapy</b>	
<b>Look back timeframe: 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
AMLODIPINE-VALSARTAN 10-160MG TABLET	97963
AMLODIPINE-VALSARTAN 10-320MG TABLET	98580
AMLODIPINE-VALSARTAN 5-160MG TABLET	97962
AMLODIPINE-VALSARTAN 5-320MG TABLET	98579
AMLOD-VALSA-HCTZ 10-160-12.5MG TABLET	22631
AMLOD-VALSA-HCTZ 10-160-25MG TABLET	22649
AMLOD-VALSA-HCTZ 10-320-25MG TABLET	22705
AMLOD-VALSA-HCTZ 5-160-12.5MG TABLET	22625
AMLOD-VALSA-HCTZ 5-160-25MG TABLET	22648
ATACAND 16 MG TABLET	73544
ATACAND 32MG TABLET	73545
ATACAND 4 MG TABLET	73542
ATACAND 8 MG TABLET	73543
ATACAND HCT 16-12.5 MG TAB	21559
ATACAND HCT 32-12.5MG TAB	21569
ATACAND HCT 32-25 MG TAB	13258
AVALIDE 150-12.5 MG TABLET	11042
AVALIDE 300-12.5MG TABLET	11295
AVAPRO 150 MG TABLET	04749
AVAPRO 300 MG TABLET	04750
AVAPRO 75 MG TABLET	04752
AZOR 10-20 MG TABLET	98937
AZOR 10-40 MG TABLET	98939
AZOR 5-20 MG TABLET	98936
AZOR 5-40 MG TABLET	98938
BENAZEPRIL HCL 10 MG TABLET	48612
BENAZEPRIL HCL 20 MG TABLET	48613
BENAZEPRIL HCL 40 MG TABLET	48614
BENAZEPRIL HCL 5 MG TABLET	48611
BENAZEPRIL-HCTZ 10-12.5 MG TAB	33192
BENAZEPRIL-HCTZ 20-12.5 MG TAB	33193
BENAZEPRIL-HCTZ 20-25 MG TAB	33194

<b>Step 3 (therapy with an ACEi or ARB)</b>	
<b>Required quantity: 90 days therapy</b>	
<b>Look back timeframe: 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
BENAZEPRIL-HCTZ 5-6.25 MG TAB	33191
BENICAR 20 MG TABLET	17285
BENICAR 40 MG TABLET	17286
BENICAR 5 MG TABLET	17284
BENICAR HCT 20-12.5 MG TABLET	20074
BENICAR HCT 40-12.5 MG TABLET	20075
BENICAR HCT 40-25 MG TABLET	20076
CANDESARTAN CILEXETIL 16MG TABLET	73544
CANDESARTAN CILEXETIL 32MG TABLET	73545
CANDESARTAN CILEXETIL 4MG TABLET	73542
CANDESARTAN CILEXETIL 8MG TABLET	73543
CANDESARTAN-HCTZ 16-12.5MG TABLET	21559
CANDESARTAN-HCTZ 32-12.5MG TABLET	21569
CANDESARTAN-HCTZ 32-25MG TABLET	13258
CAPTOPRIL 100 MG TABLET	01480
CAPTOPRIL 12.5 MG TABLET	01483
CAPTOPRIL 25 MG TABLET	01481
CAPTOPRIL 50 MG TABLET	01482
CAPTOPRIL-HCTZ 25-15 MG TABLET	54940
CAPTOPRIL-HCTZ 25-25 MG TABLET	54941
CAPTOPRIL-HCTZ 50-15 MG TABLET	54942
CAPTOPRIL-HCTZ 50-25 MG TABLET	54943
COZAAR 100 MG TABLET	14853
COZAAR 25 MG TABLET	14850
COZAAR 50 MG TABLET	14851
DIOVAN 160 MG TABLET	13844
DIOVAN 320 MG TABLET	13838
DIOVAN 40 MG TABLET	18092
DIOVAN 80 MG TABLET	13846
DIOVAN HCT 160/12.5MG TABLET	09760
DIOVAN HCT 160-25 MG TABLET	17245
DIOVAN HCT 320/12.5MG TABLET	27015
DIOVAN HCT 320/25MG TABLET	27014
DIOVAN HCT 80/12.5MG TABLET	07833
EDARBI 40 MG TABLET	29595
EDARBI 80 MG TABLET	29597

<b>Step 3 (therapy with an ACEi or ARB)</b>	
<b>Required quantity: 90 days therapy</b>	
<b>Look back timeframe: 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
EDARBYCLOR 40-12.5 MG TABLET	31163
ENALAPRIL MALEATE 10 MG TAB	00961
ENALAPRIL MALEATE 2.5 MG TAB	00963
ENALAPRIL MALEATE 20 MG TAB	00962
ENALAPRIL MALEATE 5 MG TABLET	00960
ENALAPRIL-HCTZ 10-25 MG TABLET	54860
ENALAPRIL-HCTZ 5-12.5 MG TAB	54862
ENTRESTO 24-26 MG TABLET	39046
ENTRESTO 49-51 MG TABLET	39047
ENTRESTO 97-103 MG TABLET	39048
EPROSARTAN MESYLATE 600MG TABLET	93456
EXFORGE 10-160 MG TABLET	97963
EXFORGE 10-320 MG TABLET	98580
EXFORGE 5-160 MG TABLET	97962
EXFORGE 5-320 MG TABLET	98579
EXFORGE HCT 10-320-25MG TAB	22705
FOSINOPRIL SODIUM 10 MG TAB	48581
FOSINOPRIL SODIUM 20 MG TAB	48582
FOSINOPRIL SODIUM 40 MG TAB	48580
FOSINOPRIL-HCTZ 10-12.5 MG TAB	15621
FOSINOPRIL-HCTZ 20-12.5 MG TAB	10455
HYZAAR 100-12.5 TABLET	25851
HYZAAR 100-25 TABLET	14854
HYZAAR 50-12.5 TABLET	14852
IRBESARTAN 150MG TABLET	04749
IRBESARTAN 300MG TABLET	04750
IRBESARTAN 75MG TABLET	04752
IRBESARTAN-HCTZ 150-12.5MG TABLET	11042
IRBESARTAN-HCTZ 300-12.5MG TABLET	11295
LISINOPRIL 10 MG TABLET	47261
LISINOPRIL 2.5 MG TABLET	47264
LISINOPRIL 20 MG TABLET	47262
LISINOPRIL 30 MG TABLET	47265
LISINOPRIL 40 MG TABLET	47263
LISINOPRIL 5 MG TABLET	47260
LISINOPRIL-HCTZ 10-12.5 MG TAB	88002



<b>Step 3 (therapy with an ACEi or ARB)</b>	
<b>Required quantity: 90 days therapy</b>	
<b>Look back timeframe: 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
LISINOPRIL-HCTZ 20-12.5 MG TAB	88000
LISINOPRIL-HCTZ 20-25 MG TAB	88001
LOSARTAN POTASSIUM 100 MG TAB	14853
LOSARTAN POTASSIUM 25 MG TAB	14850
LOSARTAN POTASSIUM 50 MG TAB	14851
LOSARTAN-HCTZ 100-12.5 MG TAB	25851
LOSARTAN-HCTZ 100-25 MG TAB	14854
LOSARTAN-HCTZ 50-12.5MG TABLET	14852
LOTREL 10-20 MG CAPSULE	17604
LOTREL 10-40 MG CAPSULE	26950
LOTREL 5-10 MG CAPSULE	33092
LOTREL 5-20 MG CAPSULE	33090
MICARDIS 20 MG TABLET	23833
MICARDIS 40 MG TABLET	23831
MICARDIS 80 MG TABLET	23832
MICARDIS HCT 40-12.5 MG TABLET	12257
MICARDIS HCT 80-12.5 MG TABLET	12259
MICARDIS HCT 80-25 MG TABLET	22866
OLMESARTAN MEDOXOMIL 20 MG TAB	17285
OLMESARTAN MEDOXOMIL 40 MG TAB	17286
OLMESARTAN MEDOXOMIL 5 MG TAB	17284
OLMESARTAN-HCTZ 20-12.5 MG TAB	20074
OLMESARTAN-HCTZ 40-12.5 MG TAB	20075
OLMESARTAN-HCTZ 40-25 MG TAB	20076
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	28837
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	28854
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	28855
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	28838
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	28839
PERINDOPRIL ERBUMINE 2 MG TAB	13758
PERINDOPRIL ERBUMINE 4 MG TAB	13759
PERINDOPRIL ERBUMINE 8 MG TAB	93207
PRINIVIL 10 MG TABLET	47261
QBRELIS 1 MG/ML SOLUTION	41984
QUINAPRIL 10 MG TABLET	27570
QUINAPRIL 20 MG TABLET	27571

<b>Step 3 (therapy with an ACEi or ARB)</b>	
<b>Required quantity: 90 days therapy</b>	
<b>Look back timeframe: 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
QUINAPRIL 40 MG TABLET	27573
QUINAPRIL 5 MG TABLET	27572
QUINAPRIL-HCTZ 10-12.5 MG TAB	54160
QUINAPRIL-HCTZ 20-12.5 MG TAB	54161
QUINAPRIL-HCTZ 20-25 MG TAB	94490
QUINIDINE GLUC ER 324 MG TAB	01011
QUINIDINE SULFATE 200 MG TAB	01053
QUINIDINE SULFATE 300 MG TAB	01055
RAMIPRIL 1.25 MG CAPSULE	48541
RAMIPRIL 10 MG CAPSULE	48544
RAMIPRIL 2.5 MG CAPSULE	48542
RAMIPRIL 5 MG CAPSULE	48543
TARKA ER 2-180 MG TABLET	32111
TARKA ER 2-240 MG TABLET	32113
TARKA ER 4-240 MG TABLET	32114
TEKTURNA 150 MG TABLET	98077
TEKTURNA 300 MG TABLET	98076
TEKTURNA HCT 150-12.5 MG TAB	99310
TEKTURNA HCT 150-25 MG TABLET	99311
TEKTURNA HCT 300-12.5 MG TAB	99312
TEKTURNA HCT 300-25 MG TABLET	99313
TELMISARTAN 20MG TABLET	23833
TELMISARTAN 40MG TABLET	23831
TELMISARTAN 80MG TABLET	23832
TELMISARTAN-AMLODIPINE 40-10MG TABLET	27784
TELMISARTAN-AMLODIPINE 40-5MG TABLET	27783
TELMISARTAN-AMLODIPINE 80-10MG TABLET	27786
TELMISARTAN-AMLODIPINE 80-5MG TABLET	27785
TELMISARTAN-HCTZ 40-12.5MG TABLET	12257
TELMISARTAN-HCTZ 80-12.5MG TABLET	12259
TELMISARTAN-HCTZ 80-25MG TABLET	22866
TRANDOLAPRIL 1 MG TABLET	32191
TRANDOLAPRIL 2 MG TABLET	32192
TRANDOLAPRIL 4 MG TABLET	32193

<b>Step 3 (therapy with an ACEi or ARB)</b>	
<b>Required quantity: 90 days therapy</b>	
<b>Look back timeframe: 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
TRANDOLAPR-VERAPAM ER 1-240 MG	32112
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113
TRANDOLAPR-VERAPAM ER 4-240 MG	32114
TRIBENZOR 20-5-12.5 MG TABLET	28837
TRIBENZOR 40-10-12.5MG TABLET	28854
TRIBENZOR 40-10-25 MG TABLET	28855
TRIBENZOR 40-5-12.5MG TABLET	28838
TRIBENZOR 40-5-25 MG TABLET	28839
TWYNSTA 40-10MG TABLET	27784
TWYNSTA 40-5 MGTABLET	27783
TWYNSTA 80-10 MGTABLET	27786
TWYNSTA 80-5 MGTABLET	27785
VALSARTAN 160MG TABLET	13844
VALSARTAN 320MG TABLET	13838
VALSARTAN 40MG TABLET	18092
VALSARTAN 80MG TABLET	13846
VALSARTAN-HCTZ 160-12.5MG TABLET	09760
VALSARTAN-HCTZ 160-25MG TABLET	17245
VALSARTAN-HCTZ 320-12.5MG TABLET	27015
VALSARTAN-HCTZ 320-25MG TABLET	27014
VALSARTAN-HCTZ 80-12.5MG TABLET	07833
VASERETIC 10-25 MG TABLET	54860
VASOTEC 2.5 MG TABLET	00963
ZESTORETIC 20-12.5 MG TABLET	88000
ZESTORETIC 20-25 MG TABLET	88001

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
ACCUPRIL 10 MG TABLET	27570
ACCUPRIL 20 MG TABLET	27571
ACCUPRIL 40 MG TABLET	27573
ACCUPRIL 5 MG TABLET	27572
ACCURETIC 10-12.5 MG TABLET	54160

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
ACCURETIC 20-12.5 MG TABLET	54161
ACCURETIC 20-25 MG TABLET	94490
ACIPHEX DR 20 MG TABLET	94639
ACIPHEX SPRINKLE DR 10 MG CAP	34468
ACIPHEX SPRINKLE DR 5 MG CAP	34467
ALISKIREN 150 MG TABLET	98077
ALISKIREN 300 mg TABLET	98076
ALTACE 1.25 MG CAPSULE	48541
ALTACE 10 MG CAPSULE	48544
ALTACE 2.5 MG CAPSULE	48542
ALTACE 5 MG CAPSULE	48543
AMBRISANTAN 10 MG TABLET	98567
AMBRISANTAN 5 MG TABLET	98566
AMLODIPINE-BENAZEPRIL 10-20 MG	17604
AMLODIPINE-BENAZEPRIL 10-40 MG	26950
AMLODIPINE-BENAZEPRIL 2.5-10	33093
AMLODIPINE-BENAZEPRIL 5-10 MG	33092
AMLODIPINE-BENAZEPRIL 5-20 MG	33090
AMLODIPINE-BENAZEPRIL 5-40 MG	26949
AMLODIPINE-OLMESARTAN 10-20MG	98937
AMLODIPINE-OLMESARTAN 10-40 MG	98939
AMLODIPINE-OLMESARTAN 5-20MG	98936
AMLODIPINE-OLMESARTAN 5-40 MG	98938
AMLODIPINE-OLMESARTAN 5-40MG	98938
AMLODIPINE-VALSARTAN 10-160MG TABLET	97963
AMLODIPINE-VALSARTAN 10-320MG TABLET	98580
AMLODIPINE-VALSARTAN 5-160MG TABLET	97962
AMLODIPINE-VALSARTAN 5-320MG TABLET	98579
AMLOD-VALSA-HCTZ 10-160-12.5MG TABLET	22631
AMLOD-VALSA-HCTZ 10-160-25MG TABLET	22649
AMLOD-VALSA-HCTZ 10-320-25MG TABLET	22705
AMLOD-VALSA-HCTZ 5-160-12.5MG TABLET	22625

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
AMLOD-VALSA-HCTZ 5-160-25MG TABLET	22648
ATACAND 16 MG TABLET	73544
ATACAND 32MG TABLET	73545
ATACAND 4 MG TABLET	73542
ATACAND 8 MG TABLET	73543
ATACAND HCT 16-12.5 MG TAB	21559
ATACAND HCT 32-12.5MG TAB	21569
ATACAND HCT 32-25 MG TAB	13258
ATAZANAVIR SULFATE 150MG CAP	19952
ATAZANAVIR SULFATE 200MG CAP	19953
ATAZANAVIR SULFATE 300MG CAP	97430
AVALIDE 150-12.5 MG TABLET	11042
AVALIDE 300-12.5MG TABLET	11295
AVAPRO 150 MG TABLET	04749
AVAPRO 300 MG TABLET	04750
AVAPRO 75 MG TABLET	04752
AZOR 10-20 MG TABLET	98937
AZOR 10-40 MG TABLET	98939
AZOR 5-20 MG TABLET	98936
AZOR 5-40 MG TABLET	98938
BENAZEPRIL HCL 10 MG TABLET	48612
BENAZEPRIL HCL 20 MG TABLET	48613
BENAZEPRIL HCL 40 MG TABLET	48614
BENAZEPRIL HCL 5 MG TABLET	48611
BENAZEPRIL-HCTZ 10-12.5 MG TAB	33192
BENAZEPRIL-HCTZ 20-12.5 MG TAB	33193
BENAZEPRIL-HCTZ 20-25 MG TAB	33194
BENAZEPRIL-HCTZ 5-6.25 MG TAB	33191
BENICAR 20 MG TABLET	17285
BENICAR 40 MG TABLET	17286
BENICAR 5 MG TABLET	17284
BENICAR HCT 20-12.5 MG TABLET	20074
BENICAR HCT 40-12.5 MG TABLET	20075
BENICAR HCT 40-25 MG TABLET	20076
BEXAROTENE 75 MG CAPSULE	92373
BOSENTAN 125 MG TABLET	14978

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
BOSENTAN 62.5 MG TABLET	14979
BYVALSON 5-80MG TABLET	41634
CANDESARTAN CILEXETIL 16MG TABLET	73544
CANDESARTAN CILEXETIL 32MG TABLET	73545
CANDESARTAN CILEXETIL 4MG TABLET	73542
CANDESARTAN CILEXETIL 8MG TABLET	73543
CANDESARTAN-HCTZ 16-12.5MG TABLET	21559
CANDESARTAN-HCTZ 32-12.5MG TABLET	21569
CANDESARTAN-HCTZ 32-25MG TABLET	13258
CAPTOPRIL 100 MG TABLET	01480
CAPTOPRIL 12.5 MG TABLET	01483
CAPTOPRIL 25 MG TABLET	01481
CAPTOPRIL 50 MG TABLET	01482
CAPTOPRIL-HCTZ 25-15 MG TABLET	54940
CAPTOPRIL-HCTZ 25-25 MG TABLET	54941
CAPTOPRIL-HCTZ 50-15 MG TABLET	54942
CAPTOPRIL-HCTZ 50-25 MG TABLET	54943
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 100 MG TAB	27820
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 200 MG TABLET	27821
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE ER 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CIMETIDINE 200 MG TABLET	46750
CIMETIDINE 300 MG TABLET	46753
CIMETIDINE 400 MG TABLET	46752
CIMETIDINE 800 MG TABLET	46753
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
CLARITHROMYCIN ER 500 MG TAB	48850
COZAAR 100 MG TABLET	14853
COZAAR 25 MG TABLET	14850
COZAAR 50 MG TABLET	14851
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
DEXILANT DR 30 MG CAPSULE	16305
DEXILANT DR 60 MG CAPSULE	16306
DEXLANSOPRAZOLE DR 30 MG CAP	16305
DEXLANSOPRAZOLE DR 60 MG CAP	16306
DIGOXIN 0.05 MG/ML SOLUTION	00120
DIGOXIN 125 MCG TABLET	00132
DIGOXIN 250 MCG TABLET	00133
DIGOXIN 62.5 MCG TABLET	00130
DILANTIN 100 MG CAPSULE	17700
DILANTIN 125 MG/5 ML SUSP	17241
DILANTIN 30 MG CAPSULE	17701
DILANTIN 50 MG INFATAB	17250
DIOVAN 160 MG TABLET	13844
DIOVAN 320 MG TABLET	13838
DIOVAN 40 MG TABLET	18092
DIOVAN 80 MG TABLET	13846
DIOVAN HCT 160/12.5MG TABLET	09760
DIOVAN HCT 160-25 MG TABLET	17245
DIOVAN HCT 320/12.5MG TABLET	27015
DIOVAN HCT 320/25MG TABLET	27014
DIOVAN HCT 80/12.5MG TABLET	07833
EDARBI 40 MG TABLET	29595
EDARBI 80 MG TABLET	29597
EDARBYCLOR 40-12.5 MG TABLET	31163
ENALAPRIL MALEATE 10 MG TAB	00961
ENALAPRIL MALEATE 2.5 MG TAB	00963
ENALAPRIL MALEATE 20 MG TAB	00962
ENALAPRIL MALEATE 5 MG TABLET	00960
ENALAPRIL-HCTZ 10-25 MG TABLET	54860
ENALAPRIL-HCTZ 5-12.5 MG TAB	54862
ENTRESTO 24-26 MG TABLET	39046

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
ENTRESTO 49-51 MG TABLET	39047
ENTRESTO 97-103 MG TABLET	39048
EPANED 1 MG/ML SOLUTION	42337
EPITOL 200 MG TABLET	17450
EPROSARTAN MESYLATE 600MG TABLET	93456
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
ESOMEPRAZOLE DR 10 MG PACKET	99389
ESOMEPRAZOLE DR 20 MG PACKET	98030
ESOMEPRAZOLE DR 40 MG PACKET	98031
ESOMEPRAZOLE MAG DR 20 MG CAP	12867
ESOMEPRAZOLE MAG DR 20 MG TAB	26111
ESOMEPRAZOLE MAG DR 40 MG CAP	12868
ESOMEPRAZOLE SODIUM 20 MG VIAL	24483
EVOTAZ 300-150MG TABLET	37797
EXFORGE 10-160 MG TABLET	97963
EXFORGE 10-320 MG TABLET	98580
EXFORGE 5-160 MG TABLET	97962
EXFORGE 5-320 MG TABLET	98579
EXFORGE HCT 10-320-25MG TAB	22705
FAMOTIDINE 10 MG TABLET	46432
FAMOTIDINE 20 MG PIGGYBACK	46411
FAMOTIDINE 20 MG TABLET	46430
FAMOTIDINE 40 MG TABLET	46431
FAMOTIDINE 40 MG/5 ML SUSP	45960
FOSINOPRIL SODIUM 10 MG TAB	48581
FOSINOPRIL SODIUM 20 MG TAB	48582
FOSINOPRIL SODIUM 40 MG TAB	48580
FOSINOPRIL-HCTZ 10-12.5 MG TAB	15621
FOSINOPRIL-HCTZ 20-12.5 MG TAB	10455
GENVOYA TABLET	40092
HYZAAR 100-12.5 TABLET	25851
HYZAAR 100-25 TABLET	14854
HYZAAR 50-12.5 TABLET	14852
IBUPROFEN-FAMOTIDIN 800-26.6MG	30547
INVIRASE 500 MG TABLET	23952



<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
IRBESARTAN 150MG TABLET	04749
IRBESARTAN 300MG TABLET	04750
IRBESARTAN 75MG TABLET	04752
IRBESARTAN-HCTZ 150-12.5MG TABLET	11042
IRBESARTAN-HCTZ 300-12.5MG TABLET	11295
ITRACONAZOLE 10 MG/ML SOLUTION	49100
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETOCONAZOLE 200 MG TABLET	42590
KORLYM 300 MG TABLET	31485
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
LANSOPRAZOLE DR 15 MG CAPSULE	01697
LANSOPRAZOLE DR 30 MG CAPSULE	01698
LANSOPRAZOLE ODT 15 MG TABLET	18992
LANSOPRAZOLE ODT 30 MG TABLET	18993
LETAIRIS 10 MG TABLET	98567
LETAIRIS 5 MG TABLET	98566
LISINOPRIL 10 MG TABLET	47261
LISINOPRIL 2.5 MG TABLET	47264
LISINOPRIL 20 MG TABLET	47262
LISINOPRIL 30 MG TABLET	47265
LISINOPRIL 40 MG TABLET	47263
LISINOPRIL 5 MG TABLET	47260
LISINOPRIL-HCTZ 10-12.5 MG TAB	88002
LISINOPRIL-HCTZ 20-12.5 MG TAB	88000
LISINOPRIL-HCTZ 20-25 MG TAB	88001
LOSARTAN POTASSIUM 100 MG TAB	14853
LOSARTAN POTASSIUM 25 MG TAB	14850
LOSARTAN POTASSIUM 50 MG TAB	14851
LOSARTAN-HCTZ 100-12.5 MG TAB	25851
LOSARTAN-HCTZ 100-25 MG TAB	14854
LOSARTAN-HCTZ 50-12.5MG TABLET	14852
LOTREL 10-20 MG CAPSULE	17604
LOTREL 10-40 MG CAPSULE	26950
LOTREL 5-10 MG CAPSULE	33092

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
LOTREL 5-20 MG CAPSULE	33090
LYSODREN 500 MG TABLET	37810
METHOTREXATE 2.5 MG TABLET	38489
METHOTREXATE 50 MG/ 2 ML VIAL	38466
METHOTREXATE 50 MG/2 ML VIAL	18936
MICARDIS 20 MG TABLET	23833
MICARDIS 40 MG TABLET	23831
MICARDIS 80 MG TABLET	23832
MICARDIS HCT 40-12.5 MG TABLET	12257
MICARDIS HCT 80-12.5 MG TABLET	12259
MICARDIS HCT 80-25 MG TABLET	22866
MOEXIPRIL HCL 15 MG TABLET	48562
MOEXIPRIL HCL 7.5 MG TABLET	48561
MYSOLINE 250 MG TABLET	17321
MYSOLINE 50 MG TABLET	17322
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NEXIUM DR 10 MG PACKET	99389
NEXIUM DR 2.5 MG PACKET	33128
NEXIUM DR 20 MG CAPSULE	12867
NEXIUM DR 20 MG PACKET	98030
NEXIUM DR 40 MG CAPSULE	12868
NEXIUM DR 40 MG PACKET	98031
NEXIUM DR 5 MG PACKET	33135
NIZATIDINE 150 MG CAPSULE	47710
NIZATIDINE 300 MG CAPSULE	47711
NORVIR 100 MG POWDER PACKET	40309
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
NUEDEXTA 20-10 MG CAPSULE	29290
OLMESARTAN MEDOXOMIL 20 MG TAB	17285
OLMESARTAN MEDOXOMIL 40 MG TAB	17286

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
OLMESARTAN MEDOXOMIL 5 MG TAB	17284
OLMESARTAN-HCTZ 20-12.5 MG TAB	20074
OLMESARTAN-HCTZ 40-12.5 MG TAB	20075
OLMESARTAN-HCTZ 40-25 MG TAB	20076
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	28837
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	28854
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	28855
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	28838
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	28839
OMECLAMOX-PAK COMBO PACK	32137
OMEPRAZOLE DR 10 MG CAPSULE	92989
OMEPRAZOLE DR 20 MG CAPSULE	04348
OMEPRAZOLE DR 20 MG TABLET	22228
OMEPRAZOLE DR 40 MG CAPSULE	92999
OMEPRAZOLE MAG DR 20 MG TABLET	08454
OMEPRAZOLE MAG DR 20.6 MG CAP	28664
OMEPRAZOLE-BICARB 20-1100 CAP	26632
OMEPRAZOLE-BICARB 20-1680 PKT	26634
OMEPRAZOLE-BICARB 40-1100 CAP	26633
OMEPRAZOLE-BICARB 40-1680 PKT	26635
OPSUMIT 10 MG TABLET	35543
ORKAMBI 100-125 MG GRANULE PKT	36937
ORKAMBI 100-125 MG TABLET	42366
ORKAMBI 150-188 MG GRANULE PKT	42848
ORKAMBI 200-125 MG TABLET	39008
OTREXUP 10 MG/0.4 ML AUTO-INJ	35427
OTREXUP 15 MG/0.4 ML AUTO-INJ	35428
OTREXUP 20 MG/0.4 ML AUTO-INJ	35437
OTREXUP 25 MG/0.4 ML AUTO-INJ	35438
PANTOPRAZOLE SOD DR 20 MG TAB	95976
PANTOPRAZOLE SOD DR 40 MG TAB	40120
PANTOPRAZOLE SODIUM 40 MG VIAL	13025
PERINDOPRIL ERBUMINE 2 MG TAB	13758
PERINDOPRIL ERBUMINE 4 MG TAB	13759
PERINDOPRIL ERBUMINE 8 MG TAB	93207
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 130 MG/ML VIAL	12892
PHENOBARBITAL 15 MG TABLET	12971

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 97.2 MG TABLET	97967
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PREVACID 15 MG SOLUTAB	18992
PREVACID 30 MG SOLUTAB	18993
PREVACID DR 15 MG CAPSULE	01697
PREVACID DR 30 MG CAPSULE	01698
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
PRIMIDONE 250 MG TABLET	17321
PRIMIDONE 50 MG TABLET	17322
PRINIVIL 10 MG TABLET	47261
PROTONIX 40 MG SUSPENSION	99418
PROTONIX DR 20 MG TABLET	95976
PROTONIX DR 40 MG TABLET	40120
PROTONIX IV 40 MG VIAL	13025
QBRELIS 1 MG/ML SOLUTION	41984
QUINAPRIL 10 MG TABLET	27570
QUINAPRIL 20 MG TABLET	27571
QUINAPRIL 40 MG TABLET	27573

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
QUINAPRIL 5 MG TABLET	27572
QUINAPRIL-HCTZ 10-12.5 MG TAB	54160
QUINAPRIL-HCTZ 20-12.5 MG TAB	54161
QUINAPRIL-HCTZ 20-25 MG TAB	94490
QUINIDINE GLUC ER 324 MG TAB	01011
QUINIDINE SULFATE 200 MG TAB	01053
QUINIDINE SULFATE 300 MG TAB	01055
RABEPRAZOLE SOD DR 20 MG TAB	94639
RAMIPRIL 1.25 MG CAPSULE	48541
RAMIPRIL 10 MG CAPSULE	48544
RAMIPRIL 2.5 MG CAPSULE	48542
RAMIPRIL 5 MG CAPSULE	48543
RASUVO 10 MG/0.2 ML AUTOINJ	36847
RASUVO 12.5 MG/0.25 ML AUTOINJ	36848
RASUVO 15 MG/0.3 ML AUTOINJ	36849
RASUVO 17.5 MG/0.35 ML AUTOINJ	36851
RASUVO 20 MG/0.4 ML AUTOINJ	35437
RASUVO 22.5 MG/0.45 ML AUTOINJ	36852
RASUVO 25 MG/0.5 ML AUTOINJ	36853
RASUVO 30 MG/0.6 ML AUTOINJ	36855
RASUVO 7.5 MG/0.15 ML AUTOINJ	36846
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	37430
REYATAZ 50MG POWDER PACK	36647
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
RIFATER TABLET	14142
RITONAVIR 100 MG TABLET	28224
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
STRIBILD TABLET	33130

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
SYMTUZA 800-150-200-10 MG TAB	43968
TARKA ER 2-180 MG TABLET	32111
TARKA ER 2-240 MG TABLET	32113
TARKA ER 4-240 MG TABLET	32114
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TEKTURNA 150 MG TABLET	98077
TEKTURNA 300 MG TABLET	98076
TEKTURNA HCT 150-12.5 MG TAB	99310
TEKTURNA HCT 150-25 MG TABLET	99311
TEKTURNA HCT 300-12.5 MG TAB	99312
TEKTURNA HCT 300-25 MG TABLET	99313
TELMISARTAN 20MG TABLET	23833
TELMISARTAN 40MG TABLET	23831
TELMISARTAN 80MG TABLET	23832
TELMISARTAN-AMLODIPINE 40-10MG TABLET	27784
TELMISARTAN-AMLODIPINE 40-5MG TABLET	27783
TELMISARTAN-AMLODIPINE 80-10MG TABLET	27786
TELMISARTAN-AMLODIPINE 80-5MG TABLET	27785
TELMISARTAN-HCTZ 40-12.5MG TABLET	12257
TELMISARTAN-HCTZ 80-12.5MG TABLET	12259
TELMISARTAN-HCTZ 80-25MG TABLET	22866
TOLSURA 65 MG CAPSULE	45848
TRACLEER 125 MG TABLET	14978
TRACLEER 32 MG TABLET FOR SUSP	43819
TRACLEER 62.5 MG TABLET	14979
TRANDOLAPRIL 1 MG TABLET	32191
TRANDOLAPRIL 2 MG TABLET	32192
TRANDOLAPRIL 4 MG TABLET	32193
TRANDOLAPR-VERAPAM ER 1-240 MG	32112
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
TRANDOLAPR-VERAPAM ER 4-240 MG	32114
TREXALL 10MG TABLET	06484
TREXALL 15MG TABLET	13135
TREXALL 5MG TABLET	13134
TREXALL 7.5MG TABLET	38485
TRIBENZOR 20-5-12.5 MG TABLET	28837
TRIBENZOR 40-10-12.5MG TABLET	28854
TRIBENZOR 40-10-25 MG TABLET	28855
TRIBENZOR 40-5-12.5MG TABLET	28838
TRIBENZOR 40-5-25 MG TABLET	28839
TWYNSTA 40-10MG TABLET	27784
TWYNSTA 40-5 MGTABLET	27783
TWYNSTA 80-10 MGTABLET	27786
TWYNSTA 80-5 MGTABLET	27785
TYBOST 150MG TABLET	36468
VALSARTAN 160MG TABLET	13844
VALSARTAN 320MG TABLET	13838
VALSARTAN 40MG TABLET	18092
VALSARTAN 80MG TABLET	13846
VALSARTAN-HCTZ 160-12.5MG TABLET	09760
VALSARTAN-HCTZ 160-25MG TABLET	17245
VALSARTAN-HCTZ 320-12.5MG TABLET	27015
VALSARTAN-HCTZ 320-25MG TABLET	27014
VALSARTAN-HCTZ 80-12.5MG TABLET	07833
VASERETIC 10-25 MG TABLET	54860
VASOTEC 2.5 MG TABLET	00963
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497

<b>Step 4 (contraindicated drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: concurrent therapy</b>	
<b>Label Name</b>	<b>GCN</b>
XATMEP 2.5MG/ML ORAL SOLUTION	43319
XTANDI 40 MG CAPSULE	33183
ZEGERID 20 MG CAPSULE	26632
ZEGERID 20 MG PACKET	26634
ZEGERID 40 MG CAPSULE	26633
ZEGERID 40 MG PACKET	26635
ZESTORETIC 20-12.5 MG TABLET	88000
ZESTORETIC 20-25 MG TABLET	88001
ZYDELIG 100MG TABLET	36884
ZYDELIG 150MG TABLET	36885





## Filspari (Sparsentan)

### Clinical Criteria References

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2. 2023 ICD-10-CM Diagnosis Codes, Volume 1. 2023. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on October 13, 2023.
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## Filspari (Sparsentan)

### Publication History

### Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
10/13/2023	Initial publication and presentation to the DUR Board