This is a promotional material for UK HCPs only

# FILSPARI®▼ (sparsentan) is now recommended by KDIGO

## for the management of IgA nephropathy (IgAN) in patients at risk of progressive kidney failure[1]

**Explore how the KDIGO 2025 guidelines redefine IgAN management, including the role of FILSPARI in treatment[1]**

**Click the links on the final page to access prescribing information and adverse events reporting**

FILSPARI is indicated for the treatment of adults with primary IgAN with a urine protein excretion (UPE) ≥1.0 g/day (or urine protein-to-creatinine ratio (UP/C) ≥0.75 g/g)[2]

**Adverse events should be reported.** Reporting forms and information for the United Kingdom can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Vifor Pharma Ltd.
Tel +44 1276 853633. Email: MedicalInfo_UK@viforpharma.com

CSL Vifor

UK-SPT-2500228 | October 2025

FILSPARI® ▼ (sparsentan) tablets 200 mg/400 mg

# The KDIGO 2025 guidelines emphasise the need to reduce proteinuria in patients with IgAN[1]

Patients are considered at **risk of progressive loss of kidney function** if they have **proteinuria ≥0.5 g/day** while on or off treatment for IgAN[1]

## Updated kidney biopsy threshold:[1]

IgAN can only be diagnosed with a kidney biopsy; to ensure early diagnosis and prompt treatment, **a kidney biopsy should be considered in all adults with proteinuria ≥0.5 g/day in whom IgAN is a possible diagnosis and kidney biopsy is not contraindicated**

## Newly defined IgAN treatment goals:[1]

To maintain **UPE** at **<0.5 g/day,** and **ideally <0.3 g/day***

To reduce the rate of **loss of kidney function to <1 mL/min/year** for the rest of the patient's life

## The 2 key dimensions of IgAN management:[1]

**Simultaneous focus on**

Preventing or reducing IgA immune complex (IgA-IC) formation and immune complex-mediated glomerular injury

Managing the consequences of existing IgAN-induced nephron loss

*In some patients with extensive kidney scarring this may not be possible and multiple treatment strategies are likely to be needed to achieve this.[1]

# FILSPARI is recognised by KDIGO 2025[1]

The KDIGO 2025 guidelines recognise the ability of **FILSPARI, the first and only dual endothelin angiotensin receptor antagonist (DEARA),** to reduce proteinuria and slow the progression of kidney disease through dual inhibition of the endothelin and angiotensin pathways[1,3,4]

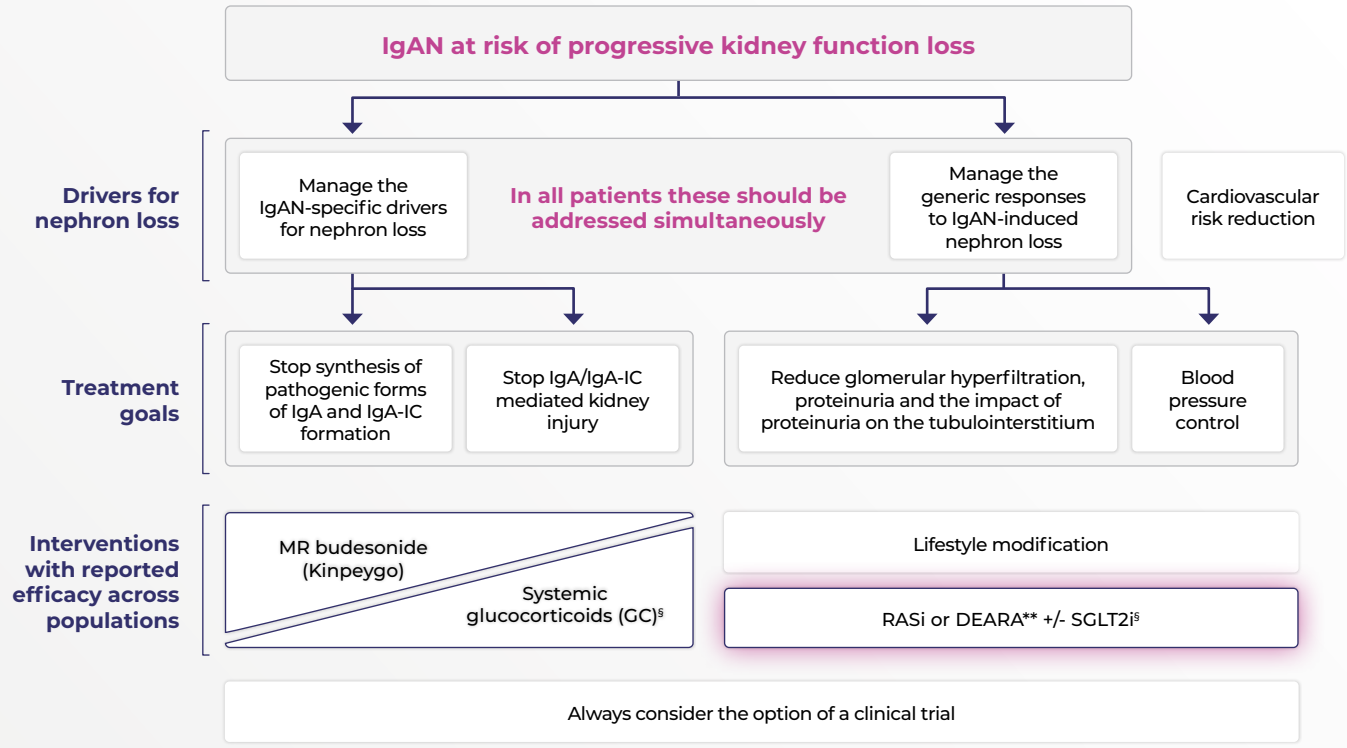
## KDIGO recommendation 1.4.4.2

We suggest that patients who are at risk of progressive kidney function loss with IgAN be treated with FILSPARI[1†]

### Practice point 1.4.4.3

FILSPARI is a DEARA and should not be prescribed together with RASi[1‡]

## KDIGO 2025 treatment targets in IgAN and the positioning of drugs included in the guidelines




Adapted from KDIGO. 2025

> **"The observed greater proteinuria reduction and eGFR preservation with combined dual blockade of the renin-angiotensin and endothelin systems via a DEARA suggest that this approach may be an appropriate first-line approach to manage the responses of IgAN-induced nephron loss in contrast to the RASi-first approach."[1]**

†Included as recommendation 2B within the KDIGO guidelines.[1] ‡Coadministration of FILSPARI with angiotensin receptor blockers (ARBs), endothelin receptor antagonist (ERAs), or renin inhibitors is contraindicated.[2] §Systemic GCs and SGLT2i are not licensed in the UK for the treatment of IgAN. **FILSPARI is indicated for the treatment of adults with primary IgAN with a UPE ≥1.0 g/day (Or UP/C ≥0.75 g/g).[2]

> **The DEARA, FILSPARI, is the only drug to have shown efficacy beyond in-trial uptitrated RASi. Of note, more patients were included in the PROTECT trial than in all the trials of RASi in IgAN combined.[1]**

PROTECT is a Phase 3 trial in patients with IgAN, investigating the safety and efficacy of FILSPARI vs irbesartan to determine whether FILSPARI led to greater reductions in proteinuria and risk of chronic kidney disease progression. Patients with UPE ≥1 g/day were randomised to either FILSPARI or irbesartan.[1,5]

---

**Click here to explore the full 2025 KDIGO guidelines**

By clicking the link you will be going to a third party site

**Key considerations for implementation of FILSPARI:**

- FILSPARI, as a DEARA, should not be prescribed together with RASi, because FILSPARI already combines RASi with an endothelin antagonist in a single molecule[1]
- There is no need for a washout period when initiating FILSPARI[4]

---

**References and Abbreviations**

**ARB,** angiotensin II receptor blocker; **DEARA,** dual endothelin angiotensin receptor antagonist; **eGFR,** estimated glomerular filtration rate; **ERA,** endothelin receptor antagonist; **GC,** glucocorticoid; **HCP,** healthcare professional; **IgA,** immunoglobulin A; **IgA-IC,** immunoglobulin A immune complexes; **IgAN,** immunoglobulin A nephropathy; **IgAV,** immunoglobulin A vasculitis; **KDIGO,** Kidney Disease: Improving Global Outcomes; **MR,** modified release; **RASi,** renin-angiotensin system inhibitor; **SGLT2i,** sodium-glucose co-transporter 2 inhibitor; **UP/C,** urine protein-to-creatinine ratio; **UPE,** urine protein excretion.

**1.** Kidney Disease: Improving Global Outcomes (KDIGO) IgAN and IgAV Work Group. *Kidney Int.* 2025;108(4S):S1–S71. **2.** FILSPARI SmPC. **3.** Syed YY, *et al. Drugs.* 2023;83(6):563–8. **4.** Campbell KN, *et al. Int J Nephrol Renovasc Dis.* 2023;16:281–91. **5.** Rovin B, *et al. Lancet.* 2023; 402(10417):2077–90.

**For FILSPARI prescribing information and adverse event reporting information, click the links below:**

**200 mg** **400 mg**