Sparsentan: Adis Evaluation

Clinical Considerations

- First non-immunosuppressive therapy to receive accelerated approval in the USA and a positive opinion for approval in the EU for this indication
- Provides greater antiproteinuric effects than irbesartan
- Positive antiproteinuric effects maintained over 110 weeks of treatment
- Generally well tolerated, with a similar tolerability profile to that of irbesartan

Plain Language Summary

Background and rationale

- Immunoglobulin A (IgA) nephropathy is a serious immune complex-mediated glomerulonephritis, and a leading cause of kidney failure. It is suggested that reducing proteinuria (elevated protein in the urine) is key to slowing kidney disease progression in patients with IgA nephropathy
- Sparsentan (FILSPARI®), an oral, dual endothelin and angiotensin receptor antagonist, is the first non-immunosuppressive therapy approved in the USA for IgA nephropathy in adults who are at risk of rapid disease progression, generally a urine protein-to-creatinine ratio ≥ 1.5 g/g, and has been recommended for approval in the EU

Clinical findings

- In an ongoing phase 3 clinical trial, sparsentan provided greater and durable (up to 110 weeks) antiproteinuric effects than irbesartan, an angiotensin-receptor blocker, in patients with IgA nephropathy
- Sparsentan also demonstrated long-term benefits in kidney function preservation
- Sparsentan was generally well tolerated, with its tolerability profile being similar to that of irbesartan

Conclusion

Current evidence indicates that sparsentan is an effective emerging treatment option for adults with IgA nephropathy.

Heo, Y.-A., Kang, C. *Drugs Ther Perspect*. 2024. https://doi.org/10.1007/s40267-024-01058-9