NATIONAL KIDNEY FOUNDATION®

IgAN MEDICATION GUIDE

Treatment for IgA Nephropathy (IgAN) is focused on managing symptoms, managing your blood pressure, and slowing the kidney disease process. Newer medications that directly target the IgAN disease process are also available, with more being studied in clinical trials.

Medicines used to treat IgAN can include the following:

- ACE inhibitors or ARBs
- APRIL and APRIL/BAFF blockers
- Complement inhibitors
- Endothelin receptor antagonists (ERAs)
- SGLT2 inhibitors
- Systemic steroids (also known as "corticosteroids")
- Targeted-release steroid

ACE Inhibitors and ARBs

Examples: lisinopril, ramipril, losartan, candesartan, valsartan

What do ACE inhibitors and ARBs do?

ACE inhibitors and ARBs lower blood pressure and reduce the amount of protein leaking into your urine. They relax blood vessels in your kidneys, which lowers the pressure inside your glomeruli (kidney filters). This helps lower your uPCR and slow down kidney damage.

What are the common side effects?

- A dry cough, often described as a dry tickle or scratchy feeling in the throat that does not go away. This is more common with ACE inhibitors. If this happens, your care team may switch you to an ARB.
- Dizziness or lightheadedness from low blood pressure is possible. If you experience this, talk with your care team. Usually lowering the dose is enough to stop the symptoms while still getting the kidney protection benefits.
- An increase in the potassium level in your blood. Your care team will check this with blood tests.
- A small decrease in your eGFR is to be expected. This is usually not a concern and a sign the medicine is doing its job.
- Angioedema is a very rare but serious side effect that can happen with ACE inhibitors. It is also possible with ARBs, although even rarer. Symptoms include swelling of the mouth, tongue, and/or throat. This can make it hard to breathe and cause a life-threatening situation. If you experience any of these symptoms, call 911 or seek emergency medical attention right away.

Are there reasons why my care team may recommend against an ACE inhibitor or ARB?

Some reasons why your care team may recommend against an ACE inhibitor or ARB include:

- Pregnancy or planning to become pregnant
- Having a condition called bilateral renal artery stenosis (narrowing of the blood vessels to both kidneys)

If any of the reasons listed here apply to you, talk with your care team before taking one of these medicines. If you already take one, contact your care team promptly for guidance rather than stopping it on your own.

Are these the first medicines I will take for IgAN?

Usually, yes. Guidelines recommend that almost all people living with IgAN take an ACE inhibitor or an ARB. Your care team will increase the dose slowly to the highest dose you can handle without side effects.

Can I take an ACE inhibitor and an ARB together?

No. Taking both at the same time has not been shown to work better and may cause more side effects.

APRIL and APRIL/BAFF Blockers

Examples: atacicept (Trutakna), sibeprenlimab (Voyxact)

What do these medicines do?

These medicines block a set of signals in your body called APRIL and BAFF. These signals help certain immune cells (B cells) develop and make weapons (antibodies, like IgA) to fight infections. In IgAN, these immune cells make an abnormal type of IgA that can damage the kidneys. Sibeprenlimab (Voyxact) only blocks APRIL, while atacicept (Trutakna) blocks both APRIL and BAFF. Blocking these signals helps lower the amount of harmful IgA your body makes and targets the root cause of the disease.

What are the common side effects?

In clinical trials, most side effects were mild or moderate. They included:

- Reactions at the injection site (redness, swelling, or pain where the dose was given)
- Upper respiratory infections (like a cold)

Are there reasons why I should NOT take these medicines?

Some reasons why your care team may recommend against an APRIL or APRIL/BAFF blocker include:

- Having an active infection
- Receiving or plan to receive therapy that can lower the ability of your immune system to fight infections (immunosuppressive therapy)
- Recently receiving or are scheduled to receive an immunization (vaccine). These medicines can affect your immune system response to vaccines and increase your risk of infection from live vaccines.
- Pregnancy. It is not known if these medicines will harm an unborn baby.

If any of the reasons listed here apply to you, talk with your care team before taking one of these medicines. If you already take one, contact your care team promptly for guidance rather than stopping it on your own.

How do I take these medicines?

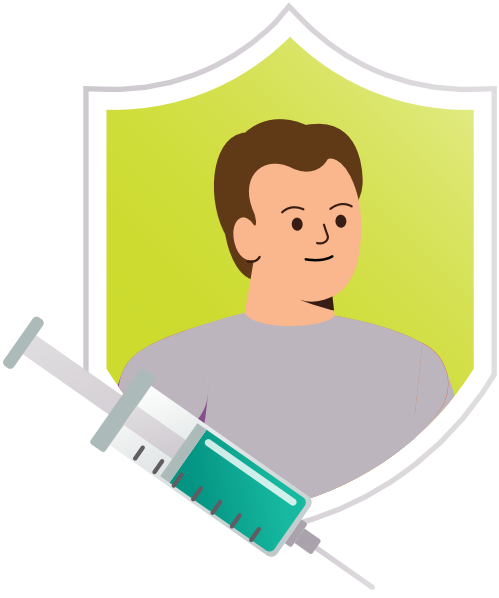
These medicines are given as an injection under the skin (subcutaneous). These are designed for people to self-administer at home (just like insulin or a GLP-1 injection). Sibeprenlimab (Voyxact) is given every 4 weeks, while atacicept (Trutakna) is given weekly.

Will these medicines weaken my immune system?

These medicines weaken part of your immune system, but in a very targeted way. They focus only on the signals driving abnormal IgA creation that causes kidney damage. This is different from immunosuppressants (like those used in kidney transplantation), which block many different parts of the immune system. So, while there is some immune system weakening, it is not at the same level as that experienced by transplant recipients. Regardless, you and your care team must watch for signs of infection. These may include fever, chills, feeling tired, cough, body aches, and warm, red, or painful skin.

What can I do to help boost my immune system?

These medicines can lower your ability to respond to vaccines. So, it is important to catch up with all your recommended vaccines before starting one of these medicines. Live vaccines are not recommended in the 30 days before starting treatment and should be avoided during treatment.



Complement Inhibitors

Example: iptacopan (Fabhalta)

What does this medicine do?

Your immune system includes many different defenses that work together to fight infections. One of these defenses is called "complement." In IgAN, your complement system can become overactive, causing more damage to your glomeruli (kidney filters). Iptacopan (Fabhalta) blocks one of these signals (complement Factor B) to help calm down this part of your immune system and reduce kidney inflammation.

What are the common side effects?

In clinical trials, most side effects were mild or moderate. They included:

- Abdominal (belly) pain
- Dizziness
- Nausea

Serious infections occurred in a small number of patients. Vaccination can lower this risk but does not eliminate it.

Are there reasons why I should NOT take these medicines?

Some reasons why your care team may recommend against a complement inhibitor include:

- Having an active infection
- Pregnancy or planning to become pregnant. It is not known if these medicines will harm an unborn baby.
- Breastfeeding or planning to breastfeed. It is not known if iptacopan (Fabhalta) passes into your breast milk. You should not breastfeed during treatment and for 5 days after your final dose.

If any of the reasons listed here apply to you, talk with your care team before taking this medicine. If you already take it, contact them promptly for guidance rather than stopping it on your own.

How is it taken?

Iptacopan is available as a capsule to be swallowed whole. Do not open, chew, crush, or break the capsules before swallowing. It should be taken twice a day, with or without food.

Do I need vaccines before starting?

Yes. This is very important. Because this medicine affects the complement defenses in your immune system, it increases your risk of serious infections caused by certain bacteria (like meningitis and pneumonia). So, you must complete or update the following vaccines at least 2 weeks before starting:

- Meningococcal vaccine, including groups A, C, W, Y, and B (protects against meningitis)
- Pneumococcal vaccine (protects against pneumonia)
- Haemophilus influenzae type B (Hib) vaccine

If you must start treatment right away and have not completed your vaccinations, you should receive them as soon as possible. Until you can catch up on your vaccines, you will need to take antibiotics as prescribed by your care team to lower your risk for infection.

Even after vaccination, some risk remains. You should carry a patient safety card (available from your care team) and seek medical help right away if you develop a high fever, stiff neck, severe headache, or feel very sick. It is important to show this card to any healthcare provider who treats you. This will help them diagnose and treat you quickly.

Is there a special program I need to enroll in to start iptacopan (Fabhalta)?

Yes. In the United States, before you start iptacopan (Fabhalta), your care team must confirm you:

- were told about the risk of serious bacterial infections
- were given written information about the symptoms of serious infections
- are vaccinated against serious infections caused by encapsulated bacteria (e.g., meningococcal, pneumococcal, Haemophilus influenzae) or are receiving antibiotics while you catch up on your vaccines
- received a patient safety card about your risk of serious infections
- are receiving antibiotics (only if you need to start treatment right away and are not up to date on your vaccinations)

Endothelin Receptor Antagonists (ERAs)

Examples: atrasentan (Vanrafia), sparsentan (Filspari)

What do ERAs do?

These medicines block a substance called endothelin that can tighten blood vessels in your kidneys and cause scarring. By blocking endothelin, they lower the pressure in your glomeruli (kidney filters) and reduce protein leaking into your urine. Sparsentan (Filspari) also blocks angiotensin (like an ARB), so it works in two ways.

What are the common side effects?

- Dizziness
- Low blood pressure (lightheadedness, especially when standing up)
- Swelling in the legs or feet
- A small decrease in your eGFR is to be expected. This is usually not a concern and is a sign the medicine is doing its job.
- Liver problems
- Low red blood cell count (anemia)
- Decreased sperm count (atrasentan [Vanrafia] only)

Are there reasons why my care team may recommend against an ERA?

Some reasons why your care team may recommend against an ERA include:

- Pregnancy or planning to become pregnant. These medicines can cause serious birth defects. If you can become pregnant, you must use reliable birth control before, during, and for at least 2 weeks after stopping treatment.
- Severe liver disease
- Chronic heart failure

If any of the reasons listed here apply to you, talk with your care team before taking one of these medicines. If you already take one, contact your care team promptly for guidance rather than stopping it on your own.

Can I take sparsentan (Filspari) with an ACE inhibitor or ARB?

No. Because sparsentan (Filspari) already works like an ARB, you must stop your ACE inhibitor or ARB before starting sparsentan. Taking them together can cause more side effects without any added benefit.

What special monitoring is needed with sparsentan (Filspari)?

In the United States, blood tests to check your liver health are required before you start sparsentan (Filspari) and every 3 months while you take it. Your care team and pharmacy must confirm that these blood tests have been completed before you can get your medicine or any refills. Call your care team right away if you notice yellowing of your skin or eyes, dark urine, nausea, belly pain, or unusual tiredness.



SGLT2 Inhibitors

Examples: dapagliflozin (Farxiga), empagliflozin (Jardiance)

What do SGLT2 inhibitors do?

SGLT2 inhibitors were first made for diabetes, but they also protect the kidneys in people without diabetes. They lower the pressure and reduce swelling inside your glomeruli (kidney filters). This helps lower your uPCR and slow down kidney damage. They also help your body get rid of extra sugar and salt through your urine.

What are the common side effects?

Some side effects are usually more common in people with diabetes. These include:

- Yeast infections in the genital area (more common in women but can happen in men too). These are usually mild and can be treated with over-the-counter creams.
- Urinary tract infections
- Increased urination (peeing more often)
- Dehydration (feeling dizzy, very thirsty, or lightheaded), especially if you are also taking a diuretic (water pill). The dose of your diuretic or other blood pressure medicine(s) may need to be lowered while taking an SGLT2 inhibitor.
- A small decrease in your eGFR is to be expected. This is usually not a concern and a sign the medicine is doing its job.
- If you have diabetes, there is a rare but serious side effect called diabetes-related ketoacidosis (DKA). Tell your care team right away if you feel very sick, are vomiting, or have belly pain.

Are there reasons why my care team may recommend against an SGLT2 inhibitor?

Some reasons why your care team may recommend against an SGLT2 inhibitor include:

- Pregnancy or planning to become pregnant
- Having type 1 diabetes (increased risk of diabetes-related ketoacidosis)

If any of the reasons listed here apply to you, talk with your care team before taking one of these medicines. If you already take one, contact your care team promptly for guidance rather than stopping it on your own.

Do I need to have diabetes to take this medicine?

No. These medicines are now recommended to protect the kidneys in most people with IgAN, even if you do not have diabetes.

Should I pause this medicine before surgery or if I feel very sick?

Always talk to your care team about how to adjust your medicines before surgery or if you feel very sick. It is often recommended to pause an SGLT2 inhibitor 3-4 days before a planned surgery. Depending on your other health conditions, your care team may also recommend pausing if you are very sick and not eating or drinking well.



Systemic (Whole-Body) Steroids

Examples: methylprednisolone, prednisone, prednisolone

What do systemic (whole-body) steroids do?

Systemic steroids reduce swelling and calm down the immune system throughout your body. In IgAN, they help reduce kidney inflammation and slow down kidney damage.

What are the common side effects?

- Weight gain
- Higher blood sugar
- Trouble sleeping and mood changes
- Weaker immune system
- Weakened bones with long-term use
- Stomach irritation
- Puffy face and skin changes

Different factors will affect your risk of these side effects. These include your steroid dose and duration (e.g., how much and how long you need to take it), your age, and your other health conditions.

Are there reasons why my care team may recommend against a systemic (whole-body) steroid?

Some reasons why your care team may recommend against a systemic (whole-body) steroid include:

- An active infection
- History of tuberculosis, hepatitis B, or other infections that could come back.
- Severe liver disease
- Diabetes, prediabetes, or obesity
- Very low kidney function (eGFR below 30)
- Osteoporosis (low bone density)
- Uncontrolled mental health conditions
- Pregnancy or planning to become pregnant

If any of the reasons listed here apply to you, talk with your care team before taking one of these medicines. If you already take one, contact your care team promptly for guidance rather than stopping it on your own.

How can I reduce the risks of side effects?

Everyone has a different level of risk. So, work with your care team to develop a plan. This can include:

- Using a lower steroid dose whenever possible
- Staying up to date with your recommended vaccines
- Adding a separate medicine to protect your stomach
- Checking your bone health regularly
- Adding additional medicine(s) to prevent lung infections or hepatitis reactivation (if relevant)



Targeted-Release Steroids

Example: targeted-release budesonide (Tarpeyo)

What does a targeted-release steroid do?

This is a special form of budesonide (a steroid). It is designed to release the medicine in a specific part of your gut (the end of the small intestine) where the harmful IgA is made. Acting on your gut reduces the production of the harmful IgA that causes kidney damage. It also helps lower the risk of side effects commonly seen with steroids (like prednisone).

What are the common side effects?

- Swelling in your hands, feet, or legs
- Higher blood pressure
- Muscle cramps
- Acne
- Headache
- Weight increase

These side effects are usually mild and go away after you stop the medicine.

Are there reasons why my care team may recommend against a targeted-release steroid?

Some reasons why your care team may recommend against a targeted-release steroid include:

- Have an active infection
- Have ever had tuberculosis, hepatitis B, or other infections that could come back.
- Have severe liver disease
- Have prediabetes, diabetes, or obesity
- Pregnancy or planning to become pregnant

If any of the reasons listed here apply to you, talk with your care team before taking one of these medicines. If you already take one, contact your care team promptly for guidance rather than stopping it on your own.

How is this different from regular steroids?

Systemic (whole body) steroids (like prednisone) travel through your whole body and can cause many side effects. Targeted-release budesonide is designed to work mainly in the gut. Some of the medicine does get absorbed into the body, so steroid-related side effects can still happen, but they tend to be milder.

How long will I take it?

The usual course is 9 months. After that, your care team will taper (slowly lower) the dose over about 2 weeks. Your care team may consider repeating the course if needed, but long-term data on repeated courses are still being studied.

How do I take this medicine?

Tarpeyo (targeted-release budesonide) is available as a capsule to be swallowed whole. Do not open, chew, crush, or break the capsules before swallowing. It is best taken in the morning, at least one hour before your first meal.

What happens when I stop?

Some people see their protein levels go back up and kidney function dip after stopping. Your care team will monitor you closely and may add other treatments or consider another course of treatment.



For more information, contact the National Kidney Foundation

Toll-free help line: **855.NKF.CARES** or email: **nkfcares@kidney.org**

NATIONAL KIDNEY FOUNDATION®

KIDNEY.ORG

This content is provided for informational use only and is not intended as medical advice or as a substitute for the medical advice of a healthcare professional.

© 2026 National Kidney Foundation, Inc. 441-0533_2608