RX.PA.118.MPC Yartemlea (narsoplimab-wuug)

The purpose of this policy is to define the prior authorization process for Yartemlea (narsoplimab-wuug). Yartemlea (narsoplimab-wuug) is indicated for the treatment of adult and pediatric patients 2 years of age and older with hematopoietic stem cell transplant-associated thrombotic microangiopathy (TA-TMA).

PROCEDURE

A. Initial Authorization Criteria:

1. **Transplant-Associated Thrombotic Microangiopathy (TA-TMA). All requests must meet the following criteria:**

- Must be 2 years of age or older
- Must have undergone hematopoietic stem cell transplantation
- Must have a documented diagnosis of hematopoietic stem cell transplant-associated thrombotic microangiopathy (TA-TMA) as evidenced by **ALL of the following:**
  - Platelet count Less than 150,000/microliter
  - Evidence of microangiopathic hemolysis (presence of schistocytes, serum LDH greater than the upper limit of normal, and/or haptoglobin less than the lower limit of normal)
  - Renal dysfunction
- Other causes of thrombocytopenia and anemia have been ruled out
- Must have documented ADAMSTS13 activity ≥ 10%
- Must not have an active infection, including shiga toxin producing E.Coli Hemolytic Uremic syndrome (STEC-HUS)
- The requested medication must not be used in combination with Defitelio or another complement inhibitor (e.g. Soliris, Ultomiris)
- Must be prescribed by or in consultation with a hematologist or transplant specialist

B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.

C. Yartemlea will be considered investigational or experimental for any other use and will not be covered.

D. Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the

Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals.

- MPC Renewal:
  - Documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.
- Renewal from Previous Insurer:
  - Members who have received prior approval (from insurer other than MPC), or have been receiving medication samples, should be considered under criterion A (Initial Authorization Criteria).
  - Provider has documented positive clinical response to therapy for the member from baseline

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	3 months
Reauthorization	Up to 12 months

HCPCS Codes:

Code:	Description:
J3590	Unclassified biologics

REFERENCES

1. Yartemlea [Package Insert]. Seattle, WA: Omeros Corporation; December 2025.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	*05/2026*