

DRUG POLICY

Yartemlea® (narsoplimab-wuug)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Yartemlea 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).

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

1. For initial requests:
 - A. Chart notes or medical record documentation confirming the diagnosis of TA-TMA
 - B. Laboratory report confirming ADAMTS13 activity
2. For continuation requests: Chart notes or medical record documentation supporting positive clinical response to therapy

Criteria for Initial Approval

Transplant-Associated Thrombotic Microangiopathy (TA-TMA)

Authorization of 6 months may be granted for the treatment of hematopoietic stem cell transplant-associated thrombotic microangiopathy (TA-TMA) when all of the following criteria are met:

1. The member is 2 years of age or older
2. Diagnosis has been confirmed by all of the following:

- A. Platelet count < 150,000/μL
- B. Evidence of microangiopathic hemolysis (presence of schistocytes, serum LDH greater than the upper limit of normal [ULN] and/or haptoglobin less than the lower limit of normal [LLN])
3. The member has an ADAMTS13 activity level $\geq 10\%$
4. The requested medication will not be used in combination with another complement inhibitor (e.g., Soliris, Ultomiris) or Defitelio (defibrotide)

Continuation of Therapy

Transplant-Associated Thrombotic Microangiopathy (TA-TMA)

Authorization of 12 months (including new members) may be granted for continued treatment in members requesting reauthorization when all of the following criteria are met:

1. There is no unacceptable toxicity while on the current regimen
2. The member demonstrates a positive response to therapy (e.g., improvement in platelet levels, normalization of lactate dehydrogenase [LDH] and haptoglobin levels)
3. The requested medication will not be used in combination with another complement inhibitor (e.g., Soliris, Ultomiris) or Defitelio (defibrotide)

Other

Yartemlea (narsoplimab-wuug) is considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J1289 – Injection, narsoplimab-wuug, 1 mg (effective 7/1/26)
- J3490 – unclassified drugs
- J3590 – unclassified biologics
- C9399 – unclassified drugs or biologicals

REFERENCES

Castelli M, Micò MC, Grassi A, et al. Safety and efficacy of narsoplimab in pediatric and adult patients with transplan-associated thrombotic microangiopathy: a real-world experience. Bone Marrow Transplant. 2024;59(8):1161-1168. doi: 10.1038/s41409-024-02305-3

Yartemlea. Prescribing information. Omeros Corporation; December 2025. Accessed January 9, 2026.

Young JA, Pallas CR, Knovich MA. Transplant-associated thrombotic microangiopathy: theoretical considerations and a practical approach to an unrefined diagnosis. Bone Marrow Transplant. 2021;56(8):1805-1817. doi: 10.1038/s41409-021-01283-0

POLICY HISTORY

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Revised:

Current Effective Date: May 15, 2026