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of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 02/12/2026

Yartemlea® (narsoplimab-wuug)

HCPCS: J3590

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Must have persistent hematopoietic stem-cell transplantation–associated thrombotic microangiopathy (HSCT-TMA) defined as meeting all of the following for a period greater than or equal to 2 weeks after modification or discontinuation of calcineurin inhibitor (CNI) therapy or greater than or equal to 30 days after transplantation:
 - i. Platelet count less than $150 \times 10^9/L$
 - ii. Evidence of microangiopathic hemolysis defined by the presence of schistocytes, serum lactate dehydrogenase (LDH) above the upper limit of normal (ULN), or haptoglobin below the lower limit of normal
 - iii. Kidney dysfunction defined as a doubling of serum creatinine from pretransplant
 - d. Trial and failure, contraindication, or intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - b. Authorization Period: One year at a time
 - c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Hematopoietic stem-cell transplantation–associated thrombotic microangiopathy (HSCT-TMA), also known as transplant-associated TMA, is a potentially fatal complication of HSCT. Disease pathogenesis is related to endothelial injury, which may be incited by factors that damage the endothelium and possible abnormalities of the alternative complement pathway. Damage to the endothelium can be caused by calcineurin inhibitors (CNI), chemotherapy, graft versus host disease (GVHD), total body irradiation, and/or infections. Several risk factors for the development of HSCT-TMA have been described including older age, female sex, advanced primary cancer disease, unrelated donor transplants, high-dose busulfan conditioning regimens, human leukocyte antigen (HLA) mismatch, nonmyeloablative transplants, total body irradiation, CNI use, mammalian (mechanistic) target of rapamycin (mTOR) inhibitor use in conjunction with CNI use, acute GVHD, and infection.
- HSCT-TMA usually develops within the first 100 days after transplantation but may have a later onset in some patients. Patients typically present with microangiopathic hemolytic anemia along with thrombocytopenia, an elevated serum lactate dehydrogenase (LDH) level, and the presence of schistocytes on the peripheral blood smear. Serum haptoglobin is often low but may be normal or elevated in some patients. Kidney manifestations include an acute or subacute rise in the serum creatinine concentration and a urinalysis that may be relatively normal or show variable proteinuria and/or hematuria. Hypertension is often present.
- HSCT-TMA can range from a mild, self-limited form to severe, uncontrolled disease that frequently results in death. The reasons for this variation in disease severity are unclear but may be related to factors involving the recipient, the donor, or inciting events such as infections. In most patients, the hematologic abnormalities eventually resolve, although hypertension and chronic kidney disease (CKD) usually persist. Some patients progress to end-stage kidney disease (ESKD). Other patients may develop multiorgan involvement including pulmonary hypertension, polyserositis, gastrointestinal symptoms, and central nervous system injury.
- Diagnosis should be suspected in HSCT recipients who present with one or more of the following: elevated serum LDH level; elevated serum creatinine; new-onset or increasing proteinuria; hypertension that is out of proportion to what would be expected from CNI and glucocorticoid therapy or volume overload; and/or a sudden requirement for more transfusion support than previously needed to maintain stable blood cell and platelet counts. There is no current standard definition of HSCT-TMA; however, the 2005 Blood and Marrow Transplant Clinical Trials Network Toxicity Committee proposed an operational definition that includes the following: red blood cell fragmentation with greater than 2 schistocytes per high-power field on peripheral smear; concurrent increased serum lactate dehydrogenase above institutional baseline; concurrent renal and/or neurologic dysfunction without other explanations, where renal dysfunction is defined as either a doubling of serum creatinine from baseline, where baseline is the creatinine taken before hydration and just before initiation of the conditioning regimen, or a 50% decrease in creatinine clearance from baseline; and negative direct and indirect Coombs test results. In cases in which the diagnosis is uncertain based upon clinical findings, a kidney biopsy may be helpful to establish the diagnosis although the ability to perform a kidney biopsy is often limited by the presence of thrombocytopenia.
- There are no treatment guidelines for HSCT-TMA. The optimal approach to treatment is not known. Management is largely supportive and focuses on the management of hypertension and transfusion support as appropriate. Patients with hypertension should receive antihypertensive agents to control blood pressure. The optimal antihypertensive agent is unclear; however, in patients with proteinuria, use of angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) would be most appropriate. Discontinuation of CNIs and/or sirolimus is not generally recommended since there is no evidence that discontinuing these agents is clearly beneficial to patients with HSCT-TMA and increase the risk of GVHD. However, in patients who present with acute kidney injury (AKI), it may be beneficial to withdraw or reduce the dose of CNI and/or sirolimus if no other underlying cause for HSCT-TMA can be identified and the blood CNI level is higher than expected. If the decision is made to withdraw the CNI and/or sirolimus, replacement with mycophenolate mofetil with or without glucocorticoids may be reasonable. Other replacement options include interleukin (IL) 2 receptor antagonists.

- In patients with severe HSCT-TMA with kidney, cardiac, or pulmonary involvement that progresses in spite of general supportive measures, potential therapeutic options include Rituxan®, Soliris®, and Defitelio®. Evidence to support their efficacy is limited to mostly small observational studies and use of these agents should be considered on a case-by-case basis as none of these medications are indicated for use in HSCT-TMA. In patients with severe, progressive HSCT-TMA with multiorgan involvement who have evidence of complement activation, Soliris would be the preferred option. Rituxan should be considered in patients with primarily kidney involvement and no evidence of complement activation. Defitelio should be reserved for patients who do not respond to either Soliris or Rituxan.
- Yartemlea is a MASP-2 inhibitor indicated for the treatment of adult and pediatric patients 2 years of age and older with hematopoietic stem cell transplant-associated thrombotic microangiopathy (HSCT-TMA).
- Safety and efficacy of Yartemlea were evaluated in the TA-TMA trial, a single-arm, open-label study in 288 adults with HSCT-TMA. The results were supported by additional data from an expanded access program (EAP) of 19 evaluable adult and pediatric patients aged 2 years and older. In the TA-TMA study, 24 patients received 4 mg/kg Yartemlea once weekly and 4 patients received 370 mg Yartemlea once weekly. The median number of Yartemlea administrations received by the 28 TA-TMA trial patients plus the 19 EAP patients was 8 (range: 2 - 34) with a median duration of therapy of 8 weeks (range: 2 - 16 weeks). Study patients had a confirmed diagnosis of HSCT-TMA when meeting all of the following for a period greater than or equal to 2 weeks after modification or discontinuation of CNI therapy or greater than or equal to 30 days after transplantation: platelet count less than $150 \times 10^9/L$; evidence of microangiopathic hemolysis defined by the presence of schistocytes, serum lactate dehydrogenase (LDH) above the ULN, or haptoglobin below the lower limit of normal; and kidney dysfunction defined as a doubling of serum creatinine from pretransplant. The primary endpoint was based on HSCT-TMA response defined as improvement in both LDH and platelet counts and either improvement in organ function or independence from transfusions. Improvement in platelet count when patients had a baseline count of less than or equal to 20,000/ μL was defined as greater than or equal to a 3-fold increase in platelet count, post-baseline platelet count greater than 30,000/ μL , and no platelet transfusions within 2 days prior to the platelet count assessment. Improvement in platelet count when patients had a baseline count of greater than or equal to 20,000/ μL was defined as greater than or equal to a 50% increase in platelet count, platelet count greater than 75,000/ μL , and no platelet transfusions within 2 days prior to the platelet count assessment. To meet LDH improvement criteria, LDH levels were required to be less than 1.5 times the upper limit of normal. In the TA-TMA study and the EAP, HSCT-TMA response was achieved in 17/28 (60.7%) and 13/19 (68.4%) patients, respectively. Across the TA-TMA study and the EAP, 100-day survival from the time of HSCT-TMA diagnosis was 73% (95% CI: 52, 86) and 74% (95% CI: 48, 88) respectively.

References:

1. Yartemlea [prescribing information]. Seattle, WA: Omeros Corporation; December 2025.
2. Businesswire.com. FDA approves Omeros' Yartemlea – first and only therapy indicated for TA-TMA. 2025 Dec 24. Available at: <https://www.businesswire.com/news/home/20251224065139/en/FDA-Approves-Omeros-YARTEMLEA-First-and-Only-Therapy-Indicated-for-TA-TMA>. Accessed on January 5, 2026.
3. Khaled SK, Claes K, Goh YT, et al. Narsoplimab, a mannan-binding lectin-associated serine protease-2 inhibitor, for the treatment of adult hematopoietic stem-cell transplantation-associated thrombotic microangiopathy. *J Clin Oncol*. 2022 April 19; 40 (22): 2447 – 57.
4. Chapin J, Shore T, Forsberg P, et al. Hematopoietic transplant-associated thrombotic microangiopathy: case report and review of diagnosis and treatments. *Clin Adv Hem Onc*. 2014 Sept; 12 (9): 565 – 73.
5. Ho VT, Cutler C, Carter S, et al. Blood and marrow transplant clinical trials network toxicity committee consensus summary: thrombotic microangiopathy after hematopoietic stem cell transplantation. *Bio Blood & Marrow Transpl*. 2005; 11: 571 – 5.
6. Au WY, Ma ES, Lee TL, et al. Successful treatment of thrombotic microangiopathy after haematopoietic stem cell transplantation with rituximab. *Br J Haematol*. 2007; 137: 475.

7. Marr H, McDonald EJ, Merriman E, et al. Successful treatment of transplant-associated microangiopathy with rituximab. N Z Med J. 2009; 122: 72.
8. Carella AM, D'Arena G, Greco MM, et al. Rituximab for allo-SCT-associated thrombotic thrombocytopenic purpura. Bone Marrow Transplant. 2008; 41: 1063.
9. Jodele S, Dandoy CE, Lane A, et al. Complement blockade for TA-TMA: lessons learned from a large pediatric cohort treated with eculizumab. Blood. 2020; 135: 1049.
10. Dhakal P, Giri S, Pathak R, et al. Eculizumab in transplant-associated thrombotic microangiopathy. Clin Appl Thromb Hemost. 2017; 23: 175.
11. Rudoni J, Jan A, Hosing C, et al. Eculizumab for transplant-associated thrombotic microangiopathy in adult allogeneic stem cell transplant recipients. Eur J Haematol. 2018; 101: 389.
12. de Fontbrune FS, Galambrun C, Sirvent A, et al. Use of eculizumab in patients with allogeneic stem cell transplant-associated thrombotic microangiopathy: a study from the SFGM-TC. Transplantation. 2015; 99: 1953.

Policy History												
#	Date	Change Description										
1.2	Effective Date: 02/12/2026	New policy - this criteria replaces previously approved preliminary criteria										
1.1	Effective Date: 02/02/2026	UM medical management system update for MAPPO and BCNA <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
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MAPPO	No											
BCNA	No											

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Blue Cross Blue Shield/Blue Care Network of Michigan

Medication Authorization Request Form



This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

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PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. ☐ Male ☐ Female	Address
Diagnosis	City /State/Zip
Drug Name	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

- Is this request for: ☐ Initiation ☐ Continuation Date patient started therapy: _____
- Administered by patient or a medical professional? ☐ patient (self) ☐ health care professional (physician, nurse, etc.)
- Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
☐ Hospital outpatient facility (go to #4) Reason for Hospital Outpatient administration: _____
☐ Hospital inpatient facility for Car-T therapy only (for example: Kymriah, Yescarta, or Tecartus) (go to #5)
- Please specify location of administration if hospital outpatient infusion: _____
- Please specify location of administration if hospital inpatient infusion: _____
- Please provide the NPI number for the place of administration: _____
- Initiation AND Continuation of therapy:**
 - What is the patient's diagnosis? _____
 - What other medication has the patient received for their condition? Please list _____
 - Please describe the response to previous therapies: _____
 - Will the patient be receiving any other treatment for the listed condition while on this medication? Please list: _____
 - Please list any labs values important for diagnosing or monitoring this patient's condition: _____
- Continuation of therapy:**
 - Has the patient progressed while on this medication? ☐ yes ☐ no
 - How has the patient's condition changed while on this medication?

☐ Improved: Please describe: _____
 ☐ Stable: please describe: _____
 ☐ Worsened; Please describe: _____
 ☐ Other; Please describe: _____

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review (required)

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	☐ Form Completely Filled Out ☐ Provide chart notes	☐ Attach test results
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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7/26/2018, 9/18/2018; 1/31/2020; 3/17/2020; 8/9/2021