

narsoplimab-wuug (Yartemlea)

Medical Benefit Drug Policy

1. All requests for narsoplimab-wuug (Yartemlea) must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

Drug Details

USP Category: ANTINEOPLASTICS

Mechanism of Action: MASP-2 inhibitor

HCPCS:

C9399, J3490, J3590: narsoplimab-wuug (Yartemlea):

How Supplied:

370 mg/2 mL (185 mg/mL) single-dose vial in a carton: 62225-0300-xx

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

References

1. Yartemlea (narsoplimab-wuug) Prescribing Information. Omeros Corporation, Seattle, WA: 12/2025.

Review History

Date of Last Annual Review: NA

Changes from previous policy version:

- Placeholder

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*