Louisiana Medicaid
Narsoplimab-wuug (Yartemlea™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for narsoplimab-wuug (Yartemlea™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient is 2 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of hematopoietic stem cell transplant-associated thrombotic microangiopathy (TA-TMA) confirmed by **BOTH** of the following:
    - Platelet count < 150,000/µL; **AND**
    - Evidence of microangiopathic hemolysis (presence of schistocytes, serum lactate dehydrogenase [LDH] > upper limit of normal [ULN], or haptoglobin < lower limit of normal [LLN]); **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, a hematologist or transplant specialist.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of approval for initiation and continuation of therapy: 6 months

Reference

Yartemlea (narsoplimab-wuug) [package insert]. Seattle, WA: Omeros Corporation; December 2025. https://pi.omeros.com/us/yartemlea-uspi.pdf

Revision / Date	Implementation Date
Policy Created / February 2026	July 2026