

POLICY NAME

Ryplazim (plasminogen, human)

POLICY #

Criteria

Coverage Criteria

- ☐ 1.1 Documented diagnosis of plasminogen deficiency Type I (hypoplasminogenemia)
- ☐ 1.2 Documentation of symptomatic internal or external lesions (area of damaged tissue in soft areas such as lungs, eyes, ears, etc)
- ☐ 1.3 Documentation of baseline plasminogen activity level $\leq 45\%$ of laboratory standard
- ☐ 1.4 Prescribed by or in consultation with a hematologist (blood doctor)
- ☐ 1.5 Age 11 months or older
- ☐ 1.6 Documentation patient has completed (or at least started) vaccine series for hepatitis A and B
- ☐ 1.7 Review for coverage performed by both a pharmacist and medical director