

POLICY NAME	Ryplazim (plasminogen, human)	POLICY #	3255P
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Criteria

Coverage Criteria

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