Ryplazim *(plasminogen, human-tvmh)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Ryplazim is plasma-derived human plasminogen indicated for the treatment of patients with plasminogen deficiency type 1 (hypoplasminogenemia), to be given 6.6 mg/kg body weight administered every two to four days.
Exclusion Criteria	None.
Required Medical Information	Must have documentation of a baseline plasminogen activity level ≤45% Patient's current weight. Genetic testing confirming diagnosis of PLGD type 1.
Age Restriction	None.
Prescriber Restrictions	Must be prescribed by or in consultation with a hematologist.
Coverage Duration	Initial: 12 weeks. Reauthorization: 12 months. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J2998	Ryplazim (plasminogen, human-tvmh)	**Billing unit: 1 mg** 68.8 mg/12.5 mL SDV

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025